

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



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Boomer Women Speak (BWS)
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Presents

**Male Menopause,
Irritable Male Syndrome, and Midlife
*Rites of Passages for the Men in Your Life***

With

Jed Diamond, PhD

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Irritable Male Syndrome, and Midlife**
Rites of Passages for the Men in Your Life

With
Jed Diamond, PhD

Dotsie: Hello and welcome to the call. The format for the call is simply that I will interview our guest, Jed Diamond, for about 45 minutes then at the end, we'll take some questions.

For those of you who don't know me, I am **Dotsie Bregel**, founder of the **National Association of Baby Boomer Women** which can be found at www.NABBW.com and also, www.boomerwomenspeak.com, and they are the number one sites on major search engines for baby boomer women. I am passionate about educating and empowering boomer women which happens to be my generation. Since launching **Boomer Women Speak** over six years ago, I've been connecting, encouraging, and supporting our generation of women on a daily basis and I take tremendous pleasure in educating and empowering boomer women and that's how I spend a great portion of my time.

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If you're not a member of the [NABBW](http://www.NABBW.com), the fee to join is typically \$75.00; however, we're offering anyone on the call, the opportunity to join for \$50.00. All you have to do is email me at dots@nabbw.com, and I'll be happy to send you the link to join.

This teleseminar today is actually a two-part series. Today we will be interviewing Jed Diamond and I'll give you an introduction to him shortly. After today; the one that happens next week at the same time, is going to be simply a *Question and Answer* session and people have already begun sending us their questions that we will be asking of Jed, through the forum community at www.BoomerWomenSpeak.com. If you're on the call today and you have a question and you don't have the opportunity to ask it, feel free to email it to me at dots@nabbw.com. This teleseminar is just one of the many benefits that come free when you join us; and all of these teleseminars, and we have about 60 archived in the MEMBERS ONLY area at the www.NABBW.com. We have them transcribed so you can print them and read them at your leisure, or you can listen

to them while working or playing online. We have teleseminars that pertain to all topics for boomer women with regards to the body, mind, and spirit.

Let me just give you a little bit of information about Jed so that you will know he is the expert on Male Menopause and men at midlife. He is the Director of **Men Alive**, which is a health program that helps men live long and well. Since its inception, he 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 has been a licensed psychotherapist for over 40 years and he is the author of seven books including the international best-selling **Male Menopause** that has so far been translated into over 24 languages. His latest book which is **The Irritable Male Syndrome** was published by Rodale Press in the fall of 2004, and in paperback September 2005.

He has also written nine booklets, produced 10 audio cassette programs, and produced a video program for the *Public Broadcasting System* (PBS).

He's taught classes all over the US, it seems, and Canada, and Europe. He has also been a consultant for business executives between the ages of 40 and 60 who want to use their mid-life passage to achieve life-long personal and professional success. And I'd have to say you're probably really busy with the boomers right now, right?

His PhD study on gender and depression developed vital new information for treating depression in men, and this is a very interesting topic to us because so often depression, ah, people talk about depression in women, but not in men. So that's one of the things we're going to delve into today.

He lives with his wife, Carlin, on Shimmins Ridge, above the Bloody Run Creek, in Northern California. They are proud parents of five grown children and eleven grandchildren. So I'm sure that alone keeps you busy.

Okay Jed, anything that you want to add about anything that's going on with you professionally or personally, before we jump into the questions?

Jed: Well now, just as you, I've been working with boomer people for most of my career, and as someone who is in that age range who works with, in my case, a lot of men and then on the flipside, a lot of women that are concerned about men, I'm really excited to be here and share some of these important issues with your audience because from my experience, they are things that are affecting us all and really having an impact on our lives.

Dotsie: That's right. And there are 78 million baby boomers; that's men and women, 38M women. And that's just the US alone. So you know that it's a really big demographic that needs to hear that information, and we're doing our best to help you share that message. Jed you want to tell us a little bit about your free newsletter?

Jed: Sure. I have a Web site that's called www.menalive.com that people can access. And I have available a free, monthly newsletter that I send out to everybody that signs up, which you can do free on my Web site. And it's just my way of getting information out to people, letting them know what I'm doing, what's cutting edge that I think is important, what articles are being written by me or other people in the field that really are the things that are impacting people, and I just invite any of your listeners who would like to join me and participate in the dialogue to go to my Web site and sign up to get the free newsletter.

Dotsie: Okay that great. And how often is that sent?

Jed: About once a month.

Dotsie: Okay because I just like to let people know what they are getting into because some people, you know, are kind of funny about that.

Jed: Oh sure. We get so much stuff that we want to make sure that our time is well spent, and I try to make the newsletter short and sweet, and informative; and obviously you can unsubscribe any time you want if it doesn't feel like it is meeting your needs.

