

## TRANSCRIPTS for Series 2, Episode 1: Modern Masculinity (airdate November 2020)

### Introduction

Welcome to *A World Where LivingWorks*, stories of science and survival bringing together our heads and our hearts to build a suicide safer world, talking openly about suicide is so important but we also recognise that listening to this series may bring up some tough emotions, if so, please talk to a trusted family member, friend, or local support service about how you are feeling.

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**Kim Borrowdale, host:** You're listening to *A World Where LivingWorks* and I'm your host Kim Borrowdale.

First of all I'd like to acknowledge traditional owners of the beautiful lands wherever you're listening and I'd also like to acknowledge everyone out there who has been impacted by suicide, acknowledging the pain it brings to our lives and the desire to make positive change for all of us to live well.

Today I'm talking with Doctor Zac Seidler.

Zac is a clinical psychologist, researcher, and leading men's mental health expert. He currently holds dual roles as Director of Mental Health Training at Movember, and Research Fellow with Orygen at University of Melbourne.

Zac has dedicated his academic and professional career towards further understanding men's mental health and masculinity, his ultimate goal is to help reduce the staggering rate of male suicide worldwide. Now on his website, Zac says, "If you meet him for a beer, don't get him started on gender politics", we'll see how it goes today. Welcome Zac.

**Zac Seidler, guest:** Thanks a lot Kim.

**KB:** It might be good to start by just giving a bit of context of when it comes to men and suicide, what the latest research says or why there is such a worrying number of men dying by suicide.

**ZS:** I guess they're two questions I'll start with where we are at when it comes to male suicide in this country specifically so you know.

A fortnight ago we went from the data showing us that the last couple of years we've been losing six men a day to suicide in Australia and now as of two weeks ago it's now seven, so we had 2,502 men take their lives in 2019. It's the highest it's been in a decade and this is despite the fact, I've been around the tracks for a couple of years now and I'm seeing the huge boom in this discussion, the fact that I can get op eds into major newspapers, the fact that I can show up at corporate events and talk about male suicide, shows how much progress we've made here, huge, great strides, but for some reason, it is taking quite a while to filter into the community and

it also shows the bounds of awareness and how awareness campaigns on their own are potentially useless, really and that we're well past that now, we needed that in the early 2000s and I think Australia did very well but we have a long way to go now when it comes to service delivery, listening and hearing and responding to men.

Yes, 75% or 76% in 2019 of the suicides in Australia were men.

**KB:** Zac is that fairly consistent with other countries around the world, isn't it?

**ZS:** Which is intriguing, you look at any Western nation and it's pretty similar percentage here or there, it's very interesting to consider how this same set of circumstances can lead to really similar data in very different countries, so I think that is the reason there has been a lot of interest, it's also this, as I said, this ripple effect that we talk about, when you're losing that many men and it's continuing to increase, it's really getting to communities, it's really triggering a lot of people into action, I get drowned in emails left, right, and centre with people asking, what they can do, how they can help, but sadly for some reason it takes a crisis, for people to respond, it takes a death in the community or family and I'm hoping that we can get to the point where people will listen not only if you have lived experience but if you just want to get this shit going.

**KB:** Yeah, how do you get to the people that have never heard the phrase, 'lived experience', they're just living their life.

**ZS:** Exactly.

**KB:** So, I've read a few things and heard a few statistics on the news and other sources about men and help seeking, you always see these things and I don't want to generalise too much but women are more likely to ask for help or use a helpline or go to their GP if they're struggling with their mental health or to ask about someone else's mental health and what they can do. What can you tell us about men and their help seeking style?

(4:56)

**ZS:** Sure, as you said, it's hard to not generalise especially when we often turn gender into a binary, it means that you've got, or a dichotomy even, women are like this and men are like this and that's how it's going to be, I do within men research, I try to really stay away from sex and gender differences work because it's a cul-de-sac and all it does is goes, oh there is a difference and we just continue to perpetuate that as if it means anything to anybody, it seems to be an interest to the media for some reason but I much prefer to show that there is huge diversity within men, whether it be age groups or ethnicity or sexualities, there is a lot going on there but on the whole, yes we can fundamentally say that men are about a third less likely to seek help for mental health conditions specifically, it used to be around the half, we are making progress there, compared to women.

