

### EDITORIAL

## THE PRICE OF BEING MACHO

Traditionally, the socio-cultural system differentiates between the two biological sexes, splitting them into binary genders of 'Masculinity' and 'Femininity'. The 'Macho' male, the 'Alpha' male is still an attractive proposition! Thus, masculinity typically includes attributes of physical strength, courage, dominance, assertiveness, leadership and independence. These traits are then typically linked to competition, power, control, emotional restraint and stoicism.



**The American Psychological Association recognizes the range of psychological, physical and social harms that traditional masculinity does to men.** Emotional

suppression encourages men to deny emotional vulnerability, resulting in higher rates of anxiety, depression, stress and even suicide compared to women. They harbor a deep-seated fear of appearing 'weak' or 'like a woman' and 'asking for help', thus masking the depression. This may be a good reason for men indulging in risky behaviors such as speeding, gambling and substance abuse or alcoholism. This may seem more 'manly' as per the social stereotype. Domestic abuse, gender-based violence, crime, aggressive behavior in public, are again consequences of the same construct. It also unfortunately leads to negative attitudes towards anything that appears 'feminine', such as sensitivity, softness, care, nurturance, empathy, sympathy and compassion, leading to misogyny and homophobia.

**These harmful stereotypes constrict and restrict the psychological development of men, their self-expression, their exploration of interests, roles, emotions outside the prescribed norms. It harms not only the men but also the women and children who live with them as well as society at large.**

Psychologist Sandra Bem in 1974 developed the Bem Sex-Role Inventory to measure '**Androgyny**', a concept which blends both masculinity and femininity traits in a person. Androgyny is a Greek word for man (andr) and woman (gyny) signifying the presence of both genders within the individual. Psychologically androgynous persons exhibit both traits in differing proportions.

Ancient Indian Vedic concept of '**Ardhanarishvara**' (means half woman and half man) is depicted in deities, which is split down the middle, with one half depicting the male God and the other half depicting the female God. Hindus believe in 'totality beyond duality' and that creation arises from the harmonious fusion of masculine and feminine energies. This symbol represents balance, and is similar to the modern concept of androgyny.

**Androgyny has a major influence in fashion**, giving rise to gender-neutral styles, unisex clothing, unisex salons and mix and match styles. We see men wearing pink, piercing their ears for jewelry, heavy embroidered kurtas, dupattas and stoles!

Psychologically androgynous people exhibit both the traits of being feminine and masculine. It is a sign of flexibility and adaptability, making them competent to handle different situations appropriately. It is associated with greater positive outcomes, such as self-esteem, freedom of expression and personal identity.

**Androgyny plays a significant role in diversity, equity and inclusivity.** Many young fathers enjoy being a 'second mother' to their babies, competent to handle everything from changing nappies to feeding and singing lullabies. Men work from home and babysit while women go off to work outside! **It enables men to express a fuller range of human traits and emotions, reduces mental health risks and supports healthier adaptation to life's challenges.**

*Rita*

-Rita Aggarwal

## "LIFE IS BEAUTIFUL": GRAND SUCCESS OF THE MENTAL AWARENESS SEMINAR

A highly impactful seminar titled "Life is Beautiful" was organized on 10th October 2025 by DAGMHI-3030 (Host) in association with Rotary Club of Amravati and DAGMHI India Chapters (3030, 3055, 3141, 3131, 3391, 3170, 3262, 3192). The event focused on promoting mental health awareness among medical and dental students.