Dotsie: I know you have a quiz. Do you want to tell us a little bit about that quiz and how it's used, and where to find it online?

Jed: Sure. This really came out of the research that I did for the book, *The Irritable Male Syndrome*. I developed a quiz that has 50 questions to really help us to determine whether a man was going through these kind of problems that we call "Irritable Male Syndrome." And after the research study was done and we had about a thousand, men, and the women that loved them, fill it out, I put it online at www.imsquiz.com, and now probably 60,000 men from all over the world and many, many women have filled out the quiz. And I found that it is really the best tool for helping a man understand that he is, in fact, going through a problem, for women to understand what the specific areas are, and to really be a foundation for helping us decide what do I need to do if these issues of irritability and anger and a lot of other related symptoms are getting in the way of having a healthy, happy personal, and inner-personal relationship life, then here's some things that we can do. And often men are reluctant to do therapy, do counseling, or even read a book but I've had men tell me that when I took the quiz it really helped me break through to understand what was going on and in many cases, help me listen to the woman that may have been telling me for weeks, or months,

or sometimes years, hey honey, you've got a problem here; it's causing us real difficulty in our relationship; take a look. So I really encourage anybody who is concerned to check out www.imsquiz.com and get the information that may be helpful.

Dotsie: Okay, let's jump into the difference between Male Menopause, a midlife crisis, and aging.

Jed: Well this is an interesting, three-part aspect of what's going on. Male Menopause, or more scientifically, andropause, begins with hormonal, physiological and chemical changes that occur in all men generally between the ages of 40 to 55, although we found it can occur as early as 30, or as late as 65. Now the midlife; what we call the midlife crisis, is really in my mind the psychological aspect of andropause. There are hormonal and physiological aspects. The midlife crisis is the psychological one. Aging really is the wear and tear on our body through time. And we all age, but not all of us are going to be dealing with these midlife issues. But they overlap clearly, and create symptoms that are most commonly described as problems with libido, or erections in men, increased fatigue, weight gain; particularly around the belly, and what we found in the research; irritability and anger.

Dotsie: Okay that's really interesting. I love how you broke that down because I was thinking what is the difference but that certainly makes sense. I have a question that I guess is about medical doctors. I know you are doing your job, of course, to share this information, but when women go to the doctors at midlife, you know, we're still going to gynecologist, and we certainly feel comfortable talking with them about hormones, etc. But when men go to the doctors for a typical physical, do medical doctors talk to men about what's happening with their hormones, and is there a test, or how is that determined?

Jed: Well unfortunately, most male doctors have the same reluctance and denial that most men have about these issues. There is a real fear about dealing with hormonal and physiological changes because in the past, we've thought about them as something that women go through. If you happen to go to a woman doctor, I found that women doctors much more than men understand hormonal changes that both men and women go through. But what you are going to find is that increasingly male doctors have read the book, increasingly male doctors are aware of hormonal changes and although they still have a lot to learn, this is changing rapidly in the medical field, and you're more likely to be able to get a doctor that at least has heard of Male Menopause, Andropause, or Irritable Male Syndrome, and is willing to explore with the patient of ways that it can be treated.

Dotsie: That's excellent news. Now the Irritable Male Syndrome. What is it? And how do you cope, as a woman?

Jed: Right. Well let me give you just two little vignettes from a woman and from a man that represents really the thousands of letters that I've got. This one is from a 50-year old woman who expressed her pain and frustration this way. She said:

Last January a man came home from work with my husbands face, but he did not act at all like him. I've known this man for 30 years, married for 22 of them, and I've never met this guy. He is mean, nasty and cruel. And these are just some of the words that describe him.

Now men are equally frustrated. Here is a typical letter I got from a 42-year old man. He says that:

Over the past three years especially, I've noticed that my relationship with my wife has begun to deteriorate. In the past years, we often showed opened displays of affection and frequent verbal affirmations, but that has changed now. I seem to be irritable all the time. It's gotten to a point that I found out what's going on with my wife from my mother or sisters. We're both miserable. What do I do?

So that's the kind of questions that I'm getting. Now here is what we found from the research. Irritable Male Syndrome has four major symptoms. First is hypersensitivity, second is anxiety, third is frustration, fourth is anger and four major underlying causes. The first biochemical changes in brain chemistry, second hormonal fluctuations, third stress, and fourth loss of male identity or sense of being. So this is really what we're talking about when we're looking at Irritable Male Syndrome.

Dotsie: And I would have to guess that probably, because of the economy, and because of boomer men losing their jobs, there are probably more irritable male men out there now than there were this time last year.

