# emale

improving male health & wellbeing

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# It's about time we paved the way for the masculinity we want to see.

For the past few weeks, while Australian society has been wading through a pivotal cultural moment that will hopefully define its treatment of women going forward, I've been receiving a torrent of emails. But not the emails you might expect.

As a men's mental health specialist, you might think (or hope) that I'd be receiving an influx of men reaching out to seek guidance on the best way to navigate this period or wanting to reflect and better understand their past behaviours and how they can act differently in future. Surprisingly, these emails have largely been coming from parents - mothers and fathers alike - who are worried about the wellbeing of their boys. They are worried that their sons are all being painted as violent, sexual predators and will be "fed to the wolves" for just being a man.

In the meantime, I've had calls from multiple journalists, wanting me to comment on the potential for a wave of self-harm among young men triggered by overwhelming feelings of angst around being falsely accused of sexual misconduct. My response to all of these questions, whether they be on a webinar, email or in therapy itself, is always along these lines: "I promise you that no-one is coming for your son's head. The data is clear, the number of false accusations that stick is negligible. If your son does not cross the line, if he doesn't teeter on the "edge of consent", if he doesn't misuse his power to control or belittle others, he will be just fine. But it's not bad behaviour we should be getting out in front of, extinguishing potential fires. We should expect more of our boys. We should be expecting good behaviour, because when it comes down to it, we all want our men to grow up feeling powerful and strong, but in their values of equality, respect and dignity."

## This isn't a fringe debate

If behaviour change is going to occur, we need to remain open to discussing the uncomfortable issues, with people we may not agree with. We cannot shame others to the fringes. That's what has happened with a core group of young men who have felt silenced, disempowered and alienated. They retreated into the shadows of Reddit and 4chan where they can cultivate misogynistic mentalities that flourish in the darkness, away from the guiding light of diverse communities that actually value respectful behaviour. We need to find a way to create an equally enticing breeding ground, a community for young guys that espouses meaningful connection and belonging built on shared compassion, with the mantra that nice guys always finish first. We do not need to shield young men from the world because that will only reinforce that they can avoid hard topics or deny any wrongdoing.

## Sit with the discomfort

In order to make meaningful, long-lasting change, we must all sit through this uncomfortable moment. Of course, not all men are rapists, murderers or misogynists. But all men have a part to play in making sure those that do exhibit poor behaviour are called out. A huge groundswell was needed to bring this issue to the attention of people in power and the best way to do that is through broad brushstrokes, which might seem like they are demonising your son, your brother, your father. But the paint will only stick to those men who have behaved badly; the rest will come out in the wash.

So, if your son - or other men in your life, even yourself - is feeling a little stressed or anxious right now, tell him that it's healthy and totally normal. Tell him that maybe it's a good idea to listen to those feelings and self-reflect on his past behaviours, to question you or your partner on what he might see as grey areas in this debate and to put a plan in place for how he wants to act in future. We do not need to shield young men from the world because that will only reinforce that they can avoid the issue or deny any wrongdoing, rather than sending the message that talking about the tough stuff, pre-crisis, is how to make sure you don't end up on the wrong side of history.

## Show the way

A colleague once said to me, no five-year-old boy tells you he wants to grow up to beat his wife or rape his girlfriend. These attitudes and behaviours take a long time to develop, they fester in silence and calcify into full-blown hatred. What that means is that we have ample opportunity in the formative years of boys' lives to teach them, to show them, something else. For too long, we have told boys what they should not do, how they should not act. It's about time we pave the way for the masculinity we want to see. To all the parents out there, rather than spending your time shielding your son and worrying they'll be thought of as a predator, why don't you sit down with them and show them exactly what they are and what they can be.

