

**Dotsie Bregel,
Founder and CEO of
The National Association of Baby Boomer Women
(NABBW)**



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Irritable Male Syndrome With Jed Diamond

Dotsie: Hello, this is Dotsie and I am the founder of the **National Association of Baby Boomer Women** and the number one site on all search engines, www.boomerwomenspeak.com. I'm passionate about educating and empowering midlife women. First this evening I'd like to tell you how the call will work. Jed will speak to us for about a half an hour, I will then ask him some questions and after that if you have any questions, you will be able to ask them at that time.

So, you are listening to the **NABBW** audio Teleseminar **Irritable Male Syndrome and Male Menopause**, *What Women Need to Know to Protect Their Relationships and Help Males*, with Jed Diamond. Jed promises to help us understand the men in our lives. And for a little introduction about Jed, he is the Director of *Men Alive*, a health program that helps men live long and well. Since it's inception in 1992, Jed has been on the Board of Advisors of the *Men's Health Network*. He is also a member of *the International Society for the Study of the Aging Male* and serves as a member of the *International Scientific Board of the World Congress on Men's Health*. He consults with the business community on the new field of gender medicine. He helps develop plans to reach the newly emerging Boomer male market, which is truly an untapped resource. In addition, he works with business leaders to understand and deal effectively with gender conflict in the workplace so that productivity is maintained at a high level and potential legal clashes are eliminated. Jed has been a licensed psychotherapist for over 40 years and is the author of 7 books, including the international best selling, *Male Menopause*, that has thus far been translated into 24 languages. He is also the author of the new release, *The Irritable Male Syndrome, managing the four key causes of depression and aggression*. Jed has also written 9 booklets, produced 10 audio cassette programs, and a video program for the public broadcasting system. He has taught classes at U.C. Berkley, U.C.L.A, JFK University, Esalon Institute, the Omega Institute, and other centers of education throughout the United States, Canada, and Europe. He is presently completing his PhD in International Health, and he lives with his wife Carlyn on Shimmins Ridge above Bloody Run Creek, in Northern California. They are proud parents of five grown children and ten grandchildren. Now how's that for an introduction Jed?

Jed: That's pretty good, I'm impressed.

Dotsie: Me too. We would like you to begin your part of the call this evening, which will be about half an hour of a little seminar, and then I will follow up with some questions, and then the listeners will be able to follow up with their questions.

Jed: Great. Well, good, I want to just again say thank you for giving me the

opportunity to be here on the call and to really interact with women around these very, very important and I think crucial, issues of what's going on with men today. I usually talk, I must tell you, before live audiences and this is a little different for me, talking where I can't see you. So if people would smile when I say something funny and just lean real close to your phone, I'll be able to get a feel for you as we talk. What I want to do today is to explore new research on the area of Andropause, also known as male menopause or the male climacteric, also called androgen deficiency in the adult male or ADAM, and research that I conducted with nearly 30,000 males to describe a new phenomenon that overlaps Andropause, which I call the irritable male syndrome. I also want to tell you what you need to do to ensure that these changes that men go through don't undermine your mental health or wreck your relationships. That's what I'm hoping to do, I hope that's something that's of interest to you, and that makes sense as you join us today.

Dotsie: Sure, this sounds great. I'm looking forward to it.

Jed: Great. Well, for me as is true of most of the work that I've been doing over the last 40 years, this work comes out of both my own experiences in my own life. My wife was going through menopause, and we found that there was a tremendous amount of stress on our relationships. Sexuality wasn't as positive as it had once been, there were a lot of emotional ups and downs in our relationship, we seemed to be fighting more, and we were more distant from each other. But of course, I blamed all the problems on her and menopause, and those "women things" that are so difficult, and was sure that if only she would get better, then everything would be fine with us. Well, as happened, she went through menopause and came out the other side and things did get better, but what we found was a lot of the same symptoms that had been going on with her, she suggested might be also going on with me. Of course, I laughed at that, I said, "Well I've been doing research for years and years and I've never heard of anything comparable to what women go through with men. We don't have a menstrual cycle so we clearly can't stop having one, so there can't really be anything such thing as a male menopause." And yet when I started looking at this in my own life, and started gathering information, I began to see that in fact men go through a very, very similar hormonally based change of life that generally occurs with all men between the ages of 40 and 55, although it can occur as early as 30, or as late as 65. When I started looking into this, I found that number one, most of the research was going on in Europe, Asia, Australia, New Zealand, England, and other parts of the world and that the United States was really behind the times in a lot of the latest research going on. When I started gathering information, I eventually, as I said, developed a study with 30,000 males, and we found that the most common symptoms of male menopause included loss of erections and a lowering of libido or sexual desire, increased fatigue, weight gain, particularly around the belly, and irritability and anger which had not been reported in the literature, up until that time. We found that symptoms of irritability and anger in fact were as common as the more normally reported symptoms of

erectile problems. I mentioned earlier that if anybody is interested in getting copies of the actual questionnaires, I would be happy to send those to you if you'd send me your email address. Just email me at Jed@menalive.com.