But the thing to note really is that more men are seeking help than ever before, we've had about a 10% to 15% increase in the number of men seeking help for mental health concerns in the past decade, Movember, R U Okay?, Headspace, all of these...Beyond Blue especially have done great work in promoting help seeking as something that is hopefully fundamentally masculine, it's something...looking after yourself should be a masculine trait but again there is a lot of self-reliance of stoicism, of desire for control which men are not necessarily willing to give up which is potentially limiting the help seeking, the thing we need to remember on the flip side, you can't just blame men for not seeking help, there is a reason they are not seeking help and

the reason in my eyes is because services are not catering to their needs, are not responding to what they want, if you offer them something that works, Movember has thankfully created out of nothing a movement that speaks to men and if I look at the whole mental health system, there is very few occasions where I can find that. Therapy has been largely feminised over time, verbal communication and vulnerability and talking about emotions has been deemed a female thing to do for some reason and so men are ostracised and they walk into my therapy setting and go, this isn't for me, this wasn't made for me, this is foreign and I don't belong here and what we need to do is adapt our ways working and go, 'hey guys you're welcome here, you belong here and we'll do it your way.'

**KB:** You said that over the past decade help seeking has increased, what were some of the settings or what has been successful about some of those settings, as you say, Movember is a very man-friendly brand and one of few I would say, that does that successfully but what do people, people meaning community, clinicians, how can they make it inviting for men, as you say to make it clear that they belong or do they have to go anywhere at all? Should we be going to them?

**ZS:** First off, the fact there has been an increase I don't think is down to anything service providers have done or I wouldn't be where I am now, I found that I'm very lucky that my fellow psychologists and counsellors and social workers are very game to have this discussion, they're not defensive and they understand the importance of adapting their work because they're witnessing it, they're witnessing the drop out, they're witnessing the amount of clinicians who see 70% to 80% female clients and are wondering what's going on, it's bad for business so that's how I sell it as well, it's like we've got a huge untapped market here who needs our help, so offer them something that works.

I think the messaging has worked really well and that's why lot of men and also the whole MBS situation and the fact that Medicare came into being and we got the 10 sessions, which is now 20 sessions to see a mental health professional, which is awesome, the best in the world fundamentally is great news - so that's access, better access literally has lead to more men seeking help, because money is a massive issue and we've done enough research now to know that ties in very heavily with masculinity and the need to be a provider and I'm not going to spend time on myself when I can spend it on looking after others but I can't really point to very many long term very successful movements or services, I think Headspace has worked hard at trying to be male friendly for young guys, they've had a couple of campaigns, whether or not they've missed the mark or hit the mark there, there is still not as many men who should be going to Headspace, so work left to be done. But I think the main movement has been grass roots, has been community lead and that needs to filter into professional services, so we've got things like Mr Perfect and Banksia project and Manswalk and all of these awesome dudes coming out and going, 'let's have a barbeque, let's do a social group with 20 guys who are socially isolated' that type of informal support is lifesaving, fundamentally.

**KB:** I've been reading more about different surfing groups and things like that, where those informal gatherings are then bringing the mental health training and literacy, I guess into that which then would take them onto treatment and are more likely to open up for treatment. What about, you said before about vulnerability and talking about your emotions somehow becoming feminised over the years, which it absolutely has, so what is modern masculinity? Or what should it be, what is it for you?

(10:16)

**ZS:** I guess what it comes down to is flexibility, that has always been my mantra when it comes to this stuff, I don't want the male firefighter to suddenly start talking about vulnerability when he's in the middle of a fire, it's not the time or place, it's after, when he comes out and he tries to deal with the trauma of what he's just seen, rather than bottling it up for months at a time, it's a matter of going: there is a time and a place for everything, stoicism, self-reliance, independence, are awesome, they're really useful to you, sometimes, and they are really harmful to you in others, in saying that, there are plenty of things about traditional masculinity which I'm happy to just get rid of, like misogyny, power over women, you know, all of these ideas of the fact that you need to maintain a sense of control over others I think is problematic, homophobia is really, really a very strong ingrained traditional norm when it comes to masculinity and we need to be done with that I think.

