

## **THE FUTURE IS WOMEN**

As a psychiatrist in private practice with a special interest in women's issues, I see women of high calibre in business with stress. I thought it was useful to bring this experience to you today, especially as you're well being is crucial to your own success and career.

It is always a daunting task to talk about obtaining and maintaining mental well being, as the reality is in order to do so, one is actually talking about illness symptoms. This is an emotive subject – as there is always the thought that “there but the grace of God go I”.

Many of us are likely to suffer to some degree at some point in our careers from stress. We may not or never reach the extremes. Few statistics are available to demonstrate the true extent of the problem. The tabloids tell us there is an epidemic of it in our society.

But what do we mean by stress?

How does it affect us in general, in our careers and us as women?

How do we recognise it in those around us, our peers, the work force and in our superiors.

Once you recognise it, what do you do?

## *\* 1 - ACETATE - STRESS*

Stress is a term that arises from the field of physics – the force exerted upon material causes it to deform. Translating this into human terms, stress is mental, emotional or physical/behavioural strain or tension. It seems to be stress is one of those things that people recognise in others but often miss in themselves. It arises when you feel unable to cope with whatever is demanded of you.

The concept of stress and its affect upon people is developed from various research perspectives. I have summarised these approaches into a general overview.

## *\* 2 - DIAGRAM – STRESS AND ITS OUTCOMES*

Although it can be artificial and arbitrary to draw boundaries, it is helpful to think of stress in this simplistic way, i.e. as a result of dynamic flux related to various factors – the inner aspects of the individual, the person being her own source of stress and as a reaction to the role of the psychosocial environment > relationships, work, home life! Or, as to use Cheron's terms, "distractions".

If we set ourselves, for example, unobtainable goals and standards of behaviours but continually fail to achieve them, or as what often happens in the workplace, being repeatedly told we are not achieving targets but believing or knowing we are, then this can lead to feelings of guilt, low self esteem and strain.

By looking at stress in this way, that is resulting from a misfit between an individual and her particular environment, we understand why one person seems to flourish in a certain setting while another suffers.

We can also recognise how some stress is necessary for optimum performance, remember those exams, when you needed the adrenaline flow in order to kick start you into studying. A challenge perceived as causing damaging stress in one person may be positively welcomed by another.

Stressors can provide positive and constructive influence or negative and destructive power. It is crucial when we remember this when looking at our colleagues and subordinates and also to recognise we can be their source of stress.

If we are aware of factors leading to stress and strain then it may lead to early recognition, hopefully at a more manageable stage. Importantly this may also allow for more effective coping strategies to be developed.

## **STRESSORS**

Occupational stress has to be viewed in the context of wider social stresses and life events, for example, bereavement, marriage, divorce, moving house, having and rearing children, etc. which may in turn be leading to professional difficulties.

If we look at specific occupational stressors they can be divided into 5 categories.

### *\* 3 - ACETATE – OCCUPATIONAL STRESSORS*

- 1/ Factors intrinsic to the job.
- 2/ Factors related to organisational structure of the job.
- 3/ Factors related to career development.
- 4/ Factors related to one's own role within the organisation.
- 5/ Relationships at work with superiors, peers and subordinates.

I am sure all of us can recognise some factors to which we are exposed which fit into these categories.

The main barrier to managing stress is an inability to recognise the signs of it. Work may impinge on home life. There is the fear of being seen to fail in terms of work load and performance means that we continue to absorb more and more tasks, finding it impossible to say no until we are barely coping with demand. This is particularly true of women, as it is undoubtedly a feminine trait, which lands us in trouble – especially since women tend to work at least double time compared with men because of work and home.

