

Breaking isolation: Men, too, need connection

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Luke Sniewski is a Wellbeing Coach, Somatic Therapist, and PhD Candidate at the Auckland University of Technology. He holds certifications in various health and wellness modalities, a Post-Graduate Diploma in Health Sciences (Drug and Alcohol Studies) from the University of the Auckland, and completing the certification process for compassionate inquiry, a psychotherapeutic approach developed by world-renowned trauma and addiction specialist, Dr. Gabor Maté, that reveals what lies beneath the appearance we present to the world. After his PhD concludes, he will continue his studies at AUT down the pathway towards registration with the New Zealand Psychologists' Board. His interests have included working with refugees, recovering alcoholics and drug addicts, men with self-perceived problematic pornography use, and supporting men within the context of men's groups.

When Chief Coroner, Judge Deborah Marshall released the most recent suicide statistics in New Zealand, the sobering reality of the current mental health crisis sent shockwaves throughout the world. Annual statistics reported 685 suicide deaths in New Zealand in the most recent reporting year; the highest since official records began in 2007 (Henry, 2019). Suicide deaths have increased each of the last four years; the suicide rate now stands at 13.93 per 100,000 people, and the rates of suicide among Māori and Pasifika have risen dramatically (Henry, 2019). Given that suicide rates are a sign of the mental health and social wellbeing of the population, these alarming statistics emphasise that suicide may represent the most serious health and social issue New Zealand currently faces. For me, the findings and statistics confirmed a call to action that I sought to answer when I began my doctoral research at AUT in 2017.

While the staggering nature of these suicide statistics is alarming, what has captured the attention of health authorities is the extent to which suicide has disproportionately impacted men, specifically young men. In New Zealand, suicide rates for men

are more than twice as high as for women (Henry, 2019). Indeed, men of all age groups made up 68% of suicides (Bateman, 2019). The bigger concern, however, is how suicide is impacting the young men of New Zealand. Of the 685 suicide deaths last year, 112 were men between the ages of 15 and 24 (Bateman, 2019). Among the long list of 41 OECD and EU countries, New Zealand has the highest youth suicide rate in the developed world (Illmer, 2017). The rate of 15.6 suicides per 100,000 people is twice as high as the rate in the United States and almost five times that of Britain (Illmer, 2017). While the reasons and explanations are likely complex, contextual and multi-faceted, research suggests there is one variable in particular that could be largely responsible for these staggering male suicide statistics: loneliness, and isolation that proceeds it (Calati et al., 2019).

The long-standing mainstream culture and narrative around masculinity in New Zealand calls for emotional stoicism (Illmer, 2017). What it means to 'be a man' has not left the necessary space for boys and young men to express and be open about

their emotionality or psychological distress. Growing up, boys are given clear messages to be 'strong', 'tough', and never cry or show emotion. Hence, accessing mental health support resources goes against the ingrained cultural expectations of masculinity. As a result, men generally put off getting help for problems, especially when the issue is related to mental health. Instead, they exacerbate the debilitating effects of depression and anxiety by isolating themselves from the world and from meaningful connections that could help them work through their emotional distress.

Luckily, there has been recent upsurge of academic interest and activism around the subject of male mental health, due in large part to the media spotlight and high-profile figures who have been vocal and vulnerable about their own struggles and experiences with depression and anxiety. Here in New Zealand, many of the male icons who have been put on the highest pedestal of traditional 'tough bloke' masculinity have displayed incredible strength and come forward with their stories of personal struggles and suffering through mental health challenges. John Kerwin and Mike

and support

King are two prime examples. These brave men – and many others – are helping to fight the stigma of male vulnerability, and communicating that the core principle of being emotionally vulnerable firmly belongs in the framework of modern masculinity.

My own interest in men's mental health has stemmed directly from the doctoral research I have been working on over the last three years at the Auckland University of Technology. My PhD research focused on examining meditation as an intervention for men with self-perceived problematic pornography use. I could have probably picked any addictive substance or behaviour and been able to complete the degree requirements simply because of the utility and efficacy that meditation has shown within other addiction-related and mental health contexts (Sniewski, 2018; Reid et al., 2014; Zgierska et al., 2009).

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My interests, though, were less about adding to the already massive mountain of evidence in support of meditation and more about examining the many layers and contexts of pornography use, especially given the widespread consumption of pornography in New Zealand. Pornhub – the most popular free pornography website – has over 58 million visits per day, with New Zealanders – on a per capita basis – representing the fifth most regular visitors worldwide (“Kiwi Porn Habits Revealed,” 2016). So while one of the primary research aims of the study was to assess whether meditation could be used as a tool for men attempting to quit or reduce their pornography viewing, the study was designed in such a way that it brought to light other – and arguably more significant – findings related to the contexts that contribute to the participant's self-perceived problematic pornography use, its origins, the reasons these men came forward to take part in the intervention, and an exploration of past attempts at quitting.