But what we're moving towards is this understanding that when I'm in therapy with someone and they tell me they're an impulsive risk-taking type person, I'm like alright, sweet, let's use that to our advantage, you don't want to be here, take a risk on me, yeah, you don't want to do this task when you go home, if it's exposure, if you've got anxiety for instance, take a risk, give it a go, leverage masculinity to our advantage, so modern masculinity is not doing away with the old, it's about opening it up, it's about allowing in more options, more diversity, more ways of being and relating because men have the capacity for greatness when it comes to this stuff and just letting go of that belief that they have to try to achieve something that is fundamentally unattainable, you know, there's this great quote by a guy called Joseph Vandello who came up with this theory called precarious manhood of masculinity, he said 'that masculinity is hard won and easily lost' and he showed that by getting guys, it's an incredible experiment, he got guys to either tie knots in rope or do a very similar thing but it was plaiting hair, it was the same task but it was one or the other and then straight after he got them to punch a bag, and those who had done the hair tying were much more aggressive straight after and were much more likely to feel like their masculinity had been attacked and had been taken away from them and that were the idea of 'mancards' and 'masculine capital' and all this stuff can be taken away from me and that's where we see violence going through the roof, that's where we see a backlash when we talk about men seeking help or whatever it might be, there is so much shame around having something stripped away from me, we need to realise that in fact we are giving men so many more tools to help them live happier, healthier, longer lives and to be better fathers and colleagues and employees and whatever it may be and so it's about a matter of selling to them, we have things for you that are going to be useful to you, not lecturing them, which has not really worked or nagged.

**KB:** I was going to ask you about the research that Movember did last year which was about that reassuringly three quarters of men felt like they had a least one person they could talk to if they were in need, but then around 40 percent said to actually regretting opening up, I guess because of the response that they got, so what sort of advice would you give to people if a man does open and you know, they want to access the tools that you're talking about, then what's helpful and not so helpful?

**ZS:** I wrote a piece based on that, where I spoke of the idea that we tell men to open up more but are we ready to listen and it's really the idea of, and that where the modern masculinity stuff comes in, I talk about it as if it was a teething process, it's a gender reckoning of sorts, where we're going, alright we're going to pick and choose, cause women as well are perpetuating this issue, because many women that I know and that I speak to want their husbands and the fathers of their children to be traditionally masculine in some ways, they want them to provide and protect to an extent and then they also want them to be vulnerable and emotional with the children.

And it's like very difficult to deal with that mixed messaging and I think men are trying to find their way through that and we need to give them a better lighting of the path because femininity and women especially have spent a very long time exploring what it means to be a woman, you know, that's what feminism did in the 60s and 70s. We are now starting to catch up and be like, oh we probably should reflect on what that thing is and how to deal with it because men are literally dying because of the fact that they don't understand their place, there's all this talk about you have all of this power and I can tell you that working clinically that the vast majority of men feel powerless and so regardless of the reality, you know, which is that they have largely more opportunities than women very often, they don't feel that way and that is fair and needs to be understood and heard by all of us.

But when it comes to having a guy in front of you who has taken the steps to open up, there is a lot of belief that we need to like jump on and provide solutions immediately and that's just not the case and there's also that trope that men just want practical outcomes, it's not true, if anything, that requires asking the man if that's what he wants and knowing your bounds, if you're not a clinician, especially, in trying to suddenly fix the problem, you can't do that and sometimes these guys just need to get it out, there just needs to be a rant.

So I spend a lot of my days training clinicians about how to respond to anger for instance and the fact that it is a condoned emotion for many men and we need to be able to sit with it, within the bounds of safety obviously, but stop trying to dig beneath it, stop trying to work out what's going on here, he can just be angry and you will get to the emotion eventually, he'll tell you what's going on, but just let him get for a bit, but it really comes down to providing men with a time and place that's appropriate, everyone goes to me, how do I have a mental health conversation with my mate and I say, don't. Have a conversation, just chat with him, get to a place where he feels comfortable to eventually deal with whatever the issue is but don't sit him down like it's an intervention, if you're playing with a ball in the park or you're shoulder-to-shoulder activity which we talk a lot about at Movember, which often, especially for young guys is a lot more comfortable than face-to-face, whether it's pool, ping pong, pub, whatever it is, allow them to just talk normally, talk to them as you do with banter but don't be afraid to push through some of that discomfort and when I say, have these conversations, I always start go by saying, don't say 'how are you doing?' or 'are you ok?' because you are going to get a grunt instead trying to shift it on its head and being specific and saying hey man, I've noticed that you're drinking a bit more, what's going on? It's something that you've picked up on, it's behavioural, it's practical and they'll respond.