Jed: Yes. It's absolutely going through the roof; the increase stresses which is one of the key causes; with job loss, job fears of loss, the changing economy and the really recognition that these are changes that are going to be continuing and in some cases, probably getting worse, and there isn't going to be a quick fix for this. And we're getting, as you pointed out, so many more men and women that are concerned about these issues and looking for ways to deal with them more effectively.

Dotsie: Yeah, and I would have to say—and I'll say this and you can tell me if I'm right or wrong—that the whole self esteem and like a man's value, often is tied to their work. And I would just think in this economy, it's really a lot of men, as well as women, but since we're talking about men, are being hit hard. So how do you cope?

Jed: Right. Well, there's actually three major things that I tell people that they need to do.

First of all, we need to understand what's going on. We need to break through the denial and recognize look, there's something going on with me, with my hormones, with my physiology, with what's going on psychology.

Secondly, we have to stop the blame that seems to go on. The men blame themselves; they feel guilty, they feel ashamed. Women sometimes blame themselves. What's the problem? What's the matter with me that he's so upset; that he's so angry?

And then thirdly, we need to get proper diagnoses. That's where the quiz comes in, that's where talking to a good clinician that can help you understand really what's going on. Then that opens up the doorways to so many things that we can do once we recognize what's going on, we stop blaming ourselves and others, and we recognize that particularly these economic changes and these social changes that are going on, are really not something that we can control, individually. And so blaming ourselves or blaming each other is really a false sense of what's really going on, and we need to have a basis for change that we can really be allies, men and women together, rather than seeing each other as adversaries.

Dotsie: Okay and as a woman, these are some of the kinds of questions that we're going to get into next week, but you mentioned that we have to figured out what's wrong with me, being the male; how does a women approach it from the viewpoint of what's wrong with you without them becoming defensive, etc?

Jed: Right. I've found five common things that women tend to do that don't work; and some things that they can do that are sure to make things better. So I think most women would appreciate hearing about these.

Dotsie: Sure; why don't you give them to use now?

Jed: The first thing that women tend to do is ignore the problem hoping that it's temporary and will soon improve. Or we tell ourselves that it's just disgusts at work, or it's the kids, or a particular stage. We often think that these are the kind of problems that are just part of life; that every marriage has its ups and downs and that things will soon improve. Well, we know that with a lot of these issues that fall under Irritable Male Syndrome, they don't improve; they get worse if we don't deal with them. So that's number one.

The second thing that women tend to do is they try harder and harder to be nice. You know the guy is mean and angry and the women go, if only I were nicer, if only I were more understanding. And what happens is that the man, rather than her niceness triggering more niceness in him, he feels more guilty and more

angry and he gets more frustrated and more acting out. So there is a way that a woman needs to interact with the man that isn't just being nice to his meanness.

The third strategy that women tend to do that doesn't work is they blame themselves. The man will say, if only you ... and then he fills in the blank. You know like, "were more available for sex," or "would lose some weight," or "would listen to me more." And that's when the women will take that on and go "Yeah, maybe if I do this, or maybe if I do that," or "if only..." and they blame themselves. I tell them, STOP IT! This isn't your fault any more than him getting a disease like diabetes is your fault.

The fourth thing women often do is that they blame him. I heard women say, I'm tired of being the person that's to blame. Maybe if I gave him a taste of his own medicine. It's kind of like fighting fire with fire; it doesn't work; you burn the house down. So blaming him doesn't work.

The other strategy is trying to get him to change. You know, if only I could get him to the doctor; getting him to do this. There is so much emphasis on getting him to change.

Now let me tell you what does work.

1. Taking care of yourself. When a man is going through this, a woman is often out of balance herself. So I recommend to women that they take care of themselves; that they do the things that are nourishing.
2. They get support. Not trying to do this all their self. They reach out to friends, the girlfriends, their support networks, counselors, whatever you need to get the support.
3. Learning as much as you can. That's what we're doing today by having this seminar together. Learn about this. Recognize what this really is about and not get into the blame and the shame process.
4. Listen to his feelings and needs that are below the anger and blame. This is really important; really difficult to do when somebody is calling you names or being angry, to be able to go, okay, I hear he is angry, I hear he is upset; what else is he feeling? Is he feeling scared? Is he worried, you know? We talk about the economy. And what does he need? Does he need space? Does he need understanding? Does he need care? Really being able to tune in to what he needs is important.
5. And the last thing I'll tell you is you need to set good boundaries. In other words, you can listen, you can be caring, but at some point you have to be willing to say, "Look you know I care about you, I love you, I want to help; I'll do what I can, but I'm not going to be the brunt of your anger; I'm not going to allow you to call me names, or to yell at me, or to scream at the kids, or whatever it is.