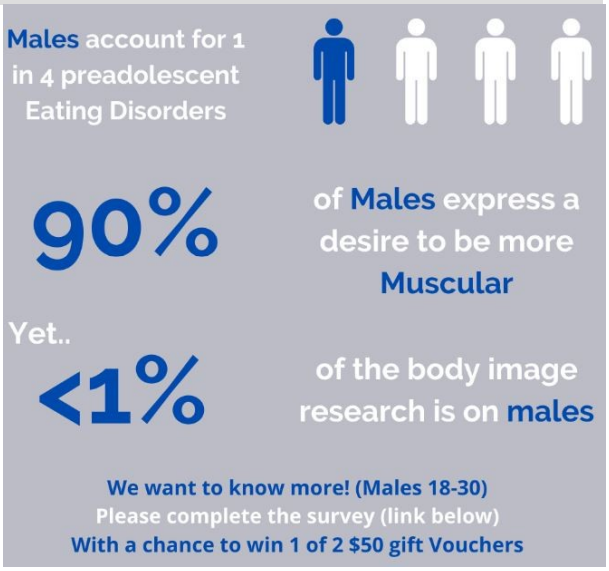
And to my fellow men out there: The next little while may not be comfortable and that's ok. Take this time to be introspective, think about your actions and find the mates you can talk to about them. Try not get defensive, even if it's your first impulse, because this moment calls for all of us to draw on something greater.

**Dr Zac Seidler is a clinical psychologist and men's mental health expert.**

# Research into men's body image concerns

When we think of eating disorders, many of us think of Anorexia Nervosa, whereby many of us picture the stereotypical, young female restricting her diet to achieve a very thin physique.

Not many of us picture a male experiencing these dietary restrictions; nor would many of us think immediately of a male engaging in problematic eating behaviours in order to look more muscular. However, Research shows that body image concerns are becoming increasingly prevalent among young males, yet our awareness and conversations surrounding them are not; with some referring to this as the "silent crisis" of men's health.



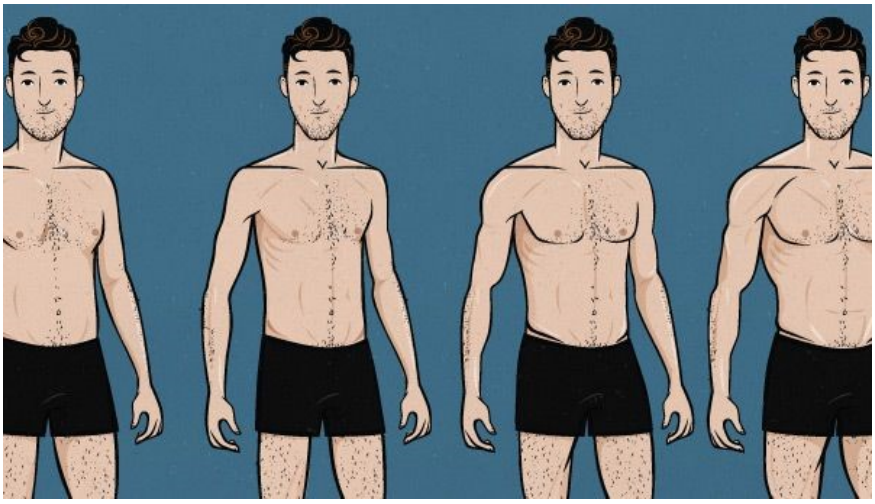

Statistics indicate that 1 in 4 eating disorders occur in males. One concern of particular importance among men is the desire to achieve a more lean and muscular physique. This desire can be especially problematic when it starts to significantly interfere with one's work or personal life, or if it starts to cause significant distress. When it reaches this level, it may meet criteria for a psychological disorder known as Muscle Dysmorphia.

Often described as 'Reverse Anorexia' or 'Bigorexia', this disorder is characterised by a fixation on the belief that one is not muscular or lean enough (American Psychiatric Association, 2013). People with Muscle Dysmorphia report negative attitudes towards their body which strongly impacts their overall wellbeing.

Symptoms of Muscle Dysmorphia include a rigid commitment to a specific and restricted diet, and an intense dedication to exercise. This can sometimes be to the detriment of other important activities, such as the person's ability to function positively at work or in relationships. The prevalence of the disorder and muscularity concerns more generally in men appears to be growing. Yet, so far the causes of Muscle Dysmorphia are relatively unknown. Some researchers believe the causes of Muscle Dysmorphia may be similar to other eating disorders, such as low self-esteem, perfectionism and the importance of appearance to one's self-worth. Unfortunately, less than 1% of all body image and eating disorder research has been conducted exclusively on males, highlighting just our urgent more research on this area is.

