

THE OFFICIAL  
MAGAZINE  
OF THE CENTRE  
FOR STUDIES ON  
HUMAN STRESS

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is dedicated to  
improving the  
physical and  
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of individuals  
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scientifically  
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du Carré

## An Issue Dedicated to Men Stress and Men's Mental Health

Robert-Paul Juster

**B**eing a male is complex. Sure, we do not experience the pain of childbearing, we have not had to fight for our place in the workplace, we have always been able to vote and attend university, and we can even pee while standing. What luck! On the other hand, we are uniquely sensitive to different health problems that differ from those that generally afflict women. Men are thought to be more prone towards, for example, substance abuse, conduct disorders, and more likely to commit suicide. Perhaps most importantly, we are less likely than women to seek help when distressed and more likely to ignore aches and pains that signal illnesses. According to masculine stereotypes enforced by society, being a "real" man means being strong, stoic, and supposedly invulnerable. But we all know this is not so as everyone and every man can crack, crumble, and croak.

Men's health is an important issue that has been ignored in sex differences research. Why you might ask? Well, how easy is it for men to communicate touchy-feely issues? We have the

tendency to externalize much of our inner conflicts rather than acknowledge their powerful dynamics. There is an expression that "women cry and men deny" that exemplifies the male tendency to shy away from troubles rather than shed tears to express them. The support we get from our male friends is often similar in this regard, as it is often not a very masculine topic of conversation to speak of depressed, anxious, irritated, or hopeless sentiments. We are more likely to ignore such "queer" subjects and instead much more likely to kick back a couple of pitchers of beer with our buddies in order to make things better. This might seem like an extreme masculine stereotype and there are of course individual differences, but research nevertheless consistently shows that men simply do not approach and cope with health issues as proactively as women.

This is particularly the case for mental health. If the reader will allow me to be personal for a moment, I have witnessed with my own eyes how trauma, anxiety, burnout, and

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depression have emerged in sequence over nearly two decades in a loved one that believed himself too strong, too indestructible, and was just too proud to seek help. Only now that life is threatened by cardiovascular disease and cancer does the most brilliant man I have ever known admit that years ago it would have been wise to consult a mental health professional. While this might have been deemed “unmanly”, it would have eased his psychological suffering that has now malignantly mutated into physical pathology. Admitting that we have a problem and knowing when it is time to seek help is the most important lesson I have learnt from this tragedy. Because of this, I am unashamed to say I have sought help myself when facing dark times in life. In my opinion, accepting and addressing these issues is what truly defines a real, strong, brave, and wise man. As we celebrate Father's Day, we dedicate this 11th issue of Mammoth Magazine to the improved health and well-being of our fathers, brothers, and sons.

This issue embodies the collective efforts of researchers and several noble organizations offering resources devoted to diminishing distress and mental illness in men as well as to offer hope for the future of families and friends. This issue is a call to arms to bring men's health to the frontline as an important issue that affects all humans and that needs to be examined by us all. At an individual level, we ask the reader to challenge the societal gender roles assigned to each sex, as these can be extremely destructive, counterproductive,

***At an individual level, we ask the reader to challenge the societal gender roles assigned to each sex, as these can be extremely destructive, counterproductive, and simply erroneous.***



and simply erroneous. What defines a man is not what defines a human, but instead an ideal dictated to us by insecure cultural expectations. Normal masculine behavior, such as avoiding a vocabulary for emotions and stress, for instance, is just plain nonsense and furthermore disrespectful to what becomes the feminine opposite. Indeed, women are more in-tune to such conjugations and guess what, they live longer! Let us all learn from each other to improve society as a whole.

In this spirit, our issue begins with a tributary article written by Dr. Pierrick Plusquellec that highlights the important role fathers have in the development of children based on the pioneering research of Dr. Daniel Paquette originating from work based on chimpanzee studies. Next, Dr. Stéphane Potvin pens a fascinating article on substance abuse, once considered a “masculine” problem. Another condition that appears to affect men in particular is attention deficit disorder without hyperactivity that begins early in life and can persist throughout life. In our third article by Nicole Paquette, the touching story of Jean-François is inspiringly told to give a face to this ignored condition. Nicole Paquette's next article gives an insider's perspective of a phone help centre for those in distress based on gracious work by the Mental Illness Foundation of Quebec. In our final article authored by Bruno Marchand and Pascale Dupuis from the Association québécoise de prévention du suicide, the alarming issue of suicide is discussed. In addressing these many disturbing men's health issues, we would like to take this opportunity to thank the authors for their beautiful work that illuminates a bright light of hope for the future. This issue of Mammoth Magazine is at heart a resource that we strongly encourage our readers to share with everyone regardless of whether they be masculine, feminine, or transgendered! 🙏



## Message from Canadian Institutes of Health Research Institute of Gender and Health

Scientific Director **Dr. Joy Johnson**

**I**t is gratifying to see this issue of *Mammoth Magazine* dedicated to the mental health issues that boys and men experience. The CIHR Institute of Gender and Health (IGH) is committed to supporting research that improves the health of men and women, boys and girls. Canada has historically been recognized as a world leader in women's health research and policy. As an institute of gender and health, we realize the importance of building research capacity in boys' and men's health to continue to strengthen the field of gender, sex and health research in Canada. In recent years, IGH has launched specific funding opportunities directed at men's health, including seed grants and opportunities through the CIHR open competition. We are now seeing a growing cadre of Canadian researchers specifically addressing men's health issues in innovative ways. At our national conference on gender, sex and health research in Toronto in November 2010, we devoted one of our four plenary sessions to a panel on men's health (see “Webcast series”: [www.cihr-irsc.gc.ca/e/42842.html](http://www.cihr-irsc.gc.ca/e/42842.html)), and we recently produced a video with leading men's health researcher Dr. John Oliffe (see “Gender, sex and health videos”: [www.cihr-irsc.gc.ca/e/26829.html](http://www.cihr-irsc.gc.ca/e/26829.html)). Across the country policy makers and researchers are increasingly recognizing that we need to pay attention to boys and men. We look forward to continuing to encourage focused work in this area that helps to expand the scope of Canadian gender, sex and health research and efforts to improve the health of ‘every body’.. 🙏

Researcher's Profile:

## Daniel Paquette, Ph.D.

### The Father: A "Necessary Male" to Teach Children How to Regulate Their Behaviours

Pierrich Plusquellec, Ph. D.