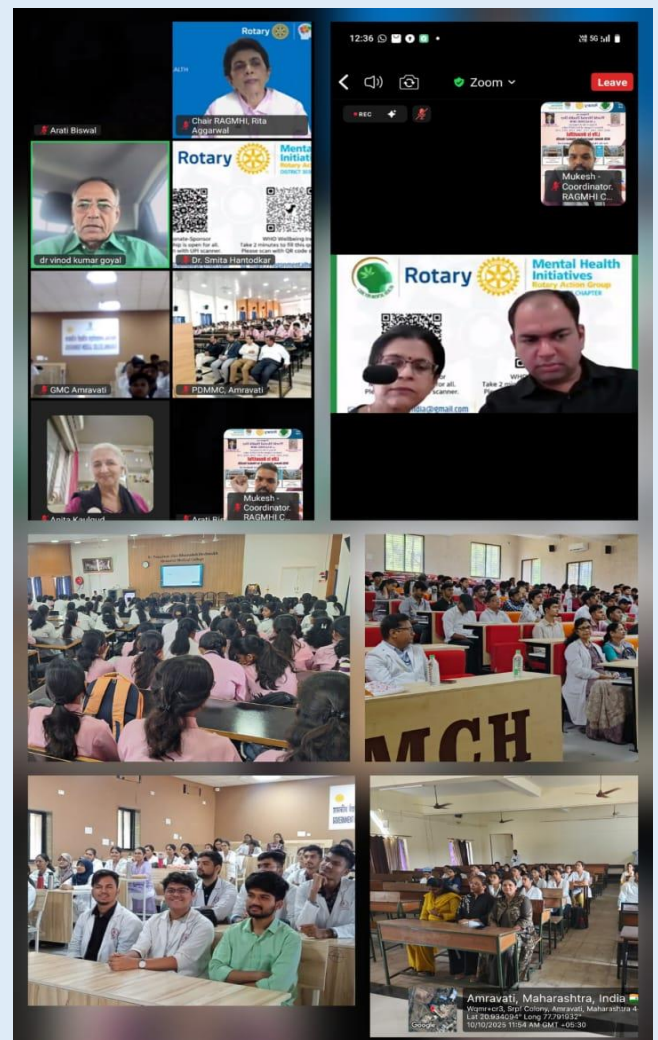
Renowned psychiatrists Dr. Harish Shetty (Mumbai) and Dr. Vinod Kumar Goyal (Ahmedabad) delivered inspiring sessions on stress management, emotional resilience, and the importance of positive mental health in the medical profession.

Total of 554 students attended the session simultaneously from 4 Venues enthusiastically — PDMMC (243), VYWS Dental College (63), Dr. Rajendra Gode Medical College (197), and GMC Amravati (51).

Special thanks to Rtn. Dr. Rita Aggarwal- Global Chair, RAGMHI, for her August presence. Also, Special appreciation to Dr. A. T. Deshmukh, Dean, PDMMC, for his encouraging presence throughout the session, and heartfelt thanks to the organizing team of doctors at Medical & Dental Colleges and my fellow Rotarians - Rtn. Sugandha Deshmukh, Rtn. Lovina Jain, Rtn. Gunjan Hantodkar, Rtn. Gilda, Rtn. Buccha, Rtn. Dr. Sameer Kedia who ensured seamless coordination across four venues.

-Rtn. Dr. Smita Hantodkar,  
President,

DAGMHI-3030 ( District Action Group for  
Mental Health Initiative - 3030)



## BEARDED VICTIMS; MEN TOO

Maria spoke in a trembling hushed tone about her grown son, David—a man who looks strong to the world, but lives trapped in silent fear. His wife's tears and tantrums hold him hostage. His screams do not escape the walls; they stay buried in his throat, shaking his soul. He doubted he could share his story —especially with a woman —until Maria's pleading eyes made him speak.

Mr. Raja's life was no different. He described how words could wound deeply. He sat each night on the edge of his bed, terrified of conflict and of losing his children. "Her slap leaves no bruise," he said, "but I must still wear a man's armour — silent, strong, and never allowed to bleed."

Ironically, we taught our boys to become shields, but never to be sheltered. "Real men don't cry." We built tall walls of masculinity. Even when they are trapped and trembling, they believe freedom is shameful.

**Domestic abuse against men is not fiction. It simply goes unreported, unacknowledged, and unwelcome. For a man, violence rarely begins with fists. It starts with mockery, with daily humiliation until he doubts his worth, his memory, and his sanity. Gaslighting, financial threats, character attacks, emotional strangulation — every form of abuse, endured just quietly. And when he finally tries to speak, the world smirks: "What kind of man are you?"**

Whenever I say, had a domestic abuse case, people immediately pity her. Once I correct them, it's him, the expression changes immediately. *Are you joking?* There is a misnomer that only women and children are victims of abuse. But sadly a large percentage of men also get abused at home, at the workplace, at school and everywhere.

Kevin also told me that he continued **staying in the abusive marriage, for the sake of children. Also for the fear of courts that won't believe him. For the shame of being a "lesser man." For the terror of being alone with no support system.**

The scars men carry are not always on their skin. They are in the way he flinches at footsteps, the way he overeats or starves to feel control, the way sleep abandons him, the way laughter leaves his eyes first. Depression. Anxiety. Silent PTSD, All wrapped in a smile that says, "I'm fine."

**Ohh, dear society, please understand Abuse has no gender.** Pain does not ask for pronouns. And justice cannot be exclusive. To protect women and ignore men is not equality — it is blindness dressed as virtue.

