

Shrink Rap Radio #165, July 25, 2008, Irritable Male Syndrome
David Van Nuys, Ph.D., aka “Dr. Dave” interviews Jed Diamond, Ph.D.
(transcribed from www.ShrinkRapRadio.com by Susan Argyelan)

Excerpt: *The third major thing that we found was that depression and irritability are related: 21% of the men said that they were depressed often or almost always – high levels of depression, and that we’re actually seeing this irritability and anger rather than being an indication that they’re just crotchety old men, or even irritable old men, is that there’s often, this is the way that men experience depression. Different from women; women often will experience depression as sadness, as crying, as feeling just unhappy with life and unhappy with the world. The way that men often express their depression as I describe it, we act it out.*

Introduction: That was my guest, Dr. Jed Diamond. Jed Diamond, Ph.D., has been a licensed psychotherapist for over 43 years and is the author of seven books, including the internationally bestselling [Male Menopause](#) and [Surviving Male Menopause](#), that has thus far been translated into 32 foreign languages, and the recently released [The Irritable Male Syndrome: Understanding and Managing the 4 Key Causes of Depression and Aggression](#), which is also developing a worldwide readership. Jed is Director of the [MenAlive](#), a health program that helps men live long and well. Though focused on men’s health, MenAlive is also for women who care about the health of the men in their lives. Since its inception in 1992, Jed has been on the Board of Advisors of the [Men's Health Network](#). He’s 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](#). Now, here’s the interview.

Dr. Dave: Dr. Jed Diamond, welcome to Shrink Rap Radio.

Jed Diamond: Glad to be with you.

Dr. Dave: Your first book was titled Male Menopause, and your more recent one is on what you call Irritable Male Syndrome. And I have to say, I read the latter with some trepidation, wondering to what extent I might find myself on every page. (laughs)

Diamond: I think that’s the experience many, many of us have. I’ve found that to be true after doing the research for Male Menopause and finding out how much irritability and anger, irritation there was in men, particularly at midlife. I found that this is an area that really touched the lives of a whole lot of men, as well as the women that interact with us, love us, and live with us.

Dr. Dave: Yeah, I’m not sure any of us, (laughs) I don’t know if any of us escape. It’s kind of like what they call – when I taught Abnormal Psychology, I know – there’s always that issue of, I think it’s called “medical student syndrome...”

Diamond: Mm-hmm...

Dr. Dave: ...where when people are going through medical school, they feel like they have all the symptoms of all the diseases they study.

Diamond: Right.

Dr. Dave: Well, let's start with the notion of male menopause. We know that women go through hormonal changes that lead to very observable physiological changes. Are you saying that men go through similar hormonal changes? Or are you speaking more metaphorically?

Diamond: We used to think that this was more of a metaphorical, you know... men have a midlife crisis or go through something that might be like what women go through. But what we found increasingly with the research that's been going on throughout the world over the last 25 years or so is that men, like women, have a hormonally based change of life that has to do with dropping hormonal levels – particularly testosterone – that begins to happen for some men as early as 35; for others, as late as 65. But this hormonal change really affects men in similar ways than it does with women. And so, although the term itself, “male menopause,” is not technically accurate – men don't have a menstrual cycle, so obviously, they don't stop having one – and yet the hormonally based changes that affect our psychological state, our emotional state, our sexuality really is similar enough to what I think women go through that the term has caught on, and it really has been recognized now throughout the world.

Dr. Dave: Wow. And women, I know, sometimes treat symptoms by taking some hormones. Are there – I know you're not a physician – but are there any hormones or drugs or medical treatments that men can resort to?

Diamond: Well, I generally recommend for men *and* women that they start with things that we know affect our hormones, our emotions – you know, our diet, exercise, the level of stress in our lives, how we're interacting in our personal and interpersonal relationships. But we also find that for some men, as true for women, hormonal changes are so dramatic – in some cases, the effects so serious – that hormone restoration is something that men are considering in the same way that women have been doing for years. And for men, testosterone is the main hormone that men often lose at this age. And a significant number of men are going to their doctors and getting, if they need it, testosterone restoration to bring their hormone levels back up to a level that they were experiencing when their sexuality was at a younger age; the way their body felt was when they were in their 20s and 30s. And for many men, they're finding this a very important alternative to just going on, business as usual – feeling their sexuality, their vitality, their energy level just drifting away.

Dr. Dave: Fascinating. Now, your most recent book is titled Irritable Male Syndrome, and perhaps we should start out by having you define Irritable Male Syndrome, or what you abbreviate as IMS.