Now still in the United States, this is not a generally accepted diagnosis. So many men or their wives can go to the doctors and say, I want to get my husband checked for Andropause, many doctors will shake their head, or they'll laugh or they'll not take it seriously. But increasingly, the medical establishment I think is coming on board. Mark Blackman is a professor at Johns Hopkins University Medical Center, and he said the male menopause is a real phenomena and does similar things to men as menopause does to women, although he did said less commonly, and to a less intense degree. What I discovered after getting the book out in the world, and getting feedback from men and women all over the world; that said the books were translated into 24 foreign languages, so I heard from people from China, to Russia, to Israel, Pakistan, New Zealand, Australia. Just everywhere in the world, and what I was hearing was that many people were saying, you know that irritability thing is really true. I'm really seeing that in my husband, he's gone from Mr. Nice Guy to Mr. Mean overnight, and some of the responses were from people that were much younger, or much older, and they began to ask, is there something that may be going on with men beyond this midlife age group. So, I again said, well here's an opportunity to expand our study, and I did an additional study which turned out, that another 30,000 males participated. What we found was that there was a concept or, a syndrome, that we called *Irritable Male Syndrome*. I want you to listen carefully on the symptoms of these, because we found that there were four major symptoms.

One was hypersensitivity, where every little thing would seem to bother these guys. Anxiety, number two. A lot of worries and a lot of fears, surge frustration, just that pressure cooker feeling and finally anger that could either be explosive anger that would end in fights, or this slow burning anger that would so frustrate relationships and cause problems.

When we began to look at what were the causes, what was underlying this, we found that there were four critical underlying causes. The first was bio-chemical changes, particularly in the brain chemistry. Second, hormonal fluctuations; particularly with testosterone levels. The third, increased stress levels in these guys and finally, a loss of purpose or a real confusion about male identity and what we are able to do in the world. So with this information, I began to then help a lot of the men and women that would contact me either through the book, through my Website, or directly in my counseling practice. What we found was that there was this high level of denial that the guys would experience. And I found this in my own life when I was dealing with these things. I just, for the longest time, couldn't recognize that this was the problem. One of the things that you need to be able to do is recognize what I call the seven stages that a man has to go through to get past the denial.

I want to go through these with you. So what we see in stage one, is guys insisting there is no problem, often vehemently. "I am not angry," he will say, angrily. That's Stage One. It is hard to deal with a guy who insists that he's not angry and he doesn't have a problem, and if you suggest he might, he gets angrier.

Stage Two; he begins to recognize there may be a problem here, you know, as this goes on and things are pointed out to him, but he's sure that the problem is you. You may have had that experience. "Oh, yea, I know there is a problem, well if you would only ..." The way I experienced it was my wife Carlyn. "If you'd quit hitting me in the head with a 2 x 4, I wouldn't be so angry." And she said, "Hit you in the head, what are you talking about?" But my perception was, she was doing things to make me angry.

Stage Three; we begin to recognize there may be a problem with us, but when we do, we are sure that it's a minor problem, it's just going to go away. You know I just need a little more rest; I need a drink after work; I need some minor thing that will tune me up.

Stage Four; we begin to see, you know, the problem may be more serious, but we're sure we can handle it ourselves. You know that one where the guy says, I can take care of it, don't worry dear, I will _____, and whatever, he fills in. I will get more rest, I'll deal with some stresses at work, I'll spend more time with the kids, I won't drink as much, whatever it is; *I will take care of it.*

Stage Five; he begins to recognize, maybe I need some help. But you know there is nobody out there that can really help, therapists are lousy, they're just going to take our money, it's a waste of time and you know, what can we do?

Step Six; well, maybe I do need help, and maybe I do need to see somebody. This is when I will often get a call from the guy or his wife, and when I talk to him, he wants the quick fix. It's like bringing his car in, just give it the oil change, a tune up, and get it out of here, so he can get back on the road.