**This is not a battle of the sexes. But a plea for balance—so every victim is heard, helped, and healed.**

Because a society that mocks male tears participates in the violence.

**The silence of men is not proof of their strength — it is evidence of our failure to care.**

Until we learn to say, "A victim is a victim, even when he has a beard," we are hypocrites.

**-Dr Sripriya Shaji Ph.D**

**Counselling Psychologist & Nutritionist**

**Srisha Counselling, Kozhikode.**

## MEN'S SEXUAL DYSFUNCTION AND MISCONCEPTIONS

Men's sexual dysfunction remains one of the most under-discussed medical issues. Despite being highly prevalent and often treatable, misconceptions and stigma continue to obscure understanding and prevent affected men from seeking help.

The various types include erectile dysfunction (ED), premature ejaculation (PE), delayed ejaculation, and reduced sexual desire.

1. Erectile dysfunction—the inability to achieve or maintain an erection sufficient for intercourse. This is due to stress, poor lifestyle habits, or psychological distress.

2. Premature Ejaculation (PE): ejaculating sooner than desired, causing distress.

3. Delayed Ejaculation or Anorgasmia: difficulty in achieving ejaculation/orgasm.

4. Low Libido / Reduced Sexual Desire. This is a frequent but often underestimated aspect of men's sexual dysfunction. Low libido affects motivation and interest in sexual activity itself.

5. Other issues: e.g. issues stemming from hormonal imbalances, psychological problems, or medical illness.

**Common misconceptions include:**

1. Sexual dysfunction occurs only in older men. Age is a risk factor, men of all ages can experience dysfunction due to stress, hormonal issues/lifestyle factors.

2. Is it psychological? Psychological aspects are significant; most cases involve an interplay of physical and mental factors, requiring a comprehensive evaluation.

3. It is a normal part of ageing or getting older. Age-related decline in sexual response is expected, but persistent dysfunction is pathological and treatable.

4. Low testosterone is the main cause. Hypogonadism can reduce libido, but vascular, metabolic, and psychological causes are often more significant in erectile dysfunction.

5. Loss of semen leads to weakness. Dhat syndrome lacks scientific evidence. Ejaculation does not cause loss of strength or vitality.

6. A man's worth is defined by his sexual performance. A harmful cultural belief fosters guilt and shame, discouraging open discussion and treatment.

Men's sexual dysfunction is a common and treatable condition with significant implications for physical and emotional health. Persistent myths and stigma not only hinder understanding but also delay diagnosis and management. **Recognising sexual dysfunction as a legitimate medical issue rather than a personal failing is essential.** Unconditional open dialogue, scientific awareness, and integrated care can help men restore not just sexual health, but confidence, intimacy, and overall quality of life.

**-B.ELAYARAJA, M.SC.,M.Phil.**

**Counseling Psychologist, Chennai.**

**www.kavithalayaacounseling.com**

## EDITORIAL TEAM

- Rita Aggarwal :Editor
- Aabha Pimprikar :Co-Editor
- Sripriya Shaji :Co-Editor
- Devika Gokhale :Reviewer



Scan the QR to access all the issues of **Mind Matters**



mindmatterseditor@gmail.com

## FATHERHOOD F-ACTUAL

### Global Statistics:

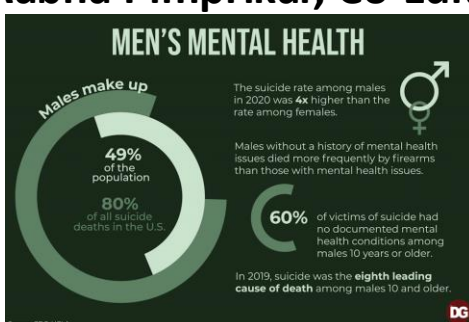
- A meta-analysis covering 47 studies with 20,728 fathers found the prevalence of prenatal (during partner's pregnancy) depression in fathers is about **9.76%**, and for postpartum depression (within the first year after birth) about **8.75%**. [PubMed](#)
- Globally it is widely cited that roughly **10% of new fathers** experience paternal perinatal depression. [JAMA Network+2National Elf Service+2](#)
- According to the Mental Health Foundation in the UK: "Around 10% of all new fathers worldwide experience postnatal depression." [Mental Health Foundation](#)
- Anxiety in new/expectant fathers has been estimated at **5-15%** during the perinatal period. [National Elf Service+2Indiatimes+2](#)
- In a UK study following fathers over the first seven years of their child's life, prevalence of depressive symptoms ranged from 3.6% (at 9 months) down to about 1-2% at older ages (3-7 years). [BioMed Central](#)
- In Ethiopia (low/middle-income country context) a meta-analysis found a pooled prevalence of paternal postpartum depression of around **20.86%** (95% CI: 16.43-25.29). [BioMed Central](#)
- A survey of 1,600 U.S. fathers found 59% felt they did "more childcare and/or parenting than they got credit for," and 45% felt judged when discussing their own mental health. [Parents](#)
- More than 10 % of fathers reported feeling 'worthless' or that their lives were 'meaningless'. (Taiwan fathers-survey results from Child Welfare League Foundation) [children.org.tw](#)