Translator: Shireen Sindi

**D**r. Daniel Paquette is an adjunct professor at the department of psycho-education at the University of Montreal. His research focuses on the mechanisms that lead to violence among men. In so doing, he is interested in the development of aggressive behaviours among children from 0 to 5 years of age, from an evolutionary developmental psychology perspective.

#### From chimpanzees to humans

One of the factors that distinguish Dr. Daniel Paquette is that he completed a doctorate degree in anthropology, which focused on the behaviours of chimpanzees. This doctorate degree allowed him to see things through an ethological lens, to perform comparative studies on behaviours from an evolutionary perspective, and to examine the mechanisms underlying battle games among this species of primates that are quite similar to humans. Through this research, he understood that battle games involve an abundance of mechanisms whereby the objective is to make the game last for as long as possible. To do so, there often needs to be a reduction of force by the fearsome opponent, or even the maintenance of reciprocity during the attacks.

#### Physical battle games with the child: the importance of the father

Moving to the next level, Daniel Paquette was interested in parents' involvement with their children. It was rapidly brought to his attention that this almost always implied that the mother was more important than the father. For example, the mother significantly offers more care, feeds children more often, gets up more frequently at night, and attends to her child's education more often when compared to the father. Think of families in your surroundings... Generally, is it the father or mother who always thinks about registering their child for weekend activities? Evidently, certain fathers will say that it is not the case for them, for example, since they play a lot with their children. They are in part correct.

Indeed, Dr. Paquette noticed that from 12 months onwards, fathers are significantly more in-

involved in a certain activity than mothers: physical battle games. He therefore elaborately observed and quantified battle games between father and child among numerous families, in order to determine its possible role. He arrived to the conclusion that the more a father and his child engaged in battle games, the less likely the child is to exhibit signs of aggression with peers throughout development. The researcher emphasizes that it is necessary for the father to dictate the rules and for him to be perceived as somewhat dominant, but not too much, in order to achieve effective regulation of aggression during the battle game.

**He arrived to the conclusion that the more a father and his child engaged in battle games, the less likely the child is to exhibit signs of aggression with peers throughout development.**

Physical battle games are traditionally observed between a father and his son during the preschool years (37% engage in such play on a daily basis). Nevertheless, in Quebec, 11% of fathers also play battle games with their pre-school aged daughter. Considering that these battle games do not exist in societies devoid of competition, such as collectivist "hunter-gatherer" societies, Dr. Paquette put forward the hypothesis that their function is to teach the child to regulate his/her aggression, but also to prepare him/her for competition. This hypothesis predicts that battle games will emerge more widely in our societies that are individualistic and centred on competition, and this will occur regardless of the child's sex.

Currently, battle games appear mainly relevant to boys. Is it possible that this is because boys tend to be more aggressive than girls?

#### Is aggression necessarily negative?

Dr. Paquette warns us not to confuse aggression and violence. In fact, he reminds us that violence is a judgment conjured up by society, and it always requires the abuse of power to be present. Thereby, the police may resort to aggression to stop a suspect, but should not be deemed violent when the suspect has handcuffs on.



*In sum, aggression consists of oriented behaviours (physical, gestural, verbal, etc.) that are non-playful, which may endanger the physical integrity (e.g., cuts) or psychological integrity (e.g., insults) of another individual.* By enunciating this definition, Dr. Daniel Paquette reminds us that aggression, quite to the contrary, should not simply be considered as a problem of adaptation. According to him, whether aggression is regulated or not is an important element of social competence, which among other things, functions towards favouring individuals in situations of competition.

In order to better understand, we can think back to the era of mammoths and one of the distinguishing features of the human species: task sharing. Man would wake up in the morning and leave to hunt and bring back the necessary resources for the survival of his clan. In the same manner that the stress system mobilizes the necessary energy for a fight-or-flight response when man is faced by a mammoth, aggression is an adaptive behaviour that has been transmitted throughout time since it has allowed us to survive.

Still today, men are more inclined to aggression physically. The logic is quite simple: at the time, the role of man was to defend his clan against inherent dangers to life in nature, although also to be competitive to obtain resources from the environment in order to secure his clan's survival. As such, aggression is an adaptation that allowed the human species to survive. In addition, the role of sexual selection is not to be neglected considering that women have always chosen men who are able to express aggression when the situation required, therefore favouring the transmission of genetic inheritance of such aggressive men than others. Even today, aggression encompasses functions that justify it: to protect oneself, to protect a child, to protect another adult, to acquire resources, and to establish one's rank. Moreover, in popular

## Researcher's Profile: Daniel Paquette, Ph.D.

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language, it is not always associated with negative images. Thus, do we not speak in glowing terms of an aggressive game when watching a tennis player go at it with rage?

Aggression is therefore in and of itself useful, even if it represents a risk for the person it serves. Using it in an inappropriate context or for inappropriate reasons may have a negative impact on the quality of life, not to mention the person's survival. For it to be used appropriately and at the right moment, from an early age one must learn how to regulate his/her aggression to prevent it from becoming a problem. Dr. Paquette has also demonstrated that through battle games, the father is a key player in the development of his child's regulation of aggressive behaviours.

It is easy to imagine that a child playing battle games will be confronted with feelings of unre-

***For it to be used appropriately and at the right moment, from an early age one must learn how to regulate his/her aggression to prevent it from becoming a problem.***

dictability, decreased control of the outcome of the game, and a threatened ego when he/she does not have the upper hand on the situation. This situation therefore involves three of the four ingredients that can generate a stress response. Experiencing these feelings in a context of playful games also allows the child to learn how to regulate his/her stress.