Finally, we can help the guy get to Step Seven, which he says, well maybe I have a more complex problem, and I'm a little more complex than my car, and maybe my family is worth more than any vehicle that I own. I better pay attention to what my wife, or what my kids are saying about my irritability, and maybe I need some support with a range of things. This is where the guy starts to look at some of the hormonal issues, the physical issues, the emotional issues, the interpersonal issues, sexual issues, social issues, economic issues, and the spiritual aspects. In other words, there are a lot of aspects that go into the symptom we see as irritability, or these changes that men go through as we hit midlife.

Now in the years I've been doing this, I talk to a lot of women because it's often the women that notice the changes first, and it's often the women most affected by it. It's like he may have the problem, but she gets the brunt of it. She gets the

affect of it, so I say there are six things that I've seen that women tend to do that don't work. Or, they don't work very well, or they may make the problem worse.

Dotsie: Okay, help us.

Jed: If you think about it, if these are true for anybody that you know. The first strategy is that women try to ignore the problem. Hoping it's temporary and that things will improve, they kind of collaborate with the guy at his first level, where he's saying there is no problem. She hopes that things will get better, that things will improve, that things will change, if only they just give it a little time. Well, they don't improve; they get worse unless something is done about these issues. The second strategy that many women try is that they try harder to be nice. While he continues to be mean, she tries to be nicer and nicer to him, as though she were saying to herself, maybe if I can just, you know, be nicer and better, and more helpful, and more supportive, then things will be better for him.

Dotsie: That's very typical of women.

Jed: Women, or any helper-type people know there is this tendency to take his meanness and you be nicer and nicer. Well, what happens is the guys get more guilty the nicer the women become. They feel lousier that they are treating the women bad, and what happens when they feel guilty, they start getting more sad and depressed, and when they get more sad and depressed, they get angrier, and so it has the opposite effect. So the nicer she gets, the meaner he gets, and you get this locked-in cycle that doesn't help anybody. So strategy number two doesn't work.

Strategy number three, many women will start to blame themselves. What I found is that after they have been criticized and blamed for everything from putting on weight to being less available for sex, you begin to think, well maybe he's right. We know you're not perfect, and you may have been overwhelmed lately with this problem or that, so you start to feel guilty and ashamed. So I tell women to stop it. You're no more to blame for this problem of *Irritable Male Syndrome*, or *Male Menopause*, as you would be if your guy got lung disease or diabetes.

So the fourth strategy is to blame him. You don't understand why he's gotten this way, but he's become kind of an S.O.B. One of the women wrote to me in anticipation of this call; she said, "Help, give me something before I kill him." And women who are dealing with this, often become angry. They begin to think that well, he must be the problem, and some times they are directly angry, some times they are cutting and disrespectful. The feeling is *well maybe if I give him some of his own medicine it will wake him up and he'll see how lousy he is treating me*. Well, it won't. Treating him badly just makes you feel lousy as he does, and then you're both in a sinking ship that has no place to go but down.

So the fifth strategy is, you try to get him to change. You're sure that if only you could help him, things would get back to normal. You try dropping hints, you tell him directly sometimes, or you say, you need to see a doctor, maybe you could see a therapist; maybe you should go see somebody. You try everything to get him to change, and the more you try to get him to change the more he digs his feet in. He feels pressured, you feel hopeless and the more you push the harder he retreats.

Dotsie: I hope you have help for us.

Jed: I do. Let me give you the last strategy that doesn't work and then I'm going to give you the things that do work. Is that fair enough? The last strategy is to try to change yourself to be the person you think he wants. So he clearly seems to be distancing himself, he may be physically or emotionally distant, you're frightened at times, you panic. You think that maybe if you could lose weight, be more available, dress more sexily, be more adventuresome, talk more, talk less, that somehow if you could just figure out what he wants, things would get better. There are a couple of problems with that. First, he doesn't know what he wants. He is on an emotional roller coaster, you might think of male menopause as adolescence the second time around. If you've ever had an adolescent, you know that trying to deal with their emotional ups and downs and trying to accommodate to them doesn't work so well. They don't know what they want, they're changeable, and they are emotionally changeable. One minute you do something the guy likes, and then you do the same thing, and he hates it.

Dotsie: Well, you know, I think we can relate to that because we go through that with our peri-menopause and menopause. We feel the same way.

Jed: Exactly, so it's not so different, but it's a process that not many women fully understand obviously, and men; because men haven't understood it in themselves.

Dotsie: Right, and I appreciate you helping get the word out, this is amazing.