(17:17)

**KB:** And the shoulder-to-shoulder is a term that we've heard a lot, what you mean by that is literally shoulder-to-shoulder, so you're not pressuring on the eye contact, I'm not dragging my chair up across the dinner table to stare you down as I ask how you are, you're sitting in a car or as you say at the pub or at the park or doing something where you're not just zeroing in on each other and looking into the depths of your soul.

**ZS:** I literally had to untrain myself as a psychologist because I also studied drama back in the day and I remember, I was so uncomfortable with eye contact I had to really push myself through it and I got very good at it and now I've just had to undo that all because it's very pressuring for many men, especially a female gaze or another male gaze, it can induce all different types feeling. In saying that again it's heaps of diversity, there are lots of men who if I don't give them eye contact they get really shitty and you know they want that connection and they thrive off it and then there are other guys that sit there talking about suicidality to me,

they're somewhat ashamed or afraid and they're looking at the floor, and there is nothing wrong with that, they're getting it out, we can deal with that later and they always come around and we always have much more in-depth discussion once they kind of have danced around the issue.

There is a lot of peacocking that goes on in therapy between men I think in particular, I think men really want to suss out what they can get away with often, they also want to work out if they can trust you, so while it might take time and I say this to all clinicians that I work with, it might take time to build up that rapport, what happens, once you've got it, is the shit hits the fan, it moves very quickly and it's a rollercoaster and I know many therapists love that, because while the first three sessions you get nothing, once you get to the fourth, oh I've just made a year's worth of progress in a session, these guys are ready they just need to work it out and that shoulder-to-shoulder activity, when I was in Darwin I did a lot of like walking therapy with guys, played pool with guys in a therapy room. There are heaps of ways to break down...talking about mental health has to be a serious sit down official conversation you know, it doesn't work like that.

**KB:** Yeah, maybe we're using all these terms too readily and actually just need to stop talking about suicide prevention and mental health and just say, what's going on in your life, what's keeping you up at night?

**ZS:** They shouldn't be separated, it's really weird and I think hopefully now especially the whole of 2020, everyone is so much more willing to talk about what is happening in their life, it's the blur between what is mental health and mental illness, we've got a very clearer understanding, there is no tipping point necessarily, there's just days or minutes where you just jump between them, there's nothing wrong with that. I think that the notion that it's more normal than not to experience depression symptoms and anxiety or whatever it may be and that is humanity, it's not something to shy away from anymore.

(20:11)

**KB:** Absolutely. Have you noticed an increase in telehealth with all the COVID move to Zoom and things like that, have you seen people more willing to do that?

**ZS:** Again that's a huge stereotype that, I don't know where it started, it kind of links in very heavily with these ideas around masculinity but there has always been the stereotype that men love phone and telehealth-type stuff and they love being at a distance, it's confidential, it's much more comfortable for them and we know that from Lifeline data, that men just don't call, in comparison to women, so I call bullshit on that from the outset.

The other thing what I've found is, I've found a lot of guys who are very comfortable, that are happy with telehealth, there are some very key benefits which is that they can do it from work often if they happen to be at work, they can do it out of hours, it's great for me, I don't really feel that the connection is sullied in any way, I think that the first five minutes might be weird and then you just forget but I think that we need to do more research in understanding what men want and giving them more options, if some of them really like telehealth then that option needs to be readily available to them and I think regional and rural guys especially, I've worked in rural settings and there is one psych for 150,000 people and it's like what is happening here, so some are really into it, some might not be, again just the same as women but just having the option is great now and the fact that we progressed it so quickly in Australia, the fact they now have rebates for it, no complaints at all when it comes to that.

**KB:** Yeah, that's amazing, I guess that's similar to what you were saying about that your research is focused on men, not looking with a male lens but there is such diversity in that, but having the accessibility and the availability of different options because even the shoulder-to-shoulder stuff some people would be dead against walking and would open up over a game of pool, where not everyone...

**ZS:** ...that hates sport and that love gaming, the idea that men like cars and girls and it's just like stop it, just call it a day on that because the more we perpetuate, the more that men believe that that is the case.

**KB:** That that's what they should be.

**ZS:** Exactly and that's where we're finding the most problematic behaviour is that men don't believe in this stuff, they don't believe they should make more money or have better jobs than women or whatever it may be that straight men are better than gay men, there's just a pressure, there's a pressure, it's not a belief, there's a pressure and so you'll find the vast majority of guys understand that this isn't the case but they still go, but someone is telling me, someone is whispering in my ear constantly that this is the case and the media and family units and schools have a huge responsibility to not perpetuate the issue but to purposefully undo it by promoting positive education and making it very clear what men can and should be.