### **Attachment versus activation: Each has its role.**

Battle games are an example of what Dr. Paquette has named the activation relationship theory. Whereas the attachment theory is associated with the mother's role and its goal is to develop a relationship with an attachment figure - which is characterised in research as the proximity to the mothers during stressful situations - the activation relationship is characteristic of the father. It can be described as a form of less involved, more abrupt interaction with the child, involving more "punctuated" movements, more easily exposing the child to calculated risks, in order to activate the child's exploratory behaviours.



Dr. Daniel Paquette gives the example of children in a playground. In this situation, mothers often stay very close to their child and adopt a protective attitude when the child is on a ramp or a ladder, whereas fathers tend to leave the child to allow him/her to develop a sense of independence, to take risks, and to leave be that which may cause minor cuts and scrapes from time to time. Which father has not arrived in front of his spouse with a child showing off his bruise, appearing to be a little embarrassed, but nevertheless certain that his child has learnt something from this experience? Dr. Daniel Paquette and his colleagues have even developed a procedure that allows for the evaluation of the activation relationship. During this procedure, the 1-5 year old child and one of his/her parents, is placed in three contexts where they face a social risk (the intrusion of an adult stranger), a physical risk (stairs with toys at the top), and a restriction (the parent bans the child from further climbing up the stairs after the child has climbed it on his/her own the first time). Results showed that fathers are much more likely to activate children's exploratory behaviours, and that boys exhibit significantly more risky behaviours compared to girls.

### **Conclusion**

Indeed, following the example of their primate cousins, men tend to take more risks and are significantly more aggressive than women, but one understands that it is not necessary for a man to suffer from a mental health condition to show signs of aggression. Besides, starting when they are able to move, all children resort to aggression in order to obtain resources (toys, food), and in so doing, learn to regulate it through various mechanisms such as through battle games with their father. Access to resources is therefore achieved in a more peaceful manner with the help of more elaborate strategies that only rarely necessitate resorting to aggression.

Dr. Daniel Paquette has significantly contributed to the scientific community's recognition of the father's positive role in children's development, a role that is complementary to that of the mother, essential for the regulation of aggression, and which therefore has large impacts on the child's capacity to successfully adapt to life in society. 

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# Substance abuse has phases but does it have a sex?

Stéphane Potvin, Ph. D.

Translator: Robert-Paul Juster

Even if we exclude tobacco consumption, substance abuse is one of the most frequent psychiatric problems faced by the general population that involves numerous disturbing consequences. Indeed, abuse or dependence towards alcohol and drugs is associated with psychiatric, social, cognitive, neurological, legal and medical consequences, rendering them the most expensive psychiatric conditions for Quebec and Canadian society.

## Substance abuse: Is it a guy thing?

For a long time, substance abuse was considered a form of psychological distress principally associated to men instead of women. In fact, thousands of epidemiological data demonstrate that men represent 2/3 of individuals meeting the criteria for abuse or dependence to alcohol and drugs. We are starting to realize that these data might not be totally correct for two main reasons: 1) the predominance of men in comparison to women is less clear-cut when we take the availability of psycho-active substances into account; and 2) the proportion of boys and girls is almost equivalent for new generations of adolescents that abuse illicit drugs. These new results put into question the myth that women are less inclined towards substance abuse due to strictly biological reasons. On the contrary, this had much more to do with reasons related to education.

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## The phases of substance abuse

These new observations force us to consider whether substance abuse is not perhaps experienced differently for men and women, and if so, how this relates to its principal phases. Thanks to decades of research based on humans and animals, we can now deconstruct substance abuse into three big “phases” that include: 1) the development of compulsive consumption; 2) tolerance and symptoms of withdrawal; and 3) relapse. In the first phase, namely the development of compulsive consumption, the search for pleasure is the main motivator for consumption.

In terms of neurobiology, we know that the common denominator of psychoactive drugs is that they facilitate the liberation of an important

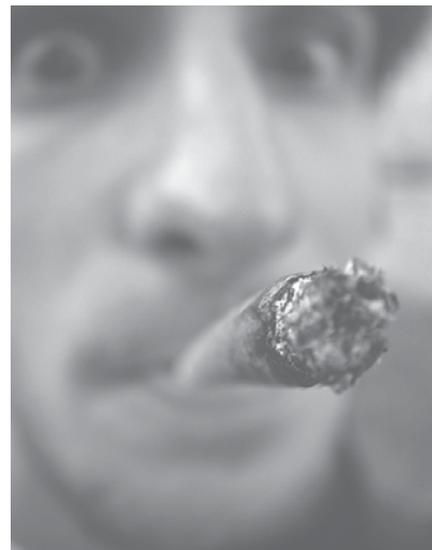
***For a long time, substance abuse was considered a form of psychological distress principally associated to men instead of women. (...) We are starting to realize that these data might not be totally correct***

neurotransmitter called dopamine from pleasure centers referred to as the “reward pathway.” Other neurotransmitters play key roles in this system. This is the case of endogenous opioids and cannabinoids, that respectively relate to the effects of opiates and cannabis in the brain. With continued use, substance abuse gradually becomes less and less pleasurable (notion of tolerance). Also, in the second phase of substance abuse, the primary motivation to consume resides less in pleasure seeking and more in the avoidance of aversive affects associated with withdrawal.

These unpleasant feelings include states of stress, anxiety, depression, irritability, and/or dysphoria. While dealing with withdrawal symptoms is crucial in substance abuse treatment, the rate of relapse remains nevertheless very high even when treated. This clinical observation has paved the road to important research efforts to better understand the mechanisms subserving relapse. Schematically, there are two essential factors that can provoke relapse: stress and environmental triggers related to the substance. These factors provoke craving states. These have been extensively studied in experimental contexts over the last decade in humans, showing that craving incites abusers to resume consumption.

Psychosocial interventions take well into account the fact that stress and environmental triggers are powerful factors leading to relapse. Indeed, cognitive-behavioral therapy is regularly used in treating substance abuse. These are used in the aims of helping consumers to identify situations that stress them and to teach them methods to better cope with stressful situations. Similarly, it has been consistently observed in clinical work that changing one’s social environment facilitates this objective for substance abusers looking for a way out of their predicament.