So those are the nutshell of the things that women try that don't work, and the things that I recommend they do that will really be helpful.

Dotsie: And I just love hearing that coming from a male because so often we read in our forum community at www.boomerwomenspeak.com how women are tired of being put down, or even physically mentally, or sexually abused. So it's really comforting to hear you say that on behalf of women. So I just thought I would share that.

Jed: Well good.

Dotsie: What about what the midlife man needs? Three things, you say, that midlife men need in order to stay healthy and live well.

Jed: Right. Well these three things...they may sound unrelated but they're really critically important. One of the things that midlife men—you know I talk to the midlife men—that they're almost all going through but they don't talk about is changes in—I call it the two Ps. Prostate and the Penis. So the prostate you know, as men get older, often enlarges. It makes it difficult for the man to pee, or they are peeing often, they're waking up at night. It also affects their sexuality. It affects how their erections work. So I say number one, find out what your PSA level is; a prostate specific antigen. It's a blood test that all men should do at midlife to find out the general health of the prostate, and to be sure they don't have prostate cancer. It's as important a number to know as your birth date. Or your children's birthday or your wife's birthday.

Secondly, I tell men and the women that love them that men need to know what their testosterone levels are. As we age, our testosterone levels decrease. Well we need to know where they are so we know when it's getting into the unhealthy ranges of *low* testosterone. Now what's interesting, you know, we hear in the media all these concerns about road rage, and too much testosterone. Well that's a problem in a very, very small minority of men who have too high testosterone or are taking anabolic steroids usually for weight lifting. The real problem is *low* testosterone. And we find that one of the key causes of irritability and anger is low testosterone. So number two, what all midlife men ought to do is get their testosterone level measured. Find out where the testosterone is.

The third thing, and it relates to both of these things, is taking the IMS Quiz because this gives you an objective basis for understanding the symptoms that you may be having and again, it's a number. So men like numbers. If we can tell them what the right numbers are; what's your PSA number, what's your testosterone number, and what's your IMS score number? And I can't tell you how many men have said, you know, just give me the basics; what do I need to do? What test do I need to take? They get these. It doesn't solve all of their problems, but it really gives them a basis for understanding what's going on objectively and often, that's when they come to me and say, god my wife has

been telling me this for years, but now I've finally got the number, and it tells me I am in this range. Now I'm ready to do something about it.

Dotsie: Okay and the PSA level and the testosterone level are things that if they are out of whack, that can be fixed.

Jed: Right.

Dotsie: And then the quiz. I love the idea of the quiz because its easy enough for a woman to say I found this thing online, and it is subjective, so you know, how about if you try it. It's not like we wrote the quiz. So that's really to our benefit, I would say.

Jed: Right. There are a lot of women who will use the quiz with the husbands who particularly, who are resistant and in denial; which most men are, is they say something like, "you know, I took this quiz online and I scored whatever, as I saw you. I could be way off. I tend to get over-reactive, or whatever. Why don't you take the quiz and see how you score and you know, correct my errors..."

Dotsie: I love it.

Jed: ...Help me be more accurate in how I perceive you." Then again, men who would never go in to see a therapist, or talk to a doctor say, alright, I'll take the quiz. They compose their scores and often they go, "God, I scored a lot higher than I thought I would." Or, "gees, you've got me really high, I've got myself really low; maybe I'm not seeing some things clearly." So it's a very useful tool.

Dotsie: Yeah, and I would think it's probably pretty foreign to most men because you know, they kind of walk around with this baggage and don't even realize that there is help.

Jed: Right.

Dotsie: Okay, you talk about the Jekyll and Hyde Syndrome; why midlife men turn mean. You know, what is it and what can you do to help the men in your life move through it; which you've already pretty much told us a little bit about that.

Jed: Yeah, well it's interesting where the idea of the Jekyll and Hyde Syndrome came in and actually, the term Irritable Male Syndrome. Originally I had planned to title the book, *The Jekyll and Hyde Syndrome*, because what I heard from many women is these words, you know? He seems to be a Jekyll and Hyde transformation. He used to be the nicest guy you'd ever know, and now he's turned into an angry brick, one woman told me. Picture an angry brick, you know; he's angry, he's hard and cold, and a lot of men are in that situation. And so Jekyll and Hyde is kind of a more popular description of this midlife men turning

mean process is; but the key is that he seems to be a different guy and that's what is so hard for women to understand. What happened to him? You know, like the woman I talked about earlier..."I came home and there was a different guy." And it's like they get spun around. Well when you understand what the changes are, you understand what it is that can turn a pretty nice guy into Mr. Mean.