**KB:** And what about creating safe spaces for men to do that, I'm thinking specifically for all of our listeners who are LivingWorks trainers around the world, so what works in terms of peer support environments, do you see more success with education if it's men teaching men for example, what are some safe spaces for men to learn more and feel comfortable about that?

**ZS:** All I can do is draw on what I know and the programs that I know work and I think 'Mates in Construction' for instance to all of our international viewers, it's a very Australian-based idea but it's not hard to see how it could be replicated elsewhere.

**KB:** In the States now too, I think in California.

**ZS:** Awesome, that's great news. I think it's best to start in high risk groups and that's why it's 'Mates in Construction', 'Mates in Mining', those types of industries where male suicide is way too high, I really like their approach, I think leaning on one another and improving social support and very clearly having not just lip service within the organisation but active consistent support is really great and having your superiors keyed in and socially modelling this stuff is everything.

We've also got things like Tomorrow Man and Man Cave in Australia and I know there are plenty in the States and UK and Ireland and around going into schools and teaching men about masculinity and mental health and what it looks like. They're successful, there is a hell of a lot of work that has to be done there when there are social pressures and identity formation and all of that going on, they're lead by men mostly and I think going into sporting communities as well is very useful there but you know female role models have a huge ability to change the game here, I think especially at all boy schools for instance, boys don't have any understanding of what women are or they've got teachers to an extent and that's where the role modelling come to play but it's a non-intimate, non-sexualised relationship built on respect which I think is really, really useful there.

Safe spaces full stop should be built into all of those organisations and institutions that exist, you know, you look at politics in Australia and it's...there is no ability for anyone to gain support

until they need to go on leave, that's exactly what happened here, we've got so many people who just go, I just can't do it anymore, it's like there must have been an earlier point where we could have given you the support you needed, but no you need to work 20 hours a day, that's just how it's going to be. Rights of passage need to end. The idea that you just need to live up to a certain standard, you need to slay yourself for work, and you need to give up everything for your family, we need to shift that on its head and realise that if you look after yourself that is doing a good job, that is being a good father, because longevity and reducing that six-year gap in life expectancy between men and women will make everyone a lot happier, I think.

(25:55)

**KB:** Exactly. What are you most hopeful about when it comes to suicide prevention in men?

**ZS:** I'm very hopeful and we are making such strides but there are so many obstacles that exist within our society, I would say that I am most hopeful about our youth and about our next generation just going and doing community events at schools and university and hearing the literacy and the awareness of these young guys. You couldn't imagine this stuff in our father's and grandfather's, I'm hoping that the younger generation actually educates the older generation and the older generation will listen but that's kind of what I'm seeing because we've got 45 to 55 year old men dying at insane rates when it comes to suicide in Australia, the proportions are massive and that group, it's kind of followed them throughout time because they went through an economic recession early on when they were in their 20s trying to find jobs and they're the fathers now and I'm hoping that their children will model up, which is kind of a strange concept.

But I have a lot of hope for a new generation of dads bringing boys into the world, I have endless hope for the women, continuing to support men, I see it left, right, and centre and I'm hoping that that burden gets reduced over time as well because it's extremely taxing for many women and they want to see men thrive and allowing them to have their own self-awareness capacity and reflection to do that will be great.

But mostly, I guess, I'm hopeful about each life that we can save, it's too easy to get pulled into the sensationalism of the huge numbers, we're losing one man a minute in the world, that's 500,000 a year to suicide and to get dragged into that it's overwhelming and everybody asks, how do you not take this home, all of those questions are there, number one thing is if you go to a dinner party if you work in this space but my answer is always even if it's once a year, once every two years and I get to really make sure that you know, my words or the context I put someone into connection with can keep them here and keep them aware of their worth and improve their desire to live, that's enough for me.

**KB:** Absolutely, I think I couldn't end our conversation on a better point, I think that is what keeps us all going and I think it takes a lot of work and as you say it's not just about the interventions and the conversations that are happening around mental health but all those systems and structures and belief systems around it that need to shift as well, but like you I'm hopeful, so thank you very much for talking to us today and we very much appreciate the work that you do and that Movember does and have had a great Movember seeing all the mo's [mustaches] around town, thank you very much for the work you do and for your time today.

**ZS:** No problems, thanks a lot Kim.

**Ending**

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