Just recently, some authors proposed that alcohol and drug cravings could be due to reactivation (due to stress of environmental triggers) of emotional memories, or more precisely, of hedonic memories. This notion has clinical implications, as we often see that substance abusers resume



consumption in the hopes of retaining that “honeymoon” feeling with the substance of choice. The notion of hedonic memory constitutes an important conceptual advance in the field of substance abuse. This notion invites researchers to study the mechanisms underlining these hedonic memory, as well as therapeutic avenues aimed at suppressing these memories or even to find ways to challenge them.

## Future directions

In the future, it will be imperative to study differences between men and women in substance abuse, especially as they relate to the three phases of substance abuse that bring forth many questions. Are there sex differences in the compulsion to consume? Do the negative affects associated with uncontrollable consumption of alcohol and drugs develop the same way in men and women? Are the factors that provoke relapse the same for men and women? Already, research is underway. In rodents for example, it has been shown that females learn more quickly to self-administer cocaine compared to males. Likewise in humans, it has been shown that young women develop dependence to cocaine more rapidly once they have had their first experience.

***In the future, it will be imperative to study differences between men and women in substance abuse.***

Inevitably for future generations, substance abuse will no longer be solely a matter concerning “the boys”. It will be up to us and society as a whole to be ready to offer quality services for substance abusers while taking into account nuances between men and women. 🧠

# Jean-François' Story

Nicole Paquette,

Clinical Counselor – Mental Illness Foundation of Quebec

Translator: Robert-Paul Juster

**J**ean-François is 44 years old and suffering from attention deficit disorder without hyperactivity. He kindly shares his experience of suffering and difficulties that has a happy ending ever since he received confirmation of his diagnosis and adequate medical treatment. In his story, he wishes to give hope and contribute in his own way so that men his age can cease to suffer in silence.

“As early as 4 to 5 year old, I had a very rapid stutter”, he says. “My parents used to say: Boy are you overly excited, you are no good at school. As for the teachers, they all said to my parents that I was always spaced out and walking on the moon.”

“My mother had an unstable mood and was barely involved, while my dad was the authority figure. Faced with my learning problems, he made the decision to send me off to a private college under the instruction of Christian brothers in Phillipsburg on the shore of Champlain Lake,” he continues.

Jean-François recalls that this was an extraordinary experience, since he responded well to strict supervision. Moreover, the establishment offered several extra-curricular and sporting activities. This gave him a 3-year break whereby he was able to recognize that he indeed had potential. And in so doing, he completed his primary education.

He then underwent his secondary education at College Français. Completely lost in a school with 2000 students, he experienced great stress and was unable to adapt. He felt constantly tense and overexcited. Jean-François faced failure in several subjects and Math in particular. And so, from secondary 2 to secondary 4, he would have to take tutoring classes. To compensate his efforts, Jean-François' father offered him his first beer at age 15. This was the beginning of a consumption pattern that intensified considerably over time.

In secondary 4, he fell ill. Hospitalization and recuperation forced him to restart his scholastic year in another comprehensive school. “I barely finished my secondary 4 and was miserable.”

So, he decided to enter the workforce as a trucker. He describes himself as very productive,

**He constantly felt like a ball full of energy when behind the wheel. While pointing to his head, he adds: “It was rolling at 100 miles an hour up here.”**

Cartesian, and organized. Despite this, he constantly felt like a ball full of energy when behind the wheel. While pointing to his head, he adds: “It was rolling at 100 miles an hour up here.”

As time went by, Jean-François marries and had 3 children now ages 11, 13, and 15. All three experience certain problems like learning difficulties, dyslexia, Tourette's syndrome, and attention deficit hyperactivity disorder (ADHD).

His job as a trucker allowed him to flee the situation; what he calls a strategic retreat. Because he does long-distance trajectories, he was only home on weekends. Alcohol consumption became increasingly important, but did nothing to calm his stress and tension that he would continue to feel without end. He was aggressive, choleric, and impulsive.

At a certain point, Jean-François really felt like he was going to snap. He then started seriously to question things. What am I putting my family through? What kind of relationship am I developing with my kids? Am I following in the footsteps of my father? He therefore decided to try out different paths: acupuncture, biofeedback, massages, hypnotic sessions with a psychologist. He did feel physical relief, but the anxiety remained invasive as ever.

In 2003, the familial climate became truly unbearable. And so his wife gave him an ultimatum: “You do something or you get out.” He decides to join a help group at the Centre for rehabilitation from dependences of Le Tremplin Sud in the Lanaudiere region. This proved to be very beneficial for Jean-François who remained sober for three years before relapsing.

His relapse prompted him to consult anew. At the time, the intervener had doubts concerning his alcoholic profile and proposed that he answers a questionnaire to screen for attention problems. An ADHD diagnosis was then confirmed by a family doctor. Having reached rock bottom in his suffering that he could not break out of, he came to the following conclusion: “I have two choices: I take medication or I kill myself.” In retrospect, he does not believe that he would have attempted suicide, but sadly did see this as the end of his suffering.

He then decided to take his medication to treat his attention problems. The medications that were initially prescribed for him gave him more



**“I finally became conscious of my brain. The medication brought the speed of my brain to the right limit and regulated my panic and anxiety.”**

secondary effects than beneficial ones. Since his youngest son, being treated at St. Justine Hospital for ADHD, was responding very well to another medication, Jean-François went forward and asked his doctor to change medications. This turned out to be a revelation for him: “I finally became conscious of my brain. The medication brought the speed of my brain to the right limit and regulated my panic and anxiety.”

Jean-François no longer feels the need to consume alcohol. He has since changed employment. He accompanies his kids in their progression and notices that the family climate has much improved.

**“If your child is suffering and by accompanying them throughout the process you see yourself in their suffering, do not hesitate to be evaluated yourself. This can in effect change your life.”**

And so what is the message Jean-François hopes people will retain from his touching story? “If your child is suffering and by accompanying them throughout the process you see yourself in their suffering, do not hesitate to be evaluated yourself. This can in effect change your life.” At the end of our interview, as I thanked Jean-François for his generosity, here is what he told me that movingly summarizes his sentiment: “Many men suffer in silence and some will go beyond a point of redemption. If I can make the difference for just one among them, then this story will take on a whole new meaning.”