Another way I describe it is it's like being emotionally sunburned. If you can picture a sunburn that a man has and he doesn't know he has it, and you don't know he has it; so you might put your arms around him in a loving way, and he assumes you know he is sunburned so when you touch him at all, he feels that you must be trying to hurt him. And like men say, of course I'm angry, of course I'm irritable. Who wouldn't be when she comes and slaps me on the back on my sunburn? And the woman says, I didn't know he was sunburned. He didn't tell me he was sunburned. How was I suppose to know? I was just giving him a loving touch and I didn't know he would be so reactive. So when you understand from both sides; from the man side why she is doing things that appear to him to be irritating, and she's seeing an overreaction to something which seems like a minor criticism or even a loving touch, then you can begin to get beyond the feeling that we're on opposite sides here, and we can come to a place where we recognize that hey maybe it's us on the same side against Irritable Male Syndrome, rather than you on one side and me on the other fighting each other.

Dotsie: And I'm thinking that what causes this is a little bit of everything. It is a little bit of hormone changes, it's a little bit about the midlife crisis, and the attitude about life and aging; and then it's also a little bit about the body and the body changing.

Jed: And they're all inner-relate. Obviously if there is hormonal changes in brain chemistry, that's also going to affect stress levels. When your stress levels go up, your hormone levels change. And when you are feeling out of balance and your sexuality is not working well, your self esteem drops, and your sense of value and purpose changes. So any one of those areas can impact the others and that's why it is important to look at all four of those areas so that we can balance everything at once.

Dotsie: Okay now tell us what depression is, and why it is important to understand it; especially in midlife men.

Jed: Well there are a couple of things. One of the things I think you touched on is that we tended to view depression as something that is more common in women. In fact, they've done studies that indicate throughout the world, the studies show that women experience depression at twice the rate as males. And we all have a sense of what depression is—that low mood, that sense of nothing in the world is right, that nothing is going to get better. It is both a physiological change, you lose energy, you ache, your body hurts, as well as a psychological state of mind where you just feel hopeless, you feel helpless. And the difference

is that what I found that men experience depression but they express it in a different way. The way I describe it is that I say women tend to act IN depression. They feel bad inside, they feel low, they feel down on themselves, they feel guilty. And men tend to act OUT depression. They get irritable, they get angry, they drink alcohol, you know, they do external things.

This is a study that was done that illustrates this really well. It was one of those elegant studies. They had a group of depressed men and women who had been on antidepressants to make them feel better. And what they did was they gave the men and women a chemical cocktail that blocks the effects of serotonin in the brain. And serotonin is the neurotransmitter, the feel good chemical that makes us feel good. So picture this. You've got this group of men and women; they get the cocktail; it blocks the serotonin in the brain, and what they found was the men and women, in a sense, who were given a forced depression is what happened, reacted very differently. The women, as a group, spontaneously, when they were forced into depression, got very emotional, cried, they felt sad. One woman said she recalled the times when her parents died and was re-remembering that. The men didn't feel anything. All the men said was I feel like going and having a drink. So in a way, the same depression, right, the same physiological changes in brain chemistry, but you ask the men how do you feel and they say, oh I don't know. Don't feel much. But I sure would like to go out and do something to act out. The women, they are feeling, they are emotional, and you can recognize that when you are feeling down, you're feeling emotional, often you are going to elicit more sympathy, than a man who may be going, I hate you, or knocking his fist in the walls, but they both may be hurting the same inside.

Dotsie: Got you. What about the four key causes of depression and aggression in men?

Jed: Well, we touched on those earlier, but let me say a little bit more about each one.

The first one is the changes in brain biochemistry. And this is often changes in these neurotransmitters like serotonin and dopamine. Now here's what's interesting. A lot of people are going on diets, right? We want to lose weight; we're putting on a little more around the waist. And one of the popular diets is to restrict carbohydrates. Don't eat as many carbohydrates, eat more protein. And what happens and what people don't know is that in order to have good levels of serotonin in the brain, you need good healthy carbohydrates. I'm not talking about eating candy, refined sweets and white bread. We're talking about potatoes and we're talking about vegetables. If you're eating good amounts of carbohydrates, it raises the serotonin levels in the brain. If you are on a restricted diet and you're not getting enough carbohydrates, your serotonin level drops and you become more irritable. So that's one of the things that I tell people is to check your diet.

Secondly, hormonal fluctuations. If your testosterone is going through the floor and you don't know that, you're going to have problems. That's why we check for testosterone levels.

Stress; if it's just going through the roof—and again, if you think the stress is all because you should be trying harder to get a better job, to keep your job; if you don't recognize that some of these things are out of your control, you're going to get irritable and angry.