### India Statistics:

- One article reports that about 5-10% of new fathers experience perinatal depression, and 5-15% experience anxiety. [Indiatimes+2ETHealthworld.com+2](#)
- A systematic review found that the pooled prevalence of postnatal depression (PND) among fathers in India was **19.41%**. [Jhas Nu](#)
- Another source noted that in India the prevalence of parental postpartum depression among fathers ranged between **8% and 13%** in various studies. [Lippincott Journals+1](#)
- One Indian study (n = 40 fathers) found that ~17.5% reported mild depressive symptoms, ~20% moderate, and ~5% severe. [ijip.in](#)
- Among men in urban India using a **helpline**, there was a **126% increase in calls between 2020-2024**, with many relating to relationship issues, anxiety and mental-health concerns. [The Times of India](#)

### Compiled by

-Dr. Aabha Pimprikar, Co-Editor



## THE BIOLOGY OF FATHERHOOD

It is well-known that women's bodies show a number of hormonal and other neurochemical changes during their pregnancy and postpartum period. **Men's bodies too show similar changes during their partners' corresponding periods.** MEN'S bodies? Are you kidding? No. Read on.

### Hormonal Changes

Research more than a decade ago has shown many changes that men's bodies undergo during their partner's pregnancy and postpartum period.

The hormone **testosterone**, apart from its other functions in a man, is known to propel partner-seeking behavior and make a man more attractive to the opposite sex. After the partner's delivery, almost miraculously, the hormonal level in the blood dips down exactly when the man needs to shift his attention from the outside female lure to his family that needs focus and nurturing from him. **A decrease of up to 35% in the blood levels of this hormone** has been demonstrated during this period. The more the dip, more is the father's attraction towards the newborn and his care-taking behavior.

There are changes in the blood levels of other hormones too. **Oxytocin, a hormone, and dopamine, a neuro transmitter in the brain**, responsible respectively for emotional attachment and bonding, and a reward (pleasure) derived from contact with the baby, increase in the father's brain, just like they do in mothers. The lowered testosterone levels correspond to an increase in oxytocin in the father's blood that leads to a stronger bonding with the child. And dopamine surges, which correspond to the "reward" that a father gets on interacting with the baby, are shown to be more with one's own baby than someone else's.

Interestingly, **the surge in these two chemicals** has been shown to occur in different types of behaviors in the mother and the father. These chemicals increase in the mother during nurturing and bodily contact, whereas in the father, these increase more during rough-and-tumble play with the child. Such play is important from the point of view of bonding with the father, as well as social learning, and the chemical surges occur precisely at time when such a change aids in the baby's development. **These two chemicals increase in the babies' bodies too**, at the same time, leading to reciprocal attraction and rewards. Marvellous, isn't it?

### Physical Changes in the Brain

Apart from the chemical changes mentioned above, the anatomy of a **father's brain**, too, changes at such times. Imaging studies have shown that the parts of the brain involved in attachment, affection and nurturing show an increase in the amount of white and gray matter in these areas in both the sexes. In men, additionally, the parts of the brain surface that are responsible for planning and goal-directed behavior, too, increase in size, increasing the father's capability for these functions. In men, **this increase in size of these areas slowly escalates towards 14 to 16 weeks.** This corresponds to an **increasing paternal affection** and care-taking of the baby – a necessity that compensates for initial lag in the father's capability, vis-à-vis the mother's, who is already primed for maternal emotions and behaviors due to the hormonal surges during the pregnancy and soon thereafter.

The knowledge of the above facts should help men annul their commonly observed diffidence in their own nurturing abilities, which they think are "less than a woman's who is already primed biologically for a mother's role."