Diamond: Right. Well, just to give you a little background on this, what I found when I was doing the research for male menopause was that although many clinicians were focused on sexual symptoms – male sexual dysfunction, erectile dysfunction, loss of sexual desire – we were seeing these in our study sample, but we were also seeing a real high level of irritability and anger. And so this really led to my further research that we cited in the book, Irritable Male Syndrome. In that, I defined Irritable Male Syndrome as a state of hypersensitivity, anxiety, frustration, and anger that occurs in males and is associated with biochemical changes, hormonal fluctuations, stress, and loss of male identity. So that encompasses, in a short sentence, a whole lot of both symptoms and causes that our research that we were conducting on nearly 30,000 males throughout the world allowed us an insight into what's going on with men throughout our lives, and particularly at midlife.

Dr. Dave: Well, you've just spoken to two of the questions that I had here (laughs), which is to ask you what you meant when you said IMS is a multidimensional problem. But you just went through it. You point out that it's hormonal, it's physical, psychological, emotional, interpersonal, economic, social, sexual, and spiritual, and then I was going to ask you about the four core symptoms. And I think you just mentioned those as hypersensitivity, anxiety, frustration, and anger.

Diamond: Right.

Dr. Dave: Yeah. One of the things I really appreciate about your book is that you are very open about your own story, which, I guess, is how you got into exploring these issues in the first place. And you weave various elements of your story throughout the book. Perhaps you can share some of that background now.

Diamond: Well, yeah, I've been a psychotherapist and worked with men and the women that loved them really going on 43 years now. And as is true for many psychotherapists in the field, we're certainly not immune to the problems that we try to address in others. And I was finding, as my wife was going through menopause and she was experiencing various symptoms of loss of sexual desire and irritability and anger, I focused on her, you know. If only she could get her life together and get her symptoms under control, things would improve. And what I found, to my dismay, was as things got better for her, I found that a lot of the symptoms that I was seeing in her were there in me. I say I found it out, but really, she pointed it out to me. And over many, many months, I had to admit that this was true for me. And I have a colleague, [Kay Redfield Jamison](#), who is one of the world's experts on depression and bipolar illness, she wrote in her book a little sentence that just really struck home for me. She said as she was experiencing some of these symptoms, she said, "You're irritable and paranoid and humorless and lifeless and critical and demanding, and no reassurance is ever enough. You're

frightened and you're frightening. And you're not at all like yourself, but you will be soon. But you know you won't." I read that; I said, "Wow! She's talking about me!"

Dr. Dave: Wow.

Diamond: And as I then began to, you know, research this in more depth, I found that there were thousands, millions of men throughout the world that were going through these changes that come across as angry and blaming and irritable. And what they really are, at core, are these symptoms that relate to this multidimensional change of life that so many of us are going through.

Dr. Dave: Wow, that's very, very interesting. Now, you note that the medical community is notoriously slow in recognizing new problems. What's been the response, if any, of the medical community to IMS?

Diamond: Well, it has been, I think, true of many problems that we see in medicine is that at first, it's ignored; and then when it comes on the radar screen, you tend to be ridiculed. And I get letters from some doctors that, "Aw, this is silly! You're inventing another medical problem for a simple life change." And then, over time, you know, the medical community has become much more accepting, and I get letters – as I did from Jean Bonhomme, who's MD and the head of the Board of Advisors of the Men's Health Network, and also, the President of the National Black Men's Health Network. And he said, "To call the Irritable Male Syndrome a milestone is an understatement. Jed Diamond is bringing out into the open an almost universal that's seldom considered fact in a culture where men aren't supposed to cry; male depression, anxiety, and physical health challenges are often expressed in unconventional and difficult to recognize ways." So he's recognized me, and I've gotten now hundreds of letters from doctors and healthcare professionals from all over the world that are recognizing this. They're sending their clients to my website, where they can actually take the quiz that we used for the research. And it scores it for them; it will tell them, you know, where they sit in terms of now 60,000 men that have taken the quiz, as well as women that take the quiz to see if they can better understand their men. And it really gives men a basis for going, "You know, if this is a problem, I want to see it, I want to know it." Because we know now that there's so many things that a man can do to change this so that his relationships don't suffer, his health doesn't suffer, and he can really have the kind of long-term happiness and health that so many men really want as we get older.

Dr. Dave: What is that website, if somebody wanted to take that test that you just referred to?