Researchers at the Australian National University are seeking to address the limited research on this topic. We aim to first build a scientific understanding of male body image concerns, specifically Muscle Dysmorphia, by identifying its risk factors and core clinical features. This research will then aim to contribute to the evidence-base informing treatment.

If you are a male aged 18-30 years, you can help by completing this 30-minute anonymous survey conducted by researchers at the Australian National University, with a chance of winning 1 of 2 $50 Gift vouchers. Alternatively, if you would like to promote more awareness on this topic and know a male aged 18-30 years, you can share the link with them. **Please click here to complete the survey.**



# What Is Compassion and why can be so damn painful?

Compassion is a word that shows up in my thoughts, reading, and conversations a lot lately. It's usually tied to its best bud: empathy. My recent pondering and discussion have made me realize that my personal grasp of the concept hasn't been quite whole. When learning the art of compassion (a work in progress that doesn't end until I die) there were a few easy-to-swallow, intellectual "gimmies" right off the bat. Compassion can be learned. The only pre-requisites are the desire to learn it (a big ask for some, I know) and a boat-load of patience.

Compassion cannot be accessed without empathy. However, one need not be compassionate to show empathy. A lesson I learned the hard way. Compassion for oneself is the way to show compassion for others. This one's tricky for those whose inner critics are at the wheel. Those like me, whose inner voice wants them to suffer. This concept here is what lead to my mini-revelation today.

Here's the definition from compassion.com… pretty compelling website name to me:The Latin root for the word compassion is pati, which means to suffer, and the prefix com- means with. Compassion, originating from compati, literally means to suffer with. To suffer with. To. It's a verb. The Oxford Dictionary labels it as a noun, but I'm arguing, albeit abstractly, that it's a verb as well. Much like the word love. And here's the personal revelation I had this today: compassioning hurts. It hurts, it is painful. I don't know which hurts more… giving compassion or receiving compassion.

But that's just it… compassion isn't something finite to be given or received. It's something you do, and when you do it, everyone benefits. And doing it is not some warm and fuzzy, "let's all hold hands and spiritually bypass the suffering in the world" kind of deal like I had originally thought. No. For someone so unfamiliar with practicing compassion, it freakin' hurts my heart. It's pain with a purpose, though. It is not emotional pain for suffering's sake. It's pain that makes you stronger, that makes you respect yourself more each time you exercise your compassion muscle. (the heart?) Compassion is action. To suffer with. It's a verb. And what does the action look like? Boundary setting.

I consider myself an empathetic dude, but an empathetic dude severely lacking in the compassion department. This is what I mean when I say one can be empathetic without compassion, but it's impossible to show compassion without empathy. Plenty of folks are empathetic. They're like me… human. They feel everything and set boundaries with nothing or no one. They lend an empathetic ear to a fault and this leaves them emotionally burnt out and depressed with little to no energy left to muster up the strength for actual compassion. The ones like me are addicted to feeling other people's emotions as a way to sidestep actually feeling their own.

Why? For others, I'm not sure. For me, it's fear that if I'm not 100% available 100% of the time to the ones I love then that means I am a horrible person. If I'm not jumping at the drop of every hat that is the slightest discomfort of anyone I love, then I am a worthless piece of shit. If I'm not neglecting myself for the good of my family members, then I'm a selfish, ungrateful brat. If someone I love does something to anger me and I have the audacity to calmly tell them so, then I'm a disrespectful sack of garbage for even feeling anger at all.

This is the shit that my inner critic has me believing. And it's exhausting… but it's familiar. And there is comfort in that familiarity. There's comfort in this brand of pain. Compassion would mean respecting myself and saying "no" when I need to hold or create a boundary. And that hurts ten times worse because it proves the inner critic "right." The immediate pain of being berated by the inner critic is far more acute than the steady, dull accumulation of pain that is neglecting my own emotions… but this is short-sighted.