# Stress and Distress in Men: Do They Ask for Help?

Nicole Paquette,

Clinical Counselor – Mental Illness Foundation of Quebec

Translator: Robert-Paul Juster

**T**he Mental Illness Foundation of Quebec offers reference services to all individuals who need help, who are inquiring for information as well as those who are seeking resources in mental health. The number of requests done by telephone or by mail that come from men represents merely 30% of the total demands made by all age groups combined.

The primary objective of our program, Partners for Life, is to sensitize youngsters and adults to the issue of depression as a major risk factor for suicide. This program involves provincial tours whereby those implicated meet students in the Secondary 3, 4, and 5 levels. The animators gladly welcome questions from students and guide them towards the resources provided by the school and/or towards youth mental health teams from local CLSCs. Over the last three years, the outreach from boys represented 25% to 29% of total demands. This statistic seems to be in line with the scientific literature that has clearly established that men are much less likely to ask for help than women.

The same distribution is seen by other Quebec organizations offering help, such as Revivre and Déprimés Anonymes, that receive many more demands from women. Now here's an interest-

ing fact: in 2009 to 2010, the Centre Tel-Écoute received 5577 calls from men compared to 4404 calls from women.

## What is the profile of men who call in for our services?

The men that call us do so for many different reasons and there isn't one precise profile type that would allow us to make predictions about who is more likely to solicit our services. This being said, here are some examples of portraits representing the most frequent scenarios:

– The spouse of someone suffering or in distress who wants to know how to support them.

– The father of a family whereby a child is experiencing a mental health problem. In certain cases, the father feels guilty because there are cases of mental illness in his family.

– Men in their thirties who have room mates in distress who refuse to seek consultation. They are looking for resources for their friend, to devise plans for them, to relieve them, and to set up safety nets around them.

– Men who have depressive thoughts, anxiety problems, and low self-esteem. Nothing seems to be going right; they feel obsolete, they feel overwhelmed, and they face conflicts at work with their boss and their colleagues.

– Men who have sleep problems and difficulty managing their stress. Psychological distress is as important when they are suffering from isolation. Often times, they are going through a rupture and do not connect with family members and have few or no friends.

## How do we guide them?

According to Sociologist Germain Dulac, 70% of men who make the first step and who do receive a satisfying response will not bother making a second call. It is therefore necessary to be very attentive and to listen very carefully to their questions and to decode the non-expressed messages that are often manifested as anger and a deep suffering. In order to maximize the chances of helping these men in their distress, it is absolutely necessary that their first encounter be a positive and satisfying one.

Some men want a very clear plan of action with responses to their questions. Where do I start? What do I do next? They need to have answers and want to know what condition they are suffering from. This desire to have a clear-cut and precise plan, and to identify the source of their suffering with a diagnosis probably provides them with a certain sense of control over the situation. The approach taken quite evidently varies in accordance with the specific needs expressed and the degree of distress.

## I am suffering and distressed. What are my options?

1) If you are experiencing a crisis, contact centers that specialize in crisis response that offer services 24 hours a day, 7 days a week. The services are available for a person in distress, and close family/friends. The services will discuss the situation in complete confidence and will provide ways in which to resolve the crisis and offer resources that could be of assistance.

In Montreal: **Suicide Action (514 723-4000)**

Everywhere in Quebec: **Partout au Québec: 1-866-APPELLE (1 866 277-3553)**

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# Stress and Distress in Men: Do They Ask for Help?

2) If you have a family doctor, you can consult him/her. In addition to physical check-ups, your doctor is in the position to evaluate your mental health and to make a diagnosis or even to guide you towards more specialized resources. The different treatment options (whether they be pharmaceutical and/or a form of therapy) will also be proposed. This approach seems to be particularly favorable in cases where there is a strong bond of confidence with the family doctor and when he/she is easily accessible.

3) Communicate with the psycho-social unit of local CLSCs that are composed of specialist teams in adult mental health. The only hindrance is that you might find yourself on a waiting list.

4) If you wish to see a psychologist, but you do not have the financial means, just know that several centers offer psychotherapeutic services at a partial price. Here are some examples:

In Montreal: **Concordia University Applied Psychology Centre, Argyle Institute, Centre, Le Centre St-Pierre, Centre de relation d'aide Le levier, Famille Nouvelle**

In Longueuil: **Collectif de psychothérapie populaire de la Rive-sud**

In Laval: **Service populaire de psychothérapie de Laval**

## How do I tell a loved one that they need help and guide them towards it?

An individual's close family and friends are usually the first ones to witness any behavioral changes in someone who is suffering. Spouses are often quite alarmed by the fact that their partner doesn't speak and chooses not to consult. Their stress is even more intensified when children react to the situation with anxiety. You must always bear in mind that the illness affects not only the person afflicted by it, but carries also an important modification on the family life as well.

To get a close one or loved one who is suffering to consult, you can propose to accompany them to a family doctor. You can also search for information and resources for him.

If the state of a loved one deteriorates to the point that they experience suicidal ideation, you must, without hesitation, consult a crisis center in

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***You must always bear in mind that the illness affects not only the person afflicted by it, but carries also an important modification on the family life as well.***

order to seek assistance from clinical and professional interveners.

Interestingly, the Centre de crise L'Entremise developed an intervention protocol in support of suicidal men for family members and the network's interveners. If you believe that your loved one is rapidly reaching the point of desperately needing access to intervention services, independent of whatever other problems that might be present, here are the steps to take:

You must first get the approval of the person who is suffering to give his telephone number and to pass it to the intervener. The intervener will take the necessary steps to communicate with the client, will make sure to avoid that multiple call are made, which can often lead to feelings of diminished motivation and withdrawal from the wanted and needed help. If the situation deteriorates or if a more specialized resource is necessary, the intervener will guide the client towards the appropriate resource.