Jed: Here is what I've found over these last forty years that can help. These are the six strategies you've heard that don't work, let me give you six that do. Then we can talk about some specific questions of how to hone on in this in ways that can be particularly helpful to you, and in ways that will work in specific areas of your life. So the first thing that I tell women you need to do is to take care of yourself. But often women get to a point where they are just worn down. They keep trying everything they know to make things better, and they're just exhausted. So the first thing I tell them is you've got to take care of yourself. Whatever that means to you, whether it's taking a break, getting support, hanging out with your women friends, getting a massage, going for a walk, taking a vacation. Whatever it is, you need to take care of yourself.

Dotsie: This is getting better by the moment.

Jed: And I write prescriptions for this. You know women say, I need some ammunition. I say great, here is the prescription. The doctor says you have to do this, and often it breaks the cycle. You think it's going to make it worse for the guy when you tell him, "Look, I'm not going to do anymore to rag on you, or get on your back, or try to get you to change, I'm going to go take care of myself," you find out it starts making things better.

So the second thing that I tell women to do, you've got to get support. Often women are suffering alone with these issues. They think they're the only ones dealing with husbands like this. There's that feeling that many women have that they need to protect their husband's sense of privacy, and they don't want to tell even their closest friends what may be going on. He may even be telling them, "Look, you better not tell anybody that we're going through this." You've got to break that silence. You have got to talk to your friends, and you've got to reach out to other people. You've got to let others know that you need some support with this; dealing with these issues is very difficult. Women would not hesitate when they're dealing with their adolescent problems with their kids to talk to their girl friends, but I find that often women will hesitate and hold back when they're needing to talk to their friends, or get support, for changes that their husbands are going through.

Dotsie: Okay and I'd like to just put a plug in for the **www.boomerwomenspeak.com** site right now because we have over 60 forums and the purpose of the site is to connect, encourage and support one another. I launched it so that we wouldn't feel alone and we could share our stories, so this is a perfect tie in.

Jed: That's super. The third thing that I tell women to do is to learn as much as you can about this. This is one of the areas where the more you know, the better things are going to be. Ignorance is not bliss; ignorance will keep you stuck; so read things. In my books I have full references to other books, other studies. I put information up on my Website; I do a Blog every week to keep people up to date on the latest information. So learn as much as you can.

Dotsie: Sure, and you want to give us the address to that Blog.

Jed: Yes, you can access it through my Website which is **www.Menalive.com**. So you go to the Website, you can get on my mailing list if you want to get regular information from me, you can get the Blog, which I write once a week, and participate in dialogue around these issues; hear what other women and other men are thinking, because women really need to hear from other men as well. Often the man in your life may not be as open or as articulate as some of the men that share their stories on the Blog. So it's a good way to hear from other people. And men particularly find it's really valuable to hear what other men

have to say. They often will find out that they're not alone. Then other guys can say some things that can get through to them in a way that some times a woman can't.

Dotsie: Sure, and I think it's important to read a weekly Blog, and to get a Newsletter, so that you are kept abreast and continuing to educate yourself.

Jed: Exactly. These things change over time. It's a process and remember, I said it may be a 7 to 15-year process, you know, to get through this time. Everybody will get through it just like everybody goes through adolescence, but some get through it with more of their lives and relationships in tact, and others have a more difficult time. I really encourage women to get as much information as they can. That's number three and number four, and this isn't so easy when he's being angry and mean, but what I say is listen to his feelings and needs below the anger and blame. This is one of the most difficult steps for women, but what I tell them is, he's trying to tell you something about how he feels and what he needs. Now what he may be saying is, *you know, you're a mess and you're to blame, and you can't do anything right*, but underneath that he may be telling you, *I'm frightened. I'm worried about my loss of sexual desire; I'm scared about my loss of erection. I'm worried about the children leaving, and whether we're going to be able to get through our marital difficulties and have a marriage on the other side of the kids. I'm worried about my job.* There's a lot of things that are being shared in a language that often men are not able to articulate directly. Being able to listen below the surface is an important step.

So number 5, I say you need to work through denial, his *and* yours. As I said, he needs help in moving through his; it's not a problem, to okay, it is a problem, but it's your problem too, and eventually getting to, yea it may be me. Sometimes just getting to the next step is what you need to do. It is very helpful to realize there is 7 steps, he doesn't have to go from total denial to total acceptance in one step. Moving a little at a time can be helpful and often you, yourself as a woman, moving through your own denial. Recognizing that for many men, as you say, who are in this midlife change of life, many women are going through the same change, and they're dealing with their own hormonal changes and their own physiological disruption, and their own stresses, and their own identity and sexual changes.

Dotsie: Ye, gads – I'm telling you.