And finally; this loss of male identity. I've talked to so many men, and you pointed this out earlier, Dotsie, where so many men are identified with their work as to who they are. And if their work is threatened, their identity is threatened. And women understand that who they are is much more than their job. You know, women work too. They have jobs just like men do. But they don't tend to equate their sense of self as fully with their jobs as men do, and hence, if there is a threat to their job, women don't go, I must be a lousy woman. They go wow, I might have a hard time getting a job, the job market is tough. But we have to help men have a broader sense of identity than just their jobs. That's part of what I do in the counseling that I see with the men and with the women that I talk to.

Dotsie: And that kind of brings me to the whole idea of suicide because I know lately in the news, and again, it's the economy, we're learning about more men actually committing suicide and actually some of the familicides that have taken place. I know one took place a mile from my house in a hotel where a man killed his wife, his two daughters, and himself. So anyway, why is it predominately a male problem?

Jed: Well here's the thing and this ties in with we've had the assumption that depression is primarily a female problem. Just like we've had the assumption that heart attacks is primarily a male problem, and so in the past we've neglected the symptoms that were often more common in women about heart attacks. We found that female heart attack symptoms are different than male heart attack symptoms and we've been educating women so that they can prevent heart attacks that they have. Well the same thing we need to do with men and depression.

We need to help men understand what male-type depression is and here's another thing that I'll offer any of your listeners if any of them are concerned about depression. I've developed a scale that's specific to men that helps identify male depression that is different than anything else that has been out there. If you'll go to my website and email me, I'll be happy to send anybody, male or female, a copy of my depression scale. Here's why it's so important in relation to suicide. You mentioned that if stress levels go up, suicide goes up. But here is something most men and women don't know. Even without extra stress, men, as they get older, the suicide rate is much higher than it is for women as they get older.

Listen to this. In their forties, think of anybody you know who is in their forties, the suicide rate for men in their forties is four times higher than it is for women in their forties.

Think about people you know in their fifties; men and women in their fifties. The suicide rate for men in their fifties is five times higher than it is for women in their fifties.

And in their sixties, it goes up to 6 and 7 times higher. And for men and women in their seventies, 9 times higher. And listen to this. For men and women in their eighties and older, the suicide rate for men is 15 times higher than it is for women of the same age.

So this is a statistic. If it were reversed, if women were dying at rates 4, 5, 6, 9, 15 times higher than men, there would be a national outcry. For men, because we tend to view men you know, as more susceptible, the anger and irritability tends to make them less sympathetic, that these kind of suicide statistics, you know, and they often led not only to suicide but the reverse when men will kill those they are close to and then men kill themselves. And I've been spending the last fifteen years of my life trying to get this kind of information out to people because it doesn't have to be that way. There are so many things that we can do now to treat depression, to prevent the suicides that are an inevitable part of depression if not treated, and to get the help that men and women so desperately need.

Dotsie: Well you know Jed; I'm thinking we're going to put a link to this teleseminar on our homepages because this information is so valuable especially at this point in time in history.

We know that men die sooner and pretty much live sicker. Is there anything that we can do about that?

Jed: Well there is a lot that we can do. One is to recognize it, to just see that men die sooner, that we get every major disease. Take any disease that you can think of and men gather at rates that are 2, 3, 4 or 5 times higher than women of the same age. You know women have stood up and said we want to live longer, we want to feel better. And women have taken the lead when dealing with things like breast cancer. Well what a lot of people don't know as an example, is that the death rate for prostate cancer is about the same per year as the number of women that die from breast cancer. And yet if you think about how much emphasis, how much have you heard about treating prostate cancer, or marches, or runs to help prevent prostate cancer compared to what you hear about breast cancer—and hear me on this. I am definitely not saying that we should pay less attention to women's concern about breast cancer. We all ought to be even more concerned and provide more funds and provide more treatment than we have

now—but what I want to recognize for the men out there, and for the women that love the men, you know we also need to pay attention to the diseases that men get, including prostate cancer. So if we can become more aware, we can recognize that prostate cancer is a women’s issue as well as a men’s issue, as are the other diseases, and that we need to overcome the fear that so many men have of reaching out and getting help.

One of the best things that my wife ever said to me, and I pass this on because it works for men. You know men love to feel that they are really sexy; and one of the best things my wife ever told me, she said, “When you go to the doctor and get your annual exam,” she says, “that’s so sexy to me. A man that takes care of himself and goes to the doctor is really sexy.” If that’s sexy, maybe I’ll go more often.

Dotsie: Oh that is so cool!

Jed: Most men have their annual medical checkup once every 10 or 15 years. To them, that’s a regular check up, and you’ve got to break that pattern.