Anyone could have guessed – and this certainly did not constitute groundbreaking research – that participants did not talk about their pornography viewing and masturbation habits with others. Men watch pornography in isolation

and tend to not want to talk about it (Sniewski & Farvid, 2019). Not only does opening up about personal struggles position a man as vulnerable, the added layer of stigma associated with pornography only serves to reinforce hidden and anonymous pornography use (Sniewski & Farvid, 2019). The combination of inadequate sex education, cultural stigma surrounding pornography, and the inability of parents to talk about sex and pornography in productive ways has made pornography a very difficult topic to discuss with others (Sniewski & Farvid, 2019). The most significant takeaways from our research, however, emerged when we started investigating *why* these men were watching pornography and the reasons they provided for perceiving their viewing to be problematic (Sniewski & Farvid, 2019).

When the men in the study consumed pornography, it served as a form of experiential avoidance. It was in an effort to cope with and manage unwanted thoughts or memories, negative feelings, or uncomfortable physical sensations, even if the coping strategy created additional harm and negative consequences (Wetterneck et al, 2012). For these research participants, pornography evolved from a conscious choice motivated by pleasure-seeking and sexual stimulation into a habitual act, triggered by the need to avoid stress and other uncomfortable emotional states (Sniewski, Farvid, & Carter, 2018). When life and circumstances became too distressing or challenging, instead of seeking professional help or talking to someone, they reached for pornography. In the absence of other coping mechanisms, pornography provided the most reliable – although short-lived and fleeting – solution to coping with the emotional states that they had been raised to believe they should not talk about, let alone feel.

All of the participants reported feelings of shame and guilt after viewing pornography. The temporary relief from affective discomfort that pornography provided only served to reinforce continued use and continued isolation (Sniewski & Farvid, 2019). The downward spiral can be quick and fast when you cannot talk about the pain and discomfort underlying pornography use, and you cannot talk about the developing pornography problem since pornography itself is shame-ridden and stigmatised. And this is precisely how and why addiction begins to erode a person's life. When someone becomes isolated and alone, they need connection to heal. Pornography – and the stimulus that it provides – attempts to provide this sense

of connection and relief but falls well short of anything meaningful and substantive. If isolation and disconnect is at the root of the addictive cycle, then surely the answer is breaking isolation and finding meaningful, authentic connection.

It became evident why many of the participants' pornography viewing began decreasing during the baseline phase of the research, before they had even started the meditation intervention designed for the study. Pornography, as it turns out, was an incredibly effective topic, which helped men to not only talk about a deeply shameful topic (i.e., pornography), but also to open up about deeper mental and emotional issues beneath the surface of their pornography use. Indeed, many of the participants were able to reflect upon and begin to break the subconscious behavioural patterns associated with their pornography use long before they sat down, closed their eyes, and observed their breathing. The walls of their self- and culturally-imposed isolation began breaking down from the moment they emailed me to participate in the study. Participants started to see first-hand that they only used pornography to avoid uncomfortable emotional states and felt empowered to act on these new insights into their behaviour.

Men – especially young men, as many of the participants were university students – need support for their mental health, but instead turn to pornography because they feel isolated, alone, and feel too ashamed to turn to anyone for help. This study provided the framework for that kind of support to be provided, even though that was not the original intention of the study. Indeed, the study represented the first instance that many of these men had spoken openly and honestly about their pornography use without being judged or shamed for it (Sniewski,

2018a). Just being able to talk about their pornography use, as well as the emotional contexts that triggered use, effectively started to break the automatic behavioural cycle. Instead of suffering in isolation and habitually avoiding the uncomfortable emotional states that were perceived as too heavy of a burden, these men were given a safe space to be vulnerable and communicate without being judged, told to stop complaining and grow up, told to 'toughen up', or take a 'concrete pill'. In fact, many of the men made it a point to mention the immense relief they felt after being able to talk about their pornography use during their pre-study interviews (Sniewski & Farvid, 2019). It became abundantly clear that these men started to break their ritualistic pornography viewing habits because they were breaking the isolation that had, in essence, served as the incubator for the habit to become largely subconscious and habitual.

What it means to 'be a man' has not left the necessary space for boys and young men to express and be open about their emotionality or psychological distress.

Since being involved with the Auckland-based men's group, Men Being Real – first as a participant and now as a member of the Board of Trustees – I have come to witness first-hand how important it is for men to be vulnerable and share their struggles in a non-judgmental space. Within men's groups and over the course of weekend workshops run by Men Being Real, men are supported in taking care of themselves mentally and emotionally by being provided a platform to talk openly about their inner worlds. Since my involvement, it is clear that most men are starving for this type of brotherhood, as they

feel isolated, alone, and lost in their struggles. For some – and arguably many – pornography is just one of the ways to perpetuate this continued isolated struggle.

We need this kind of men's work because it is helping to rewrite the guidebook of what it means to be a man in New Zealand. More importantly, men's work supports men in becoming better fathers, and we certainly need to teach our boys and young men that they do not have to isolate themselves and get stuck in the same self-destructive patterns as too many men before them. As men learn to tap into their own emotional well of wisdom, they can – in turn – provide a safe place for their children's emotional expression and communication. Talking about feelings is coachable and teachable. Instead of telling our boys to stifle their feelings, bottle up emotions and embrace the stereotypical 'stoic male', our boys need to be allowed to express and understand their emotions, otherwise they put their mental, physical, and emotional health at risk. Boys need empathy and engagement, just like everyone else. If they do not get this type of nurturing, then the result is isolated boys who become isolated men – suffering from anxiety, depression, and loneliness. The current mental health and suicide crisis in New Zealand is one of the consequences of ignoring the issue for too long.