Diamond: Well, I have people just go to my website that's called MenAlive.com, M-E-N-A-L-I-V-E.com, and there's a whole number of informational links there, including the one that says "Take the quiz." And that'll then take you to the quiz

page, and you go through it; you just, it takes about five minutes to do. And at the end of that, it tells you where you are, what your score is, whether there's any indication of Irritable Male Syndrome, and then offers – for those that have a problem – the various help options that are available.

Dr. Dave: Okay. Now, in one place you say that IMS is ultimately about violence, and that seems like a very strong indictment. What leads you to say that?

Diamond: Well, in the public health view of violence; I mean, in the common view of violence, we think of – you know, other people, certainly not the average guy – killing people, beating up on people. But the World Health Organization looks at violence as not just these extreme forms of violence, but violence which is anger turned both outward – as it expresses itself on others – and turned inward, where really feeling down, depressed... And it is the extremes this kind of anger turned outward can lead to – fights in the home to yelling and screaming – and can actually lead to physical violence. Turned inward, we know that it can lead to unhappiness, depression, and in too many men, suicide. This is something that's been kind of an area of research of mine over the last 10 or 15 years, is to really help prevent the high suicide rates that we see that escalate in men, particularly as men get older. We find the rates in men are always higher than women. But as men get older, the rates go from five times higher for men than women in men's 50s, to seven times higher in our 60s, to eight times higher in our 70s; to the time we get to our 80s, the suicide rate for men is 15 times higher for men in their 80s than it is for women in their 80s. So, we're seeing that in a sense, suicide is really a predominantly male problem, and that it gets worse and worse as we get older.

Dr. Dave: Wow, I didn't know that. And, why do you think it gets worse and worse when we get older?

Diamond: Well, I think there's a number of factors. As men age, our productivity in the workforce is more challenged. We're living in an age where the economic system is changing, and in some ways, collapsing. And I think this impacts men more strongly than it does many women because so many of us have our whole identity wrapped up in our work. That's first of all. Second of all, I think men tend to be more isolated than women, particularly as we get older.

Dr. Dave: Mm-hmm...

Diamond: We don't have the close friendships. We don't have the camaraderie where we can talk deeply about what's going on in our lives. We may talk about sports, or we may talk about the latest political candidates' problems, but rarely do men talk about the personal things: our fears, our hopes, our dreams. And so I think many men, as they get older, feel isolated from each other. And I think the final thing is that men increasingly feel that their sense of value is undermined, where it used to be that the older man was revered and seen as a source of wisdom and support, and now the older man is seen as superfluous, as not necessary, as being somebody

who's a source of ridicule and laughter, in some cases. And I think you put all these things together, and it leaves many men feeling hopeless, feeling unnecessary, undervalued. And as a result, not only do we lose too many men before their time, we lose too many fathers that could be being supportive of their sons and their grandsons, and their granddaughters. And this is a major tragedy that we see throughout the world.

Dr. Dave: One of the things relevant to this is, you point out that depression is underdiagnosed in men. Generally, depression is reported as being higher in women.

Diamond: Exactly. I just completed a major research study that really changed our view of how depression is understood throughout the world. Up until now, most of the world literature has indicated that women suffer depression at twice the rate of males. And then you think about, well, how do we know whether somebody's depressed? We don't give them a blood test and test their blood and say yep, they have depressed blood, or we don't take brain fluid and say yes, they're depressed. We ask them questions! And clearly, if we're not asking the right questions, we're not going to get the right answers; we're not going to get an accurate diagnosis. And for years, I've been saying that we need questions that are related to irritability and anger and drinking – alcoholism – and other forms of acting-out behavior, that often aren't asked in traditional depression scales. And I've developed a whole new scale, called the Diamond Depression Scale, that really looks at these more male-oriented ways of dealing with depression. We've done a major three-year research study now with, again, about 1,000 men participating from around the world, and we now know much more accurately how we can better diagnose depression in men. And we're now able to, I think, offer men the support they need and the treatment that many of them need, and I think the result is, we're going to save thousands and maybe even millions of lives in the future.

Dr. Dave: Well, that's great. We went through a period of Women's Lib, in which a lot of anger toward men surfaced, and you have a section titled, "Us and Them: Why Are Men So Angry at Women?" Are men generally angry at women? And if so, why?