## And where is the loved one in all of this?

The close one or loved one must never lose sight of his or her own well-being. In order to minimize the impact on the physical and mental health as well as the social and professional life of the entire family, we recommend that they join associations for the parents and friends of people afflicted by mental illness. Effectively, there are services out there to listen and provide resources, and to set up individual meetings. Couples and families can help each other to set their limits, to listen to them and respect them, while making sure they are being respected.

In his book entitled *Vivre avec une personne dépressive*, Dr. Bexton warns helpers to not engulf themselves into the infernal cycle: sympathy, frustration, anger, guilt and ashamed.

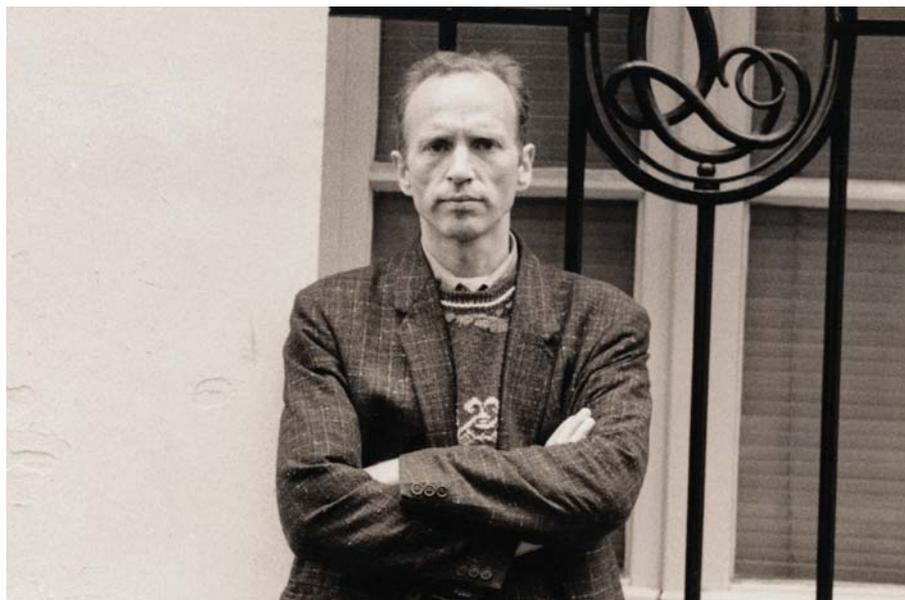
Sympathy: the helper like/loves the person who is suffering, wants to help him, and tries several approaches that fall onto deaf ears, that lead to legitimate feelings of frustration.

As frustration builds up, it transforms into anger. The moment the anger is expressed, it can then lead to guilt: "I shouldn't have, he is just so vulnerable." To compensate or to redeem themselves, the helper/caregiver often amplify their sympathy, and so the cycle begins anew. It is therefore essential to place limits and work as a team with the intervener(s) and help groups in order to not feel isolated.

## What can we hope for in the future?

Because men experience their suffering differently than women, wouldn't it be a good idea to provide services especially for them? In his book *Ne me dites surtout pas que ma colère est rose*, Jacques Charland expresses his ultimate dream: to create the House of Chaos... a place where all men in full-blown crisis could seek refuge, type of clinic where all men would have the right to live out their anger. And what if this was a path towards a solution?

As you can tell throughout this article, several resources exist to help men in distress or to help their entourage to gain some support. Do not be afraid to knock on another's door to ask for help... by diminishing your suffering, you will evidently experience benefits on a personal level and you will also help benefit all those that surround you. 



# From singular masculine to plural masculinities

**Bruno Marchand**, General Director & **Pascale Dupuis**, Event Coordinator –  
Association québécoise de prévention du suicide  
Translator: **Robert-Paul Juster**

**Suicide is essentially a masculine problem. Year after year and without cease, four out of five suicides will be committed by a man. This is a phenomenon found in Quebec as well as among societies around the world. To be preoccupied by suicide means to be particularly preoccupied by the suicide of men. Prevention cannot be made without taking this reality into account.**

In 1999, the number and rate of suicide reached a peak in Quebec, particularly in men: 1,284 men committed suicide. Since then, the numbers have progressively dropped so that ten years later in 2009, 830 men died. In terms of rates over the last decade, we have gone from 35.9 suicides per 100,000 men to 21.3. In 2009, the average rate (men and women together) was 13.5. These statistics are very encouraging. And yet... suicide remains the number one cause of mortality in men ages 25 to 44. It represents 3% of all male deaths. Numbers also tell us that it is men between 35 and 49 are the most susceptible to committing suicide. The 50 to 64 year range constitutes the second age group, followed by young adults from 20 to 34 years old. These figures follow those of the general population.

**Suicide remains the number one cause of mortality in men ages 25 to 44.**

## Multiple factors

Recent research attempts to understand this phenomenon: why is it that men are more likely than women to commit suicide? When it comes to suicide, no simple causal explanation has emerged. Instead, we often speak about multi-factors; that is, the combination of factors that predispose individual towards suicide, that contributes to or triggers the process to the act, as well as the deficits in protective factors.

In this regard, several factors have had fingers pointed at them as being potential culprits that explain the disturbing rate of male suicides. Naturally, every man is different and possess unique variations in motivations, although research has identified certain factors in the elements that incite men to commit suicide: traditionally masculine roles, difficulty asking for help, lack of social support, problems with social

integration, feelings of solitude, mental disorders, the method of choice, aggression, and finally the acceptance of suicide. All of these factors can be related to socio-cultural domains. Indeed, they must be seen collectively rather than individualistically, as they are related to roles assigned by society to shape men and to social expectations that weighs heavy on them.

## The traditional masculine role as a risk factor for suicide

A staggering number of suicides in men could, in fact, be explained by the roles expected of men in Occidental societies. Masculine roles are acquired by socialization, by learning values, attitudes, and behaviors valued by society. Therefore, in order to conform to his traditional role and avoid social stigmatization, a man must prove to be autonomous in resolving problems, reluctant to express emotions, will himself to succeed, and when necessary, to be aggressive. Such expectations can hinder his chances of developing significant relationships, deprive him of invaluable social support that could be needed during hard times, diminish his capacities to reach out to others for help, and finally, increase his risk of suicide.