Jed: So the good news is if you can recognize that you can kind of help each other go through it, like gee, you're going through it to. We're both kind of hot in here and the temperature is going up, and we're feeling some hot under the collar feelings, so it can be helpful if you can recognize that you can go through this together.

Dotsie: Yea, and communication is key also; honest communication. If you can

get the men to communicate honestly and openly.

Jed: Exactly right. The final thing that I tell women, this is again very difficult for many women, is setting boundaries and being willing to back them up. In other words, many women need to say to the guy, in some form, “Look I understand this is a difficult time of life. I understand that you are having some feelings that you may not even be able to put into words, and there are some needs that you have that aren’t being met, and that we need to work on it. I understand that, but I’m not going to be the brunt of your attacks. I’m not going to be the one that you take it all out on.” It’s really saying, “Look, I will listen to you, I will work through this with you, we can get through this together, but I have to also take care of me.” That’s one of the things that breaks the cycle when the women, contrary to her fear, which is, “God if I ever stood up to this guy and said, enough, you can’t do this, he would really tear into me. If he is this angry now, what would he be like if I ever stood up to him?” Well, often just like an adolescent who is angry and out of control and may need the boundaries to help them feel safe, often a man needs the woman who stands up for herself to say, no, you can’t do that. We can work this out, but you have to treat me with respect. You can’t be calling me names; you can’t be putting me down. I’m not going to put up with that anymore. So again, you put that together with the other five steps and what I have found is some times you need support for this from your friends, your neighbors, your counselor, whoever. But once men and women are able to work through this, the good news is we’re entering the best time of our lives. This is the opportunity that men and women have on the other side of menopause to often have the most creative, the most powerful, and the most passionate time of their lives that they’ve ever experienced. And so many people that I’ve worked with, and that have gone through this say, thank God that we were able to get through this together, because now life is sweeter than it’s ever been.

Dotsie: That’s good, that’s the hope, that’s good to hear.

Jed: Let me stop now and open it up for any questions that you have or any questions that others have so we can see if we can put this into some practical applications for you.

Dotsie: Sure, I’m going to ask a few questions first, and then we’ll open it up for anyone else who has questions. So basically Jed, you’re “the man” when it comes to Andropause and Male Menopause in the United States, is that right?

Jed: Well, I’m certainly one of the main people that has developed these ideas, researched them, and popularized them in the U. S. and around the world.

Dotsie: That is so exciting. That is really something to be proud of, because where would we be if you hadn’t done all this work? Thank you for doing that and thanks for being on the call and helping us out tonight. I’ve heard that some midlife men get hot flashes and actually have severe mood swings just like

women. Is that possible, the hot flashes? Like if the man wakes up in the middle of the night and he is drenched.

Jed: I've had women who would say, "Yea, well I'll believe in male menopause when he starts having hot flashes." Well, what we found in our research was that up to 40% of the men had problems with their energy system, and their heat regulating system, the same way that women do. I would get letters from men saying I'm sitting in a meeting, it's cool, air-conditioned,, and all of a sudden I start feeling flushed, I start drenching, my body feels like it's melting and I want to rip my clothes off. If I didn't know it was written by a man, I'd say this is a menopausal woman talking to me. It's very common and men don't often call it hot flashes, but they're the same thing, and they are caused by the same problem, which is a rapid change in hormonal levels.

Dotsie: Well, you know it's interesting, this sounds very crazy, but I'm going to have to ask my father who is a member of the greatest generation, because I wonder if he would pooh-poo this. If he would say, "Oh, gosh I didn't go through anything like that." Have you gotten any feedback from *that* generation who has already experienced it, but didn't have the information available to them at the time?

Jed: Well, it's like a lot of these things that once you identify them, you begin to recognize that everybody went through it, but you didn't call it that. Many times we just said, well, he's just a grouchy old man. Or he's getting old and now we recognize, number one, that these changes are not inevitable, there are things we can do. Everything from hormone replacement therapies that men are engaging the same way so many women have. Some of the same questions that are arising. The changes of diet, the changes of exercise. So there are many things that we can do now so that men and women don't have to suffer in the ways that our parents did without being able to do something about it.

Dotsie: Yea, you know I can relate to that because I think of all the kids who have been diagnosed ADD and ADHD and when you look back, you can probably go through the kids in your class in elementary school and say, I would bet money had this information been available at the time, that they were the kids. It's just like we continue to learn so much about our bodies, and it's really interesting to be able to put a label and recognize that there is help.