I know this is starting to get abstract. Forgive me, this is fresh in my mind and we're a the edge of my conscious awareness here. Writing this is just me trying to process something I learned only a few hours ago, so take it with a grain of salt…. but my lesson was this: Compassion is not some warm and fuzzy way to "feel good." I do believe compassion for self and others eventually leads to the warmth and fuzziness of true connection, but I've been blind to the fact that the act of compassion itself hurts like hell sometimes. And remember: You don't need to be compassionate to compassion, you need to compassion to be compassionate.

Michael Fundaro Leave a Comment

# Healthy Ageing and ageism

Last year the World Health Organisation launched the Decade of Healthy Ageing (2021–2030) with the aim of ensuring that older people (there are more than one billion people over 60 years of age in the world) can fulfil their potential in dignity and equality and in a healthy environment. There are four action areas:

- Age-friendly environments
- Combatting ageism
- Integrated care
- Long-term care

And also four enablers:

- Voice and engagement
- Leadership and capacity building
- Connecting stakeholders
- Strengthening research, data and innovation

You can read the Action Plan – endorsed by World Health Assembly in August 2020 – here.

Changing attitudes towards age and ageing is a prerequisite for successful action on healthy ageing. Ageism is seen as an important social determinant of health that has been largely neglected until now. Like all forms of discrimination, ageism generates divisions and hierarchies in society and influences social position. Ageism impacts all aspects of older people's health. It shortens lifespan, worsens physical and mental health, hinders recovery from disability, and accelerates cognitive decline. It also exacerbates social isolation and loneliness and reduces access to employment, education, and healthcare.

In the pandemic the vulnerability of older people has been highlighted: it has taken the lives of many older people, and exposed ageism in different settings. This includes discrimination in access to health care and inadequate protection of older people in nursing homes. The report highlights that ageism is institutional, interpersonal, or self-directed and summarises the best evidence on the scale, impacts, and determinants of ageism and the most effective strategies to address ageism. However the report also highlights the inadequacy of the data, in particular the disproportionate focus on high-income countries and on ageism against older rather than younger people.

**What is Australia doing on this front?**

One assessment is not much. Part of the problem probably lies with inadequate data: the data on the Australian Institute of Health and Welfare website are very out-of-date, with virtually nothing from after 2016. But inherently I think it's a matter of culture (ageism) and the Commonwealth Government is focused solely (and arguably not very effectively) on aged care, as the Department of Health website highlights. I did find this commissioned report Healthy ageing: developmental research report published June 2019 but no evidence that anything has been done with it. There was once a National Strategy for an Ageing Australia, released in 2001 by the Howard Government, but as far as I can tell this has never been updated. I think this paper, Promoting Healthy Ageing in Australia, prepared by the Prime Minister's Science, Engineering and Innovation Council dates from the same era. Various states and territories do have some work underway in this area. The Inner East Primary Care Partnership (the PHN in eastern Melbourne suburbs) has this report on Promoting Healthy Ageing in Australia, prepared by the National Ageing Research Institute.

**Men's Sheds and men's health.**

A research paper out this month takes an international look at the impact of Men's Sheds on users' health. Men's Sheds are community-based organisations that deliver practical and social activities to encourage positive health behaviours. While they are popular in many countries – including here in Australia – and their health and wellbeing benefits are touted, there is surprisingly little research to assess the impacts of Sheds on improvements in men's health and their potential role as a gendered preventative public health measure. This study shows that Shed activities can help members with reported diagnosed health conditions to feel as though they can manage their illness and overcome adversity. They can also encourage members without existing health issues to engage in preventative health improvement measures. The Shed model is particularly effective for those men reluctant to engage with more formal healthcare services because it provides an inclusive and supportive 'safe space'. The paper also addresses the need for policymakers and practitioners to find novel ways to co-exist and work in partnership with such organisations to ensure a wide reach when planning male health interventions for those with and without existing health conditions.

Accountability for spending in this area and information about outcomes matter because men's health and wellbeing lags behind that of women. The Men's Health Report Card 2019 produced by the Australian Men's Health Forum summarises the state of male health this way: "The facts are compelling. Our sons are less educated than our daughters. Our brothers die younger than our sisters. Our fathers are more likely to die at work than our mothers. Our male friends are more likely to die by suicide than our female friends."