*\* 4 - ACETATE – IMPORTANT SIGNS TO MONITOR*

Important signs to look out for are:-

- 1/ Low tolerance and irritability
- 2/ Impaired concentration
- 3/ Reluctance to delegate
- 4/ Loss of sense of humour
- 5/ Persistent sense of failure/self blame
- 6/ Frequent anger and resentment
- 7/ Progressively cynical attitude to work
- 8/ Resistance to going into work
- 9/ Loss of creative problem solving
- 10/ Frequent thoughts of leaving the job

Which of us can put our hands on our hearts and say we have never had at least one or two of these thoughts? So we can all be exposed to stress.

*\* 5 – ACETATE – STRESS TRIANGLE*

I think it is useful to view a stress triangle, in which we can freely move up and down, but hopefully remain somewhere near the base.

Areas of particular stress for career women are the conflict between the demands of work and home, partly as a result of inflexibility against part time work, or taking a career break to have and rear a family. The poor perception of such posts when competing for further jobs is also a factor. Somehow a fear, and the reality, is we are not regarded as being “serious” anymore. Then there is the attitude of others to career women, as well as the attitudes of women themselves to their role, and not feeling part of the club thus failing to get peer support.

Also we have no real suitable role models. Previous generations of women tended to quickly go into child rearing and if they did have jobs, it was usually to earn that devaluing term pin money. The career woman was rare.

Women are judged, not only their job performance, unlike men, but also on their role as wife and mother. There may be no kudos in this, but if her child is found with head lice who is going to be blamed for it – you guessed it!

It might be helpful to look at some quotes about women over the centuries, which indicate how women have been, and to an extent still are, perceived.

\* 6 - ACETATE – QUOTATIONS

“Women is a temple built over a sewer”

(Havelock Ellis 1897)

“Almost all mentally sick were considered witches or sorcerers, or bewitched”

(Zilboorg, 1941:253)

“Hysteria is assimilated to a body as site of the feminine, outside discourse, silent finally, or at best “dancing””

(Rose, 1986:129)

“Women and madness share the same territory... they may be said to enter a concentric relationship around a central point occupied by a fundamentally male normality”

(Martin, 1987:42)

“Females are naturally libidinous, incite the males to copulation, and cry out during the act of coition”

(Aristotle)

What about other signs of stress so that we can tell if we are struggling or derauling, or whether it is happening in those around us. Many of us will rise up and down in this stress triangle but few will ever reach the extremes.

Although this is not a talk about psychiatric illness it is important to touch on this to illustrate the level of derailment. Women are over represented in statistics in relation to mental distress. They outnumber men 7 to 5.

*\* 7 - ACETATE – OVER-REPRESENTATION OF WOMEN*

If we look at the number of admissions to psychiatric hospitals 58% of women compared to 42% men are admitted. This is across all diagnostic groups. If we look at first admissions for depression again it is similar. The only one category where it tends to be significantly different is alcohol dependence. What is interesting if you break down the demographic factors is that there are more admissions in men if they are single, widowed or divorced. If you look at married people, the admissions are much higher amongst women, therefore it appears marriage is a positive and protective factor for men and destabilises women. In other words, being married is a risk factor for stress if you are female!

Interestingly the gender differences in officially diagnosed illness and rates of disorder in the community are reversed in childhood, boys presenting with far more disordered behaviour than girls. Thus it appears in our society something intrinsic on becoming a woman that makes us vulnerable to distress.

So how does derailment present? Women on the whole don't go to their GP's and say I'm depressed, I have got problems with my mood. Remember 10 to 20% of the population are depressed at any one point. They are much more likely to present with comments such as:-

*\* 8 - ACETATE - COMMENTS*

“No matter how much sleep I get I'm tired all the time”

“I can't get off to sleep”

“I keep on waking early in the morning”

“I have no energy”

“I'm sure I have a problem with my memory”

(Not because they are demented but because they are not concentrating).

They may notice a decrease in their efficiency, taking much longer to complete tasks. They have given up activities they normally enjoy or equally they may keep going with them, feeling no longer gaining any pleasure from them. They may be tearful for no apparent reason. There may be a total loss of confidence.