Jed: And once men recognize that there is something that they can do about it, they're much more willing to take the quiz to find out if they have it, and then to go, *God I don't want to suffer like this and there is more to my life than these kind of symptoms and I want a good marriage in the later part of my life. I don't want to be fighting all the time, I don't want my sexuality to go away, I want to enjoy intimacy, and now we know that there are a lot of things that we can do to make that happen.*

Dotsie: Good. And you mentioned a quiz. Now that quiz is available on your www.Menalive.com site, is that right?

Jed: The male menopause quiz, I send people. I have the *Irritable Male Syndrome* quiz online that people can get on through a Website called www.theIrritablemale.com. You can take the quiz online, or I can send it to you by email.

Dotsie: Okay, that's important information, I think. You mentioned HRT for men, can you tell us a little about that?

Jed: Yes, it's has been used in Europe for years and years. There have been studies that have been going on in Denmark for fifty years where men have been taking replacement doses of testosterone to increase their hormonal levels. It's been going on in England and a number of parts of Europe for the last ten years. It's just becoming known and beginning to become more widely prescribed in the United States. The good news for men, as opposed to women, is the hormones that are being used are bio-identical hormones. So it doesn't run into some of the same problems that women found when they were using hormones as you know, that were not bio-identical, to what was being produced in women's bodies.

Dotsie: Right, now I understand that there is help, but what can a woman do if her spouse refuses to get help. I mean do you have any suggestions?

Jed: Yes, absolutely. What I've been doing and probably half the people that I've helped; we start with the women saying; he won't come and he doesn't want to deal with this, but what do I do? So there are things that we talked about that the women can do directly to get herself in better shape, and then what I do is every man who is in denial also wants to get help. The only reason men don't get help is their afraid that they're going to get some bad news. What I've found is there are many things that women can do to get their men engaged if they have some important guidance to do it. So probably 90% of the women that I see over time, we get their men involved. But at the beginning, they say he would never talk to a therapist. And I say I'll bet you; and 90% of the men I get talking to me may take weeks, months, some times years, but there are ways to get through to guys because deep inside guys want to be happy too. Guys don't like being miserable. They are just afraid that it's going to be a waste of their time and money, and somebody is going to tell them they're wrong and they're bad or they're stupid. So they would rather go down with the ship than take a chance to get the help that they need. But if it's presented in a way that a guy can understand, then often, we can help guys get involved and women can get through this dilemma that they have, of how do I help the guy when he won't get help?

Dotsie: Now do you have any kind of resource on your site that would, like say, some of the women are listening but they're from different parts of the country. Can they find a therapist in their area that do your kind of work?

Jed: Well, they are few and far between still, unfortunately. But again, if there is anybody that wants to email me, I will give them the list of physicians and other health professionals that I know in different parts of the country that do understand these issues and are available.

Dotsie: Right, and I would have to say that I think a great beginning would be if women are interested and their spouses are interested, to buy your books, and get a great start there, I would think.

Jed: Sure the books are a real help, and also particularly for the guys; often guys don't like to read in the same way that women do, but they'll listen to a CD on their way to work, or they'll watch a video that is a fun and engaging program. So a lot of the additional materials that we have developed seem to be particularly relevant to guys, and of course, a lot of guys do read, and those that do the books are good, and those that don't, there are other resources that help get the guys involved.

Dotsie: I have a couple more questions that I could ask, but I think what I'm going to do is open up the lines to any of the women who might want to ask you a question. So for those of you who are on the call since the beginning and pushed 6 to mute yourself, you can now push 6 to un-mute yourself and ask a question. Does anybody want to ask a question, now is the time to push 6 and ask your question.

Joan: Hi this is Joan, and my question is, "Is it a common physical symptom, which is what my husband's doctor told him, that passing out when he gets up in the middle of the night, that is a common thing among men in their 60s?"

Jed: I didn't hear, what are the symptoms?

Joan: Passing out if they get up to urinate at night.

Dotsie: Passing out, Jed.

Jed: Passing out. That is not a common symptom. Getting up to urinate at night is. That often is a symptom of prostate enlargement or some other prostate irritation, or urinary problem. But if he's passing out when he gets up, that's not common, and a source of concern, and something that a doctor would certainly want to know about and be able to get to the root of it.

Dotsie: Okay Joan, did you hear that? I'm assuming she heard that.

Georgia: I have a question. My question is, there are documented cases of women going through menopause that have actually killed their spouse and have blamed it on, and I'm not saying right or wrong, I'm just saying they did, on the

menopausal symptoms. Are there any documented cases of men that have actually gone bananas because of the symptoms?