Diamond: Well, I think there's a number of reasons. Some of it is that response to so many years in which not all, but many, women who I think had a mistaken view of women's liberation saying, "If we have a problem and we're underpaid or undervalued, then men must be the ones that are getting the goodies; they're getting the result." And that isn't true. I mean, the fact that many women have suffered doesn't mean that men have been getting all the benefits that women have lacked. So I think men are angry at women because they were misunderstood and misperceived. And in some way, I think we all share this feeling that we're part of an economic system that in some ways is geared toward supporting people at the top that make a whole lot of money and get a whole lot of benefit. And more and more people, I think, feel excluded from that system. As a result, I think both men

and women are undervalued and underpaid and are feeling an economic crunch. And when we feel that, often, there's a tendency to look at, well, who's to blame for this? And I think mistakenly, many men blame women; there seem to be a lot more women in the workforce, many women seem to be doing well. And so they think, well, if women are doing well, maybe they're the cause of why we're *not* doing so well. I think the real culprit is an economic system that's really geared towards making money for a few at the expense of the many, and it's that larger economic system that I think needs to change so that both men and women can feel that they're able to find jobs; they're able to keep jobs; they're able to support themselves and their families in a way that all of us want to feel that we're contributing for everybody's well-being. And I think that's what we're – all of us – looking forward to in the future.

Dr. Dave: What about the emotional dependence of men on women as a contributor to that anger? I think we men tend to think of ourselves as very independent, but in fact, we're unconsciously very dependent on women.

Diamond: That's, I think, definitely an important factor, is that when we feel, in some ways, over the years women have felt economically dependent on males. And they've moved now towards more economic independence. And I think, as you point out, men have felt emotionally dependent on women and now feel that they are vulnerable to losing the connection that they have. That's why one of the recommendations that I have with men is that men get involved in a men's group. Men spread out their emotional supports so that – and I've done studies on men, and almost without exception in large groups of men, men will tell you they don't have anybody who they feel really, they're close to, and understands them. If they do have somebody, it's almost always the woman in their life, and that's their primary support. So, if that isn't going well – if there's some stress – the man has *nobody* in his life that really knows him and supports him. So I think one of the antidotes to that – you know, I myself have been in a men's group that's been meeting regularly for almost 30 years. And both my wife and I attribute a lot of the success of our relationship to the fact that I've been in a men's group all these years, and actually, she's been in a women's group as well. And I think we both need – and I think men need the support of other men, and women need the support of other women. And I think tragically, we don't get enough of that, particularly in the life of men. So I think as men get support from other men, it allows us to have a broader base of support in our lives, so we're not so emotionally dependent and so emotionally demanding on the women in our lives.

Dr. Dave: I certainly echo that. I've been in a men's group meeting regularly for 20 years, and I thought that was a long time, but your 30 years trumps that. (laughs)

Diamond: Yeah, we've been doing it a long time.

Dr. Dave: Wow. Now you mentioned earlier this IMS survey questionnaire, and I think there are pieces of it in the book as well. And you say at this point, 60,000

men have taken it – men and women. What are the most salient findings that leap out at you from that survey?

Diamond: Well, there've been a number that we've recognized over the years since I've been doing this. One is, just how valuable a tool it is for men. What men will tell me is that for years, they had been hearing from women in their lives that, "You're acting kind of irritable. You may have a problem." And he would deny it: "No, I think she's just trying to lay her problem on me." Men tell me once they take the quiz and they can really see where they rate in terms not of what their woman tells them, but in terms of all the other men that have taken this. And it, the response is they recognize – often for the first time – that they do have problems and that's something that can be dealt with. Some of the other things that have emerged is, the level of stress that men experience in their lives. In the first evaluation that we did, we found that only 8% of the men said they were never stressed, so 92% are feeling some stress. And in fact, 46% said that they're almost always under stress. We found also that sex is a major concern for the men, that 40% of the men said that they're almost never sexually satisfied, that sex is a problem in their lives. The third major thing that we found was that depression and irritability are related: 21% of the men said that they were depressed often or almost always – high levels of depression, and that we're actually seeing this irritability and anger rather than being an indication that they're just crotchety old men, or even irritable old men, is that there's often, this is the way that men experience depression. Different from women; women often will experience depression as sadness, as crying, as feeling just unhappy with life and unhappy with the world. The way that *men* often express their depression as I describe it, we act it out. We push it outside; we express it as irritability and anger and upset. And the research is validating this way of understanding, and it just gives a lot more hope for what we, as clinicians, can do, and what men can do for themselves, and what women can do in helping the men in their lives.