Their weight may increase or decrease. At times of stress women may comfort eat and so gain weight and then they have an increasingly negative body image, with a loss of confidence resulting in an ever spiralling down situation. Anorexia Nervosa on a whole doesn't present in women who have already fully developed a career. What is more common however in high achieving women, is to see bulimia, so be watchful for the women who after every meal disappears to the loo. Weight is often normal or slightly over.

Women may find themselves anxious and present with headaches, stomach churning or even full blown panic attacks. Many women who are in the process of derailing don't complain of emotional difficulties but of physical problems.

They might find themselves irritable or intolerant of people especially of those close to them. They may see everything in a negative light with negative thoughts, with the feeling that life is no longer worth while.

At times of stress or derailing we may turn to alcohol. Over the past 10 years there have been an increasing number of women appearing for treatment of alcohol, especially in the younger age groups. Women are more vulnerable to the affects of alcohol and are more likely to develop serious liver disease compared with men. They are also more likely to have relationship instability associated with their alcohol difficulties.

The regarded safe unit for women to drink are under 14 units of alcohol per week. Between 14 and 21 you are regarded as having a moderate risk of developing alcohol problems, and over 21 units per week a very high risk of developing dependency. Interestingly women also seem to receive more opposition for treatment from family and friends, compared with their male counterparts. So be wary of the person who arrives at work with a stale smell of alcohol on their breath in the morning. Equally someone who frequently misses days off work, especially on a Monday, or if you notice they have shakes in the morning, may well have at best an alcohol misuse problem, at worst, alcohol dependency.

In our society many people use illicit substances, so be wary of the person with a very labile mood who can be sullen and morose, alternating with much energy and inappropriateness.

If you are experiencing stress, the first point of contact should be your GP. Referral to a psychiatrist is a useful way forward for a comprehensive assessment and management plan, even if not a medical one.

### **LIFE CYCLE OF WOMEN**

What happens if we look at those times in life that are specific to women; menstruation, pregnancy, termination and the menopause, the major steps of the life cycle of women.

The pre menstrual syndrome is a controversial women's health issue, the debate ranges from the question of definition and aetiology to whether the syndrome exists at all. Different studies quote PMS affecting anything from 5 to 95% of women. You name a symptom and it is likely to be part of the pre menstrual syndrome. Unfortunately pre menstrual women are presented as labile and mad, as a result of their supposedly dangerous raging hormones.

The same symptoms also occur in post menopausal women. Many of you will already know these facts, but perhaps what most people are unaware of is that if you give men a pre menstrual syndrome questionnaire, and don't tell them what it is you are actually screening for, then they come up with the same symptoms within a four week period. It is important that we should consider whether pre menstrual syndrome should medicalise our lives.

Termination of pregnancy rarely results in any persistent form of illness but it can derail us, guilt feelings are often short lived if you are allowed to ventilate your feelings. These feelings however can be re-awakened during a subsequent pregnancy. Problems are more common actually after a spontaneous abortion.

For women who have undergone child birth it is a risky time. Somewhere between 10 and 15 % of women, post natally present with illness so again we are at risk of derailing.

If we come to the menopause the menopausal women is a 21<sup>st</sup> century phenomenon. In the 14<sup>th</sup> century women's life expectancy was 33 years. At the turn of the 20<sup>th</sup> century it had increased to 48 years and now it is in the 80's. Thus the menopause now marks the mid point of life not the end. One third of our lives hopefully will be lived menopausally, yet this is often a time when more personal changes are taking place than at any other time.

The risk of personal illness, the risk of death in a partner or parent, divorce, separation, caring for elderly relatives, children leaving home and so on. In most cultures whatever the status and activities women in reproductive years, this tends to be reversed post menopausally, and I suspect this is also true in business institutions.