***In order to conform to his traditional role and avoid social stigmatization, a man must prove to be autonomous in resolving problems, reluctant to express emotions, will himself to succeed, and when necessary, to be aggressive. Such expectations can hinder his chances of developing significant relationships, deprive him of invaluable social support that could be needed during hard times, diminish his capacities to reach out to others for help, and finally, increase his risk of suicide.***

## A socio-cultural phenomenon

The different risk factors associated with suicide can be entrenched by masculine roles that, in turn, lead to collective dimensions involved in actual suicide. It is obvious when considering the difficulties to ask for help, the lack of social support, the problems in social integration, and the feelings of solitude. All of these elements can be the consequence of adopting a strong masculine role. We know, for example, that men who attempt



suicide are more likely to be those that maintain less support and a less engaged relationship with their children.

In addition, mental health problems are present in the majority of suicide cases. Naturally because it is a psychological factor, and therefore private to the individual, masculine depression is under-diagnosed and under-treated. The consumption and dependence to drugs or alcohol, which are also considered risk factors, are also more common in men.

Also, the method of choice to carry forth suicide is often very radical, which also explains the number of male suicides. Here again, accessibility, familiarity, and the acceptance of lethal methods highlight a troubling societal phenomenon. In this sense, the abolition of Canadian firearms registries would be very bad news for our vulnerable men.

Finally, adhering to traditional masculine roles could also drive men to envision suicide as a more acceptable option than women as it is a means to end one's suffering by oneself, consistent with an autonomous value system.

## Plural masculinities

In attempting to understand this phenomenon, we must not fall and entrap ourselves into abusive over-generalizations. In searching to describe typical male behaviors, especially if we juxtapose them to feminine ones, we risk making the mistake of stereotyping. The reality is that diverse masculine attitudes abound, as do personal configurations of risk and protective factors. Yet, the multiple masculinities exist – even more so today than yesterday – are always in reference to the traditional masculinity that define them. Young men determine their attitudes as a function of traditional roles, whether it is by conforming or by avoiding them. “Granted that it might seem obsolete, the traditional masculine role remains nonetheless very present within masculine populations. It influences the manner in which men interpret events throughout their lives just like the choices they make in their coping strategies used during difficult times”, says the researcher Janie Houle and the psychologist Marc-André Dufour in a recent article. Also, the reported over-representation of gay men in suicide statistics also forces us to envision suicide risk in men as even more of a multifactorial phenomenon.

# From singular masculine to plural masculinities

## Man evolves but not his model

Over thirty years, we have witnessed in Quebec as in other Occidental societies, a certain kind of masculine role evolution. In parallel, valued traditional attitudes have developed into other expectations for couples, at work, in friendly relationships. Today's man must be on the one hand independent and on the other attached, stoic yet capable of expressing emotions, performing and sharing, tough and affectionate, individualistic and united, family provider and present father. Society permits plural development and in permitting it, expects it. Man must adapt to multiple new expectations that are less unequivocal than in the past.

What are and what will be the consequences of these changes? Will men who are falling out of sight lose the sense of contribution to society and to their life? What if this disruption, slow but real, is in and of itself a factor that depresses men and can prompt them towards suicide? Or perhaps to the contrary, does a far greater adherence to traditionally feminine attitudes and a distancing from masculine ones play a protective role? Research does not yet have all the answers but the evolution seen in the statistics lend us to believe so. "To distance oneself from the hegemonic model of masculinity represents a protective factor that is important in terms of depression and psychological distress", argues Gilles Tremblay and his colleagues from the Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes (CRI-VIFF). To distance ourselves from known models requires a good healthy dose of self-esteem and confidence.

***"To distance oneself from the hegemonic model of masculinity represents a protective factor that is important in terms of depression and psychological distress", argues Gilles Tremblay and his colleagues from the Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes.***

## Double expectation

Today's man must face a more complex set of social expectations than in the past. Society still valorizes masculine models. For instance, men who taste success, who are strong and autonomous leaders, who owe their accomplishments to no one but themselves, and who do not talk about their problems. Simultaneously, society expects a different set of behaviors and attitudes that are more humanistic and relational, particularly when facing difficult times. We tell our men "be human, talk

about your problems, ask for help" all the while socially valuing masculine models that adopt opposing attitudes. It is by following these two mixed messages that boys grow up, and for which men are forced to affirm in today's day-and-age.

## For a society without suicide

Because it is the collective product of boy's socialization and because it is a disproportional problem, the suicide of men concerns us all. Conscious of the specific risks, the network for the prevention of suicide in Quebec put into place and continues to put into place intervention programs tailored for men in particular. These take into account the characteristics and manifestations of men's depression, the restraint to ask for help, and the specific expectation of men vis-à-vis these services.

***Researcher, Janie Houle, wrote in the conclusion of her Doctoral thesis dissertation that "in sum, we would do well to collectively reflect on the masculine model that we wish to transmit to future generations and to ask ourselves how can we better prepare our young boys to effectively endure through difficult moments in life".***

By implementing interventions, actions can be envisioned to encourage men to increase their support and to better integrate socially. For example, the politics that permit the development of father-son dyad pairs can have a significant impact on familial attachment that plays a protective role. Projects that reach out to men so that they can seek social support outside of couples (e.g., among groups of men who have separated) could also contribute positively to reinforce prevention. The scholastic environment could equally play a positive role by promoting the development of coping abilities in young men. Researcher, Janie Houle, wrote in the conclusion of her Doctoral thesis dissertation that "in sum, we would do well to collectively reflect on the masculine model that we wish to transmit to future generations and to ask ourselves how can we better prepare our young boys to effectively endure through difficult moments in life".

Men also have their part to assume by declaring their plurality. In participating in the glorification of multiple models, they can construct new ways to view themselves. In this vision, the Association québécoise de prévention du suicide invite those who are feeling troubled by this collective problem, to unite our energies and build a society in which men develop their plural competencies so that suicide is no longer an option for any among them. 🐾



An Issue Dedicated to Men... Now a Message from Women!