Dr. Dave: Clearly, IMS is tough on relationships with all this irritability and anger and violence, and so on. You cite the work of [Dr. John Gottman](#), who I hope to interview at some point, and who's done extensive research on marital relationships. And drawing on his work, you cite criticism, contempt, defensiveness and "stonewalling" as the red alerts of impending IMS damage. Maybe you can briefly take us through each of these terms in terms of how they manifest in relationships.

Diamond: Well, again, this is things that we had recognized from the research that we were doing, is often, when a man is hurting, the first thing that starts happening is that defensiveness that comes up, where in a sense, our guard goes up: we feel we've got to defend ourselves. "I don't have a problem; you have a problem." There's a lot of defensiveness that goes on. And then, if we're still not getting connected, and we're still not understanding what's going on, then we start getting blaming. We start saying, "You're wrong." We start name-calling. If again, we don't get enough support at that level – that's another red flag – then there's a level

of contempt that comes in. And you hear that in the terms that I'll often hear. I was talking to a man today where he was becoming so enraged with his partner that now, rather than seeing her as a loving, caring person – which is how he saw her when they first got together – now he sees her as almost a caricature of the Wicked Witch of the West, only he calls her other names that are even – we all know those names. But the mindset that sees the other person now as an enemy, rather than a friend, is part of the red flag. And finally, the stonewalling – as he describes it, as Gottman describes it, where you ask a guy, “What’s wrong?” “Nothin’.” “You seem upset today.” “No, I’m not.” There’s this, in a sense, wall that comes down, where he doesn’t want to talk anymore; he doesn’t want to interact. And these, then, are the increasing red flags that tell us all, man, if we don’t deal with these things, the next stop is the divorce courts.

Dr. Dave: Well, talking about stonewalling as the most serious of the red flags, this part really interested me – especially your discussion of the underlying physiology of men.

Diamond: Right.

Dr. Dave: This really helped me to understand myself.

Diamond: Yep.

Dr. Dave: As men, we think of ourselves as the emotionally tough ones; we don’t cry, and so on. But you say we’re actually more reactive, “subject to flooding.” Can you say a little more about that?

Diamond: Yeah, well, again, the traditional way of viewing men’s emotions is that we’re tough, we can take it. It’s women that are the emotional ones; they cry at the drop of a hat, everything bothers them. And this was the idea ‘til we actually developed better measuring techniques, and we found it was actually men, who in emotional situations, physiologically become overwhelmed. We can actually measure the degree to which the body and mind are feeling “flooded,” is, I think, a good description of it, where you’re just feeling so overwhelmed with emotions, the way you deal with it is, you shut down. You turn down the emotions – not because, as some see the man as insensitive, but in fact, he’s *oversensitive*. He’s too sensitive; he’s feeling overwhelmed by emotions, and so rather than break down, he goes, “I’m not feeling anything. I have to shut this down.” If the man begins to recognize that, rather than seeing himself as *uninvolved*, he begins to see the truth of it is, he’s *overly involved*. He cares too much; he’s feeling overwhelmed by the emotions. Same thing with the woman. If she can recognize his withdrawal, his stonewalling, or his unwillingness to talk is not an indication that he just doesn’t care, but that he may be overwhelmed, then you can do a whole different way of interacting that can help both partners be able to understand what’s going on and better support each other – where she can go, “Hey, hon, why don’t you just take a break, and we do this therapeutically? Take a five-minute break.” And often, when

he's not so overwhelmed and flooded, he can then talk – rather than what often happens, where she'll say, "Come on, talk! What's going on? What's happening?" And he gets more flooded and more withdrawn, and finally, he either explodes or he just gets in his car and drives away, and you don't see him for three days.

Dr. Dave: Amen, brother! (laughs) You're talking to me!

Diamond: Yeah! All of us, and we recognize now from studies that this is true for all men, to some degree. We all have this physiology where we get strongly overwhelmed by emotions and don't even know that we're being overwhelmed.

Dr. Dave: Yeah.

Diamond: That's the tragedy; we don't even know the emotions are just rampant. We just think, I mean, I've had the experience, my wife's said, "What's the matter?" and I just feel numb; I just don't feel anything. Well, I did feel something earlier – I felt anger, I felt irritable, I felt hurt, I felt scared – but having felt overwhelmed by the emotions, and men not feeling comfortable with emotions, or feeling they're unmanly, we eventually turn them off, and then we *do* feel numb.

Dr. Dave: Yeah, and I'm interested in the age dimension as well, because given the title of your first book, Male Menopause, that kind of directs attention towards the middle-age spectrum. But it seems like we're not just talking about middle-aged men here.