Dotsie: Yeah, so if we tell them that we value them. Right. I just can’t help but comment about the prostate cancer and the breast cancer. It’s so typical of women to gather and do their thing about their cause. Like the Susan Komen breast cancer thing. And it’s really not like men to do that. So it’s just interesting. And another thing I’ll mention is that one of our members, it’s either her dad or her husband, just published a book called “*Conquer Prostate Cancer: How Medicine, Faith, Love, and Sex can Renew your Life.*” So he’s doing his job. He’s Rabbi Ed Weinsberg, doing his job to get the message out about men’s health.

One question that I want to ask before I open it up, and this is a big one because I’m sure women on the call are interested in this answer because what I hear is, you know, some women to the point where they are fed up and they are ready to get a divorce, but other women are like, you know what, when I married this guy I thought I was in it for life and I really want to still have that forever after. But I can’t stay in this if they continued to behave this way and I know the old person is in there somewhere. So how do we bring that irritable man back to life?

Jed: Well what I found is the first part of this, I talk to women all the time about this, is learn to give women hope that things can change. I can’t tell you how many women, even having just read the books, or read the website say, now that I understand what’s going on, it gives me some hope that things can get better.

Secondly then is for women to set good boundaries, say look, I’m not going not put up with you beating up on me. But also to open up doors to say there’s some help here, check it out and that helps.

The third thing that I tell women to do is that often, I have a whole program that starts with women because often, at first the man is in denial and he's not going to reach out directly. I'll talk to the women and give them the tools they'll need to take care of themselves; to understand what the man is going through.

And thirdly, how do you get the man who's in denial to recognize he needs help? Every couple is a little bit different on this. Some it is just a matter of looking them in the eye and saying read this book. For others, it's the opposite. You know they sit there with the Irritable Male Syndrome book and he goes what are you reading? And she says, you wouldn't be interested; don't even look at this book. So they use reverse psychology. I can't tell you how many men say I had to steal a look at your book. My wife kept trying to keep it away from me. But once I read it and I saw the places that she underlined, I realized she was talking to me. So I help women find what the strategy is that helps them understand, take care of themselves, and how to break through the man's denial because as you say, underneath, even men in denial want to have a better life. Nobody wants to be miserable. Nobody wants to live miserably ever after.

Dotsie: Well I am just curious to know if you know, of the people who buy your books and products, do you know how many are male and how many are female?

Jed: Yeah, I do. It's interesting. When I started out, it was probably 70% women, and 30% men. And now through the efforts of a whole lot of women, to be honest with you, and my own efforts, it's now—we're shifting the balance—so now it's closer to fifty/fifty. You know, women are hearing about this, getting help themselves, getting the men involved, and now more and more men are going, hey now that I know what this is, I know what to do, and I know it can help my sex life; tell a man that it will help his sex life and he will listen. Or tell a man that it's going to give him more energy and vitality, you know, he'll listen. So we're getting more and more men and women involved in a cooperative effort to help us all be healthier which I think is to everyone's benefit.

Dotsie: Okay Jed, you've given us a tremendous amount of good information. I've just loved it. I'm going to open up the lines for questions. If anybody has a question, Jed will do his best to answer your question. We'll give them just a second. While we're waiting, why don't you repeat your web address again, where you can take the quiz, and what they need to do to get that depression scale information.

Jed: Sure. Really everything you can get by going to my website which is www.menalive.com and from there it has my email address. You can write me directly and I'll send you the depression scale. You can take the IMS Quiz from there or if you want to go directly to the quiz site, it's www.imsquiz.com.

Dotsie: Okay good. Does anybody have a question?

Caller 1: Jed, hi. This is Barbara from Los Angeles and I have a question. Could you speak a little bit about retirement or in recent months, or years, men choosing to work longer? How that might affect their well-being.

Jed: Well I think that the key there is what the choices are. Men who are working just as women that are working who really don't like their work, who really would like to do something else, but they feel usually that the economic situation is such that they are almost forced to keep working, that's going to add to the stress. On the other hand, men who are feeling productive and doing well but in a sense are forced to retire, or are pushed towards retirement, and they don't want to, are going to feel stressed. Generally what I have found is that men at any age need to feel involved, they need to feel active, they need to feel that they are being productive whether it is in a paid job, or some other way in which they can be doing something that really engages them through out their lives.

Dotsie: And I'd have to say that I was at a conference on Friday about marketing to baby boomers, in DC, and retirement was a pretty big topic. And basically what's being said now is that the majority of boomers will not retire. They will cut back; they may leave their professional job and do something within their passion. But basically, because we have always been such doers, and also of course, because of the recession, boomers are going to just continue to work. Okay, any other questions?

Caller 2: Jed I have a question. I'm Lisa from New York. When men have issues with shame because of their behavior, how do you deal with that?