Marie-France Marin  
Translator: Robert-Paul Juster

**E**ven though this issue of *Mammoth Magazine* was dedicated to men, it doesn't change the fact that several women probably read it as well... and with good reason! And what good timing as the launch of this issue coincides with Father's Day, a period where we must take the time to stop and reflect upon the distress that men experience. We must do this for our father, our best friend, our husband, or even our teenager that will soon be autonomous in this big world! In reading the prior articles, you have most likely noticed that psychological distress is not a consistent phenomenon but instead can manifest itself in so many different ways.

For men, psychological distress can take on many different faces than what we habitually see among women or even what we would expect based on the stereotypes depicted by media on what distress is supposed to look like. By peering beyond the image of a person in tears... we would see many other things! We must learn to recognize and respect the distress that indeed appears very often different for men, but no less painful. In addition, you witnessed throughout the articles how the act of asking for help is not necessarily in a man's repertoire of spontaneous actions. It is, therefore, important to listen in order to recognize the signs and help guide those we care for towards adequate resources. *Personal suffering is a personal matter, but the responsibility surrounding the afflicted remains a societal one all the same.*

To all the men and all the women who have a man who matter to them... we hope that this was an informative read and can make a difference for some among you! 🐾

# Here are some resources that could prove useful:

**Mental Illness Foundation**  
514 529-5354

[www.fondationdesmaladiesmentales.org/en/](http://www.fondationdesmaladiesmentales.org/en/)

**Revivre**  
514 738-4873

[www.revivre.org/home.php](http://www.revivre.org/home.php)

**Suicide Action**  
514 723-4000

**Elsewhere in Quebec: 1-866-APPELLE (1-866-277-3553)**

<http://suicideactionmontreal.org/index.php?page=home>

**Criphase**

Intervention centre for men who are victims of sexual abuse during their childhood

514 529-5567

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

**Concordia University Applied Psychology Centre**

514 848-2424 ext 7550

[www-psychology.concordia.ca/appliedpsychologycentre.php](http://www-psychology.concordia.ca/appliedpsychologycentre.php)

**The Argyle Institute of Human Relations**  
514 931-5629

<http://argyleinstitute.org/en/>

**FRENCH WEBSITES**

**Association québécoise pour la prévention du suicide**

418 614-5909

[www.aqps.info](http://www.aqps.info)

**Déprimés Anonymes**

514 278-2130

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

**Le Centre Tel-Écoute**

514 493-4484

[www.tel-ecoute.org](http://www.tel-ecoute.org)

**AQPAMM** (Association québécoise des parents et amis de la personne atteinte de maladie mentale)

514 524-7131

[www.aqpamm.ca](http://www.aqpamm.ca)

**Le Centre St-Pierre**

514 524-3561

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

**Réseau des centres de crise du grand Montréal**

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

**Entraide pour hommes de Montréal**

Help group for fathers, marital life, depression, loss of employment...

514 355-8300

[www.entraidepourhommes.ca](http://www.entraidepourhommes.ca)

**Maison Oxygène**

A life group for men with marital and family difficulties

514 523-9283

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

**Regroupement des associations de parents Panda du Québec**

Panda is an organization helping parents of children who have attention problems with our without hyperactivity. They have offices regionally

[www.associationpanda.qc.ca](http://www.associationpanda.qc.ca)

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[www.crise.ca/pdf/consensus\\_recherche\\_hommes\\_2008.pdf](http://www.crise.ca/pdf/consensus_recherche_hommes_2008.pdf)

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*Vivre avec une personne dépressive*, Brian Bexton, Ed. Bayard, 2008

*Et ne me dites surtout pas que ma colère est rose!* Jacques Charland, Les Éditions Espoir, 2011

*Conflits de genre et dépression chez les hommes*, Gilles Tremblay, Marc-André Morin, Valérie Desbiens, Patricia Bouchard, Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes, Collection études et Analyses n° 36, mars 2007

*Aider les hommes... aussi*, Germain Du-lac, Éditions VLB, 2001

*Les hommes : s'ouvrir à leurs réalités et répondre à leurs besoins*, Rapport remis au Ministre de la santé et des services sociaux, 7 janvier 2004

# New Web Site

We are pleased to announce that the new Centre for Studies on Human Stress website is up and running.

We invite you to come and surf our improved site.

## Among other things, you will find:

- a whole array of information on stress
- information for specific populations (the stress of parents, of youths, of elders, of workers, etc.)
- all issues of our *Mammoth Magazine* (freely downloadable)
- a FAQ section with videos where experts respond to your questions regarding stress and mental health
- tools for researchers (upcoming conferences and technical information on stress) information concerning our different educational programs

Come visit us!

[www.humanstress.ca](http://www.humanstress.ca)



## Par amour du stress

**Sonia Lupien, Ph.D.**, Director of the Centre for Studies on Human Stress of Louis-H. Lafontaine Hospital and professor in the Department of Psychiatry at University of Montreal has recently published her first book titled “Par amour du stress” in French only at the moment.

“Contrary to what people think, stress is not a disease: it is essential to human survival”, explains the author who also directs the Fernand-Seguin Research Centre at Louis-H. Lafontaine Hospital. “On the otherhand, if you endure chronic stress, this can have dire consequences.”

In this book, Sonia Lupien writes in simple style full of imagery and with a pinch of humour the combined results of 20 years of scientific studies on stress, its causes, its symptoms, and its long-term consequences on the human body. She proposes surprising methods to control it, which all of us can achieve.



## Next Issue: Post-Traumatic Stress

While more men will be exposed to traumatic events over the course of their lives, the risk of developing post-traumatic stress after being exposed to trauma is higher in women. This mental health problem prevents many people from living a normal day-to-day. In addition to changing their lives, that of their family, and their entourage are all often affected as well. Could we predict who is at risk of developing post-traumatic stress? Are therapies effective? What are the latest scientific advances on the subject? Answers to these questions will be the aims of the next issue of Mammoth Magazine.



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