Diamond: Well, we're not. We found in the studies that there were actually two major times where Irritable Male Syndrome was most prevalent. We found one peak for young men between the ages of 14 and, say, 26. And it makes sense when you see the hormonal component. It's when testosterone is coming online and increasing, and you have this emotional volatility and hormonal volatility. And the other major peak was men at midlife, generally between 40 and 55, where again, the hormones are dropping. And the third area we found was that men of all ages – both earlier and in-between and later than these age ranges – who are under a lot of stress will experience some of the symptoms of Irritable Male Syndrome. So, where I see it is in younger men, older men, and then men under a whole lot of stress, which often, as you point out at the beginning of the interview, often includes all of us at some point in our lifespan.

Dr. Dave: Yes. So, I know that you've got to be running along – there are a lot more topics here that we could cover – but as we begin to wind down, what's your recommendation for the male listener who thinks he might be suffering from IMS?

Diamond: Well, what I've found again over the years is the simplest thing – it's free, it doesn't cost anything – you go the website; you click on the quiz link; it takes you to the quiz page. You simply go down the symptoms and say, "Is this true for me none of the time, some of the time, a lot of the time?" And then, by the time you

get to the end, it gives you a score, and it tells you where you are in relation to other men. To me, that's the simplest, most helpful, and – based on the hundreds of letters that I get every day from men – they say, “This was the most enlightening thing I ever experienced, and it really put in perspective what's going on and gave me a numerical score that I know is scientifically accurate and sound, and not something that's made up. And it helped me then guide me into whether this is something that I should just monitor and watch, whether it's something that I shouldn't be concerned about – I can just let go – or something that I really need to pay attention to and to get some help with immediately.” That's probably the simplest, most direct entrée into this that I think I've found, that I would offer to the men in your audience that might be concerned – or just interested to see where they fit on this continuum.

Dr. Dave: How about for the women in the audience, or for the wife who thinks her husband might be suffering from IMS?

Diamond: Well, what the women have told me is that one of the characteristics of Irritable Male Syndrome is generally denial. The men remember they're irritable, they're angry, they're blaming. I remember this stage with myself, where if a woman told me I might have a problem, I'd say, “No, I do not.” So, one of the things that women have told me is, *they'll* take the quiz as they see their husband and will approach him in this way: they'll say, “You know, I've been learning about this thing, Irritable Male Syndrome. I took the quiz, and I scored as I saw you –whatever, 60, 70. I'm probably wrong; I'm probably way off. Why don't you just take it and see. We'll get a more accurate view.” It kind of cuts through the denial, and rather than say, “Look, you've got a problem. I've found it,” you say, “Look, I may be wrong; I took the quiz. Why don't you check it out?” And I've had many women say once he took it for himself, it broke through a lot of the denial. Sometimes it takes longer. I have, actually, a whole counseling program that I've set up for women that I can help guide them to, how do they get through to the men? How do they approach him in a way that he's more likely to listen? Simplest way is to take the quiz and encourage him to check it out himself. If that doesn't work, then some counseling can be helpful, starting... I often start with the woman, and then once she gets involved, then I help her find ways to get the man involved. And then often, when they're both involved, then things become much easier, and a lot of the problems that were affecting them both get dealt with much more effectively.

Dr. Dave: Okay. Well, before we wrap this up, is there anything that you would like to say that you haven't had a chance to say?

Diamond: Well, I think, two things. I think the one thing I recognize is that based on the research that I'm getting, the letters that I'm getting, the feedback from men and women all over the world, I know this is a major problem for a whole lot of people. So, if you're listening and you feel that this may be true for you, know that you're not alone. Secondly, what we've discovered is there's a whole lot of things that we

can do that are helpful – everything from changing your diet that can help this, to exercise, to stress-reduction techniques, to simple hormone boosters that you can do. So the good news is that there are a whole lot of easy things and inexpensive things and supportive things you can do. And the reason to do it is not only it'll make you feel better, but nobody wants to go through the stresses of a relationship that's coming apart. It's not good for the man, it's not good for the woman, it's not good for the children in their home, and it doesn't have to be this way. So, I hope if this resonates with people in the audience, that they'll get on the website, check it out, and do something about it if it is a problem in your life.

Dr. Dave: Well, this seems like a really important contribution to me, and I certainly thank you for it. And Dr. Jed Diamond, thanks so much for being my guest today on Shrink Rap Radio.

Diamond: My pleasure. I hope to be on with you again sometime.