# MEN'S HEALTH WEEK

Click on poster to go to website . . .

# emale to be published quarterly

**emale** will now be published on a quarterly basis. Taking a seasonal approach this is the Winter 2021 issue. Please continue to contribute articles and updates on your work in the men's health and wellbeing sector noting the new deadlines. The Spring issue will be out September 1.

## New Push4Men fundraiser to push off in June.

The Australian Men's Health Forum is excited to host a new fundraiser that will push the power of staying strong to prevent men's heart disease.

Push4Men runs over 10 days starting on 9 June when fundraisers will be attempting to complete 40 Push-Ups a day.

Why Push-Ups? Because they help people stay strong and reduce the risk of cardiovascular disease. Research shows that men who can do 40 push-ups are up to 10 times less likely to get heart disease than men who can't. As heart disease is the biggest killer of men and women, taking 50 lives a day, AMHF is pushing the power of staying strong in the Push4Men 10-day challenge. All money raised by Push4Men will be invested by AMHF in improving men's health.

"Launching Push4Men is an exciting step for AMHF, said AMHF CEO, Glen Poole.

"As a charity we are constantly challenged to find new ways to fund our important work. Push4Men gives people a new way to raise money for men's health work and improve their own health at the same time.

"Taking part in the Push4Men Challenge will also help raise awareness about men's heart health – a message we want to make sure everyone hears as we celebrate Men's Health Week in June."

**REGISTER for Push4Men**

People who take part in Push4Men can opt to complete their push-ups in a number of ways and raise funds as an individual or in a team. People who take part in Push4Men can opt to complete their push-ups in a number of ways and raise funds as an individual or in a team.

Level 1 is called **Have-A-Go-Hero**, aimed at those who want to build their push-up capacity slowly or modify the traditional push-up to a version more manageable.

**The Living Legend** will be attempting 400 push-ups, or 40 a day over 10 days. If they are in a team, they can do 40 push-ups each or spread them out over the group.

**Men's Health Warriors** like to push boundaries, and may opt to complete more than 40 a day or mix it up with more advanced push-ups, for example with one arm behind their back.

The sparkling new Push4Men website has a long list of push-up suggestions and bucketloads of resources to help participants share their Push4Men journey and solicit donations.

**View: Social Media Toolkit**

# ENGAGING MEN ONLINE Men's Health Promotion Training

## ENGAGING MEN ONLINE

### Training that's made with men in mind

### 2 half days July 8 & 9 10.00 am - 1.00 pm

The **ENGAGING MEN ONLINE** Male Health Promotion Training Course equips you with knowledge and skills to work more effectively with males, with the aim of improving their health, wellbeing, and lives. No previous experience or knowledge is required - only a willingness to learn, explore and grow. The course combines evidence-based theory and practice with a focus on developing individual awareness.

**ENGAGING MEN ONLINE** is based in a social determinants of health model and is inclusive of our Aboriginal and Torres Strait Islander brothers' health and wellbeing needs. The course identifies barriers in health care and offers solutions to overcome these in a range of health, welfare and community settings. You will learn how to make your services and programs more men friendly. Facilitated by Greg Millan one of Australia's leading experts on men's health promotion.

Registration is $150 for online training, all materials plus comprehensive bank of men's health kits and resources including a copy of my book *"Men's health and wellbeing: an a – z guide"*.

Visit the website for Course Content and Registration Form

greg@menshealthservices.com.au

DEAKIN Worldly

# PARTICIPANTS NEEDED

## STUDY PURPOSE

To increase knowledge about the experiences of men's intimate relationships, including their experiences of relationship disagreements and the impact of said experiences on their working lives.

## PARTICIPATION

Involves completing an online survey (approx. 35 minutes). Any information you provide is completely anonymous and confidential.

If you would like to participate please click here: https://researchsurveys.deakin.edu.au/jfe/form/SV_bORMEwluihRbtC6

FOR FURTHER INFORMATION OR FOR ANY QUESTIONS, PLEASE CONTACT THE PRINCIPAL RESEARCHER (ARLENE WALKER) ON: ARLENE.WALKER@DEAKIN.EDU.AU

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