**Men! Be confident about your nurturing abilities! Your biology stands solidly behind you, just when you need it!**

-Dr. Sudhir Bhawe

Psychiatrist, Nagpur



### ANDROPAUSE AND MENTAL HEALTH

Andropause or late onset hypogonadism is a result of the fact that men's testosterone generally falls about 1% a year after the age of 40. Most older men have testosterone levels within the standard range while only about 10 to 25% of men have levels thought to be low. Low testosterone levels in older men often go unnoticed and many with low levels have no symptoms whatsoever.

Symptoms of low testosterone may include the following: lowered sexual desire and function, erectile dysfunction, breast tenderness or swelling, infertility, height loss, low trauma, broken bones or fractures or low bone mineral density and hot flashes or sweats. Other possible symptoms may include low energy, motivation and confidence. Some may feel depressed and have trouble focusing as well as having problems with sleep, anemia, lower muscle mass and strength and more body fat.

Mental health symptoms like depression, anxiety, irritability and low mood may arise from a decline in testosterone levels but can also be a result of lifestyle changes like stress, poor diet, lack of sleep, alcohol use or other life issues. While some studies show a correlation between low testosterone and depression, the relationship is complex and not easily or fully understood.

There are number of ways to address these and include the following:

- 1.Address lifestyle factors. A healthy lifestyle is crucial. This may include regular exercise, balanced diet, sufficient sleep, limiting alcohol and caffeine use and social well-being as a supportive social environment can help men address these issues.
- 2.Consult a doctor. It is important to rule out other conditions that can be contributing to one's physical and mental health.
- 3.Consider professional mental health support. Therapy can help manage negative emotions and improve communication especially if relationships are impacted.

**-Dr. Larry Kubiak, PDG**  
**Clinical Psychologist, Tallahassee, Florida, USA**

### REDEFINING STRENGTH: THE NEW FACE OF MASCULINITY

"Be strong," "Don't cry," or "Hold it up, man" have dictated the emotional lexicon of many boys becoming men who view vulnerability as weakness. But with increasing conversations about mental health, our definition of what true strength actually looks like must shift.

From boardrooms to playing in the field, men are subjected to enormous pressure to achieve, provide, and win — at the expense of emotional well-being. The unwritten proverb to "get on with it" regardless of what happens leads to silent burnout that never actually appears on the surface. **Evidence has been found that men experience anxiety, depression, and burnout as much as women but are less likely to seek outside professional help** (Bennett et al., 2015; Smith et al., 2015). This is commonly masked as working too hard or trying to prove credibility through work and external accomplishment (Johnson et al., 2020).

Some of my male clients believe managing emotions is keeping them in check or hiding them — that means being strong is remaining calm regardless of the situation. **It is a common male ideal: strength as control. True strength lies in balance — where discipline stabilises the body and awareness calms the mind.** One young athlete, for example, played superbly on the field but couldn't sleep at night, exhausted from trying to stay calm and unruffled. When he finally allowed himself to accept that fear and doubt as part of life, without judgment, his mind relaxed, and his focus improved. That acceptance freed him from the mental tension of suppression, making his performance more natural and consistent.

**Rebuilding strength begins with developing emotional literacy.** When men can identify what they're feeling — frustration, guilt, loneliness, fear — they understand that emotions are not flaws but signals. **Emotional intelligence transforms how men connect with others and themselves.** Just as athletes train their bodies to endure and recover, they can train their minds to pause, reflect, and recharge. However, cultural masculine ideals — such as self-reliance, emotional suppression, and external toughness — often hinder that kind of vulnerability (Seidler et al., 2016).

True courage isn't about toughness but about openness. When a father talks about his quiet battles, or a young professional openly shares his hidden struggles, they're not falling apart; they're opening up. **Being open connects us, and connection makes us resilient.** In the locker room, boardroom, or living room, where men can feel free from judgment, masculinity can be understood for what it truly is

As we celebrate International Men's Day this November, let's honour men's connections, not just their achievements, but also their emotional lives. Let's make mental health check-ins as routine as workouts — moments of relaxation, not achievement; breaks, not prowess. **The next generation of manhood won't be measured by how much a man can bottle up, but by how fearlessly he chooses to release, open himself, and heal.**

Because true strength is not the absence of emotion — it's the bravery to feel, ask for help, face it, and keep showing up — consistently and fully.

**-Akansha Hirraani**  
**Founder & Head Psychologist,**  
**CALMFIT COUNSELLING**



#### Symptoms of 'Male Menopause'