Jed: That's a really tough one and that's one that I spend a lot of time working with both the women and the men on, is that when men feel ashamed of their behavior, as I said, often the nicer you are, the more ashamed they feel and the more irritable they become. And so often, there is a really important need to help the man feel that he's a good man even though he is doing things that may be hurtful, even though maybe he's lost his job, and that's hard. Men often will resist that because they grew up in families that told them if you don't do this, you're no kind of man. It often means helping them to get to some of those family origin issues that may be at the root of some of these things. Without getting to the core, sometimes a woman has a really hard time helping get through to him.

Dotsie: Okay we have time for one more question and while we're waiting for someone to speak up, I'll just announce our sites once again. They are www.boomerwomenspeak.com and www.nabbw.com and if anyone is not a member but is interested in joining, we can send you a link to join for \$50.00 dollars. And also, if anyone is listening and has really enjoyed the teleseminar and would be kind enough to send us an email, or if you would be kind enough to send us an email and tell us how your learned because we are playing around with social networking with some of our online events too, so we're just curious

as to how that is working out. You can email me at dots@nabbw.com. Okay, we can take one more question.

Jed: You know I don't think I can do one more; I can do them next week if people have questions, but I've got a client calling in and I need to have just a few moments to get ready.

Dotsie: Okay Jed, that's fine. That's absolutely fine. And if you need to hang up, you go ahead and hang up. If somebody wants to ask a question, I'll just take that question and we'll add it on to next week's Q&A. Thank you so much for being with us.

Jed: I look forward to talking with the people next time and thanks for letting me be on the call with you. Bye-bye.

Dotsie: It's our pleasure. Thanks so much, Jed. I just want to say that this is the first part of a two-part series, so if anyone on the call wants to be on next week, just go to www.nabbw.com and register for Part II of the series. And if you have a question and you want to email that in for Jed next week, you can. And the person who was going to ask a question wants to tell me what it is, I can add it on to the list that we are formulating in the forum community.

Caller 3: Okay, can you hear me?

Dotsie: I can hear you, sure.

Caller 3: Okay, my name is Peggy. The question I have is from a number of male friends, I understand that men tend to measure themselves by the amount of money they've earned; how important their success is based on that. If your husband tends to at one point, change his priority to money being more important than his family, my question is, is there anyway you can change him back, or make him realize that people are more important than money? I know you can't change your husband, but is there anything you can do that might make him realize himself that relationships are more important than money? Is that a good question?

Dotsie: That is a very good question. I've got it and I will definitely ask that of him next week. Do you mind telling us how you learned about the call?

Caller 3: I belong to the forums. I'm not actually a member, but I post on the forums every so often.

Dotsie: Okay very good. Thank you so much. I appreciate it. And I'll ask that question and if you're not registered for next week, please do so.

Caller 3: Oh I will.

Dotsie: Good. And tell your friends. And that is one other thing that I would like to share. This teleseminar series, not all, but this one is open to the public. So if any of you have any sisters, girlfriends, colleagues, neighbors, whatever...that you think could benefit from this, please have them register for the call. And actually, while doing the teleseminar, and we don't typically do this, I just believe that this content is so important for women and for men, that we are going to find a way to post it on our homepages.

Caller 4: Dotsie? This is Ed Weinsberg. You mentioned the book before?

Dotsie: Yes I did.

Caller 4: That was very sweet of you. I am, by the way, the publisher's father. As a patient educator, I very often speak to women's groups because of one of the issues. This is more of a comment than a question. One of the issues is women just like men, perhaps need to have a better grasp of men's health issues overall. Men have to learn more about menopause, and women have to learn more about maleopause. This is the same thing that your speaker today was talking about and I did mention it in my book for that very reason. For example, I wonder what proportion of boomer women know that one out of three newly diagnosed prostate cancer patients are boomers?

Dotsie: Yeah, I really don't know. But if you ever want to put a survey together, we could advertise it on our sites, if you're interested.

Caller 4: Sure, no that was just rhetorical. Most people think of prostate cancer as the older man's disease and there are a whole host of other things, forgetting prostate cancer, about men that I guess women should learn about, and men don't know about women at the phases of the boomer generation, as it were. That's part of the problem, I believe.

Dotsie: Yeah, I believe so and that's why we are doing our best at the association to educate people. I mean that's our purpose is to educate and empower women at midlife on these very things.

Caller 4: Terrific program.

Dotsie: Well thank you so much. I'm glad you were on.

Okay that concludes our teleseminar for this week and I hope you'll register for next week; same time, Tuesday, 3:00 EST with Jed Diamond, the expert on Male Menopause. Thanks so much for being with us today and have a great week.