Through my own commitment to inner work that has included years of therapy, mindfulness practice, and men's group work, I realised shortly after my arrival in New Zealand four years ago that my calling was to help other men within the contexts of emotional intelligence and vulnerability. That journey started with my postgraduate diploma in drug and alcohol studies, progressed

to my PhD research, and now is moving gradually towards registration with the New Zealand Psychologists Board. Men need help and support, too. I am just answering that calling. The skills and knowledge that have been gained during these last four years of academic and professional ventures have provided me with a deeper understanding of the broad contexts within which problematic and addictive behaviours manifest. The men in my research did not need instructions on how to quit pornography or to learn about the consequences of viewing too much pornography. What they needed was empathy, acceptance, and non-judgmental listening. The pornography viewing naturally began falling away when they received what they needed most: connection. Pornography was merely a Band-Aid solution for the core problem, which was the experiences of depression, anxiety, and stress being compounded by isolation and loneliness.

References

- Bateman, S. (2019). New Zealand's suicide statistics increase on last year. Newshub. Extracted on September 13, 2019 from <https://www.newshub.co.nz/home/new-zealand/2019/08/new-zealand-s-suicide-statistics-increase-on-last-year.html>
- Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A. F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of Affective Disorders*, 245, 653–667.
- Henry, D. (2019). New Zealand suicides highest since records began. New Zealand Herald. Extracted on September 13, 2019 from https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12262081
- Illmer, A. (2017). What's behind New Zealand's shocking youth suicide rate? BBC News. Extracted on September 13, 2019 from <https://www.bbc.com/news/world-asia-40284130>
- Jones, N. (2019). Mental health workers for GP clinics – but where will they come from? New Zealand Herald. Extracted on September 13, 2019 from https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12235971
- Kiwi porn habits revealed. (2016, August 20). New Zealand Herald. Retrieved from http://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6
- Reid, R., Bramen, J., Anderson, A., & Cohen, M. (2014). Mindfulness, emotional dysregulation, impulsivity, and stress proneness among hypersexual patients. *Journal of Clinical Psychology*, 70(4), 313–321.
- Sniewski, L., Farvid, P., & Carter, P. (2018). The assessment and treatment of adult heterosexual men with self-perceived problematic pornography use: A review. *Addictive Behaviors*, 77, 217–224.
- Sniewski, L. (2018). Mindfulness meditation as a catalyst for behavioural change. *Psychology Aotearoa*, 10(1), 43–45.
- Sniewski, L. (2018a). The problem with problematic pornography use. *Psychology Aotearoa*, 10(2), 116–118.
- Sniewski, L. & Farvid, P. (2019). Hidden in shame: Heterosexual men's experiences of self-perceived problematic pornography use. *Psychology of Men and Masculinity*. Advance online publication <http://dx.doi.org/10.1037/men0000232>
- Zgierska, A., Rabago, D., Chawla, N., Kushner, K., Koehler, R., & Marlatt, A. (2009). Mindfulness Meditation for Substance Use Disorders: A Systematic Review. *Substance Abuse: Official Publication of the Association for Medical Education and Research in Substance Abuse*, 30(4), 266–294.

Kai and hauora hinengaro

Taryn Hale



Tēnā koutou katoa

I am originally from Te Tau Ihu, the top of the South Island, and my family whakapapa to Ngāti Koata. I have two energetic boys and lots of supportive whanau to help me juggle study and parenting.

I have been privileged to work as a rehabilitation programme facilitator with Te Ara Poutama o Aotearoa, Department of Corrections for twelve years prior to starting my clinical psychology training at Te Whare Wānanga o Waitaha, University of Canterbury this year. My time at Corrections gave me a wide range of experience in working alongside people making changes and developed my confidence in using concepts and principles from te ao Māori in my therapeutic work.

I am conducting my Masters of Science research with Te Puna Toiora – The Mental Health and Nutrition Research Group at Canterbury University. I will be looking at the effectiveness of a micronutrient formula on symptoms of depression and anxiety for participants who have experienced trauma in their lives.

I am currently doing my Master of Science research at Te Puna Toiora - The Mental Health and Nutrition Research Group at Te Whare Wānanga o Waitaha, University of Canterbury. Our rangahau, research aspires to reduce the burden of mental health on communities and is currently focused on the important link between our tinana, physical body, and our hinengaro, mind, through our taioranga, nutrition. This concept fits well with the Māori wellbeing model, Te Whare Tapa Whā, literally the House of Four Parts. Dr Mason Durie proposed this model in the 1980s as a result of many marae-based discussions regarding the approach to healthcare for Māori in Aotearoa New Zealand. The model conceptualises wellbeing as four taha or dimensions that support wellness of the whole person, using the metaphor that four parts of the house are needed to make the building strong. Therefore, a whole-person approach to health was