Jed: Yes, absolutely. I've treated people who are in prison who have lost it, or become enraged, or had the extreme symptoms which are *not* common. I want to emphasize that although irritability is a symptom that is very common, rage attacks are less common, but they are present, and can lead to real serious violent exchanges. So it's very important to recognize these symptoms early on and to get them treated before they get worse.

Georgia: Right. I was wondering how much of a problem it was for these individuals to get help, because it so new to the medical community.

Jed: Well, as I said, it's becoming more common to get help. There are more centers and more health care professionals available to offer help, but it's still not common practice here in the United States. And often men, rather than being treated, end up either being ignored, laughed at, or when the anger erupts, they end up in the criminal justice system, rather than in the health care system.

Georgia: Right, thank you.

Dotsie: Okay, does anyone else have a question?

Joan: I'm back on. I don't what happened to my connection, but I didn't hear the answer if you gave one.

Dotsie: Is this Joan?

Joan: Yes.

Dotsie: Okay, you want to go ahead Jed and answer her question?

Jed: I remember, your question was about the man waking up at night and having to urinate often, but passing out at times.

Joan: Correct.

Jed: What I had said is that the waking up at night to urinate is common and often associated with prostate problems, or urinary infections, more often prostate enlargement. But the passing out is *not* common and that would be something that a doctor would really want to look at, and get to the bottom of, because that would generally not be a symptom of male menopause, but would be associated with some other reason having to do with probably something going on in the brain, or getting up too quickly, or loss of blood to the brain. But something is going on that would make a guy pass out, and that would need to get assessed and treated.

Joan: Yes, because his doctor said it was common in men his age.

Jed: Well, I would disagree with that. I think it's *not* common, and even if it were common, it's something that there is a reason for it and you would need to get to the bottom of it, so that it doesn't happen because older men shouldn't be passing out when they wake up at night.

Joan: That was what I thought.

Jed: Well, if you don't get satisfaction, I would get another opinion.

Dotsie: Yes, Joan, women's intuition is usually right. Okay, does anyone else have a question?

Judy: Hi Jed, it's Judy. I was listening to you talk about the things to not do, and I tried them all. I was also listening carefully to the things to try, and I think there is a stage there that women go through where there is a lot of fear involved. If you've been through that experience with your partner where you've been a little bit beaten down emotionally, it's very hard to make that transition to the positive things, even the very basic stuff like taking care of yourself, doesn't get there. So can you talk about that a little more, about how to make that transition, and how to cope with the fear of being left, or if you say anything he'll be gone.

Jed: I think the way I would describe it, and I think the way many women experience it, is it's like being in a war zone after awhile. It's like you're really in trauma and you are disoriented, both physically, psychologically, emotionally and spiritually. So it is very, very difficult as you might experience if you have just gone through months and years of living in a country where you've been bombed every day to come out of that and say, "Okay, now I need to make good, assertive decision making on my own behalf." So it's often a very slow process and can take quite a while just to get your head above water enough to take care of yourself. You may have been told over and over again, you're being selfish, help me more, and don't take care of yourself. So you have to really, really reinforce that belief that it is okay to take care of me, and getting the support from other people, women friends, because it's very, very important. And gradually over time getting to a place where whatever the fear is, and for different women, it's different things, for some it's being left emotionally, and that real terror of emotional abandonment. For another, it's the fear of loss of income, and the feeling of I'm going to be a bag lady on the street, and if I don't hold on for dear life, I'm not going to survive. So whatever that fear is, eventually you've got to deal with it directly and get the support so you know that, I'm not going to die, I'm not going to be totally alone. I'm not going to die on the street, so I can confront these things and I can try to make it better with this guy, or if I can't, know that I can survive well, even if the worst happens, and we go our separate ways. So I hope that supports that idea of yes, it's really hard some times to get through the

fear and with support, what I find is, most women have the strength to do it.

Judy: That's helpful, thank you.

Dotsie: Okay, we can take maybe one or two more questions. So you should push 6 so we can hear you and ask your question.

Holly: I have a question. It's Holly in Indianapolis. My husband is only 35 and he's going through this, and he is seeing a counselor now. He is also seeing his medical doctor and at his latest appointment, they put him on an anti-depressant. How do you feel about the use of anti-depressants during this period?

Jed: Well, as I said, the common period is between 40 and 55, it can start as early as 35, or as late as 65, so it's not uncommon for a 35-year old man to be going through this. What I find is that in our current kind of medical community, anti-depressants have become the kind of treatment of choice for a lot of things. And I think some times, they are quite appropriate. The man is depressed and an anti-depressant is just the right thing, but for other men there are other things that are going on. For instance, low testosterone levels are not going to be improved by being treated with an anti-depressant. So I always recommend that testosterone levels be checked. If there are physiological things going on, where a man may be drinking, he may be overweight, there may be sexual issues that are going on. Again, you want to get to the root of what the problem is before you engage in treatment, and the anti-depressant may be very appropriate for your guy in that situation, and there may be more that's going on. So one of the ways is if things are still not working after the anti-depressant, you may want to look deeper to see what else may be going on.

Holly: And also you haven't said much about not only the irritability and the anger but also affairs, and the man looking outside of the marriage for happiness since they are blaming everything on the wife.

Jed: Exactly, and that's a very common experience of many of the men, both as their sexual energy begins to wane, and their loss of erections. If you can't talk about it, there is often that feeling, well, if I met somebody younger, or prettier, or more exciting, or newer, then I can prove that I'm still a man. I mean he doesn't think that consciously, but often that is an unconscious thing. Or obviously, if you're looking out at your marriage, and you think the problem is your wife, and if only I had somebody that really understood me, and cared about me, and listened to me, then everything would be okay. There is a tendency to look outside the marriage and affairs are very common, and rarely a solution, obviously. It's what too many people do, and I try to engage most of the men and the women to say, although you can understand where that desire may come from, it's probably not going to be a solution that is going to be most helpful.

Holly: Right, okay, thank you.

Dotsie: Okay, do you have time for one more question, Jed?

Jed: Sure.

Dotsie: Does anybody else have one last question?

Joan: What is the percentage of marriages that don't make it.

Jed: Well, I don't know what the general percentage is, because so many marriages at midlife run into trouble. I'd say the percentage that have difficulties is probably close to 100%. There is hardly anybody that goes through this time without some stress. What I found is that the people that deal with these issues and certainly, you know the people that I have counseled, and that I've worked with, and worked with other counselors that understand these issues, we find that the majority of marriages survive this time. Both the husband and the wife look back on it, saying thank God I hung in there, and thank God, I got the help that I needed and were able to get past these things, understand them, quit blaming each other for the problem, deal with the male menopause and irritable male syndrome directly, and to be able to move on to the time of life that I think most people really want. This is to be with the partner that they love, they are intimate with, they are sexual with, and that they can enjoy a very close intimate relationship for the rest of their lives.

Dotsie: That is a nice note to end things on. That's very encouraging that the majority of those who address the issues survive the marriages and look back with, you know, gratitude that they took the opportunity to get help and work through the issues. That's really great.

Jed: One of the women who went through this just wrote me, and she said, "I finally got my best friend back."

Dotsie: Isn't that wonderful.

Jed: They're closer than they've ever been, and that was over a period of working a couple or three years together before they were able to work through the problems and really reconnect in the way that they had always hoped they would.

Dotsie: Well, Jed, I have to tell you that your information is excellent. I have thoroughly enjoyed this call, as I'm sure everyone else on the call has. I would like to get a copy of both of your books, so I can promote them through the Association now that I have spoken with you, and understand a little more of what you are about. If you have anything final to say, you want to promote your two Websites, and your books, why don't you go ahead and do that.

Jed: Sure, if there is anybody that would like to get copies of the questionnaires, the *Irritable Male Syndrome* and the *Male Menopause*, if you just email me at **Jed@menalive.com** . Also if you are interested in doctors or resources in your local area, I'll tell you about those that I know, and I encourage people that want to stay in touch with me to go on my Website at **www.menalive.com** and you can get on my mailing list to get my free Newsletter. You can read about my articles every week on my Blog and I'd just be real interested in hearing from you and let me know if this information was helpful to you, and if there are more things that you'd like to know that I can help you with. My real deep desire after working in the field 40 years is to be helpful. I'm so desirous because I see so many people that their relationships fall apart at this time, and so many who deal with this get through this time to where their relationships are better than they've ever been, and obviously, I want to support people in getting through this to a time where their relationships are the most passionate and productive that they've ever had in their life.

Dotsie: Great. Well, Jed's Website is **www.Menalive.com** and his other one is the **www.theirritablemale.com** . I just want to thank everyone for listening this evening and again thank Jed for being on the call. I'm sure we will have a working relationship in the future because your information is valuable. I would also like to invite anyone on the call who is not a member of the **National Association of Baby Boomer Women**, the opportunity to join us. You can email me at **dots@boomerwomenspeak.com**. If you're interested in learning more about the National Association of Baby Boomer Women, you can find us at **www.NABBW.com** Again, thanks for being on the call and I look forward to hearing your feedback. Good night.