If we think about all these life cycles of women and compare them with men, then it is interesting that a man can stand up in a meeting and vent his views on a subject, he may be disliked but most people will comment that he is assertive, knows his mind, is a clear thinker or whatever. However if a women does the same thing, there will be comments about, it must be there time of month, she must be menopausal and so on, so these issues are very often described in very derogatory ways.

What about divorce? 75% of women divorcing will experience an economic down shift and loan parenting. Both these factors are associated with derailing, therefore it is crucially important that we know of the psychosocial circumstances of our colleagues and those with whom we work. Women from black and ethnic minority groups are doubly discriminated against, and they are also likely to experience racism and isolation.

*\* 9 - ACETATE – GENDER DIFFERENCES*

It is not only in the world of business that power imbalance exists. It persists in the legal, financial, educational and medical institutions. Men are represented in far greater numbers in high status positions, which are also the positions which traditionally have a higher access to power. Following the last General Election 127 women were elected as Members of Parliament out of 645 in total, i.e. 20%. 90% of high Court Judges are men. 90% of social services Directors are men. Despite the fact that nowadays 60% of medical graduates are women, only 28% become G P Principles and 18% Hospital Consultants.

And so finally, perhaps women's feelings of powerlessness are not as irrational as some people might wish us to believe, and rather like the recent orange marketing slogan about "the future is orange", perhaps what we should be saying is "the future is women".

# **OCCUPATIONAL STRESSORS**

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- 4/ Factors related to one's own role within the organisation.**
- 5/ Relationships at work with superiors, peers and subordinates.**

## **IMPORTANT SIGNS TO MONITOR**

**Be vigilant for:-**

- ❖ Low tolerance and irritability**
- ❖ Impaired concentration**
- ❖ Reluctance to delegate**
- ❖ Loss of sense of humour**
- ❖ Persistent sense of failure/self blame**
- ❖ Frequent anger and resentment**
- ❖ Progressively cynical attitude to work**
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## **QUOTATIONS**

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**(Havelock Ellis 1897)**

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**“Females are naturally libidinous, incite the males to copulation, and cry out during the act of coition”**

**(Aristotle)**

## **COMMENTS**

**“No matter how much sleep I get I’m tired all the time”**

**“I can’t get off to sleep”**

**“I keep on waking early in the morning”**

**“I have no energy”**

**“I’m sure I have a problem with my memory”**

**“I can’t enjoy life any more”**

**“I can’t stop crying”**

**“I’ve lost my confidence”**

**“I have terrible headaches”**

**STRESS:**

**MENTAL, EMOTIONAL**

**OR PHYSICAL**

**STRAIN OR TENSION**

# **STRESS**

**EXTREME**

**Burnout  
Suicide  
Alcohol  
Drug Abuse  
Depression  
Ill Health**

**Where am I?**

**MILD**

## **OVER-REPRESENTATION OF WOMEN**

### **FEMALE ADMISSION TO PSYCHIATRIC HOSPITALS**

	<b><u>Men</u></b>	<b><u>Women</u></b>
	<b>(%)</b>	<b>(%)</b>
<b>Total</b>	<b>42</b>	<b>58</b>
	<b>(N=83,365)</b>	<b>(N=113,386)</b>
<b>First Admission</b>	<b>45</b>	<b>57</b>
<b>Repeat Admission</b>	<b>43</b>	<b>55</b>

### **MENTAL ILLNESS TABLES**

	<b><u>Men</u></b>	<b><u>Women</u></b>
	<b>(%)</b>	<b>(%)</b>
<b>All diagnoses</b>	<b>43</b>	<b>57</b>
<b>Schizophrenia</b>	<b>52</b>	<b>48</b>
<b>Affective Disorder</b>	<b>33</b>	<b>67</b>
<b>Alcohol Dependence Syndrome</b>	<b>70</b>	<b>30</b>
<b>Personality &amp; Behaviour Disorders</b>	<b>46</b>	<b>54</b>
<b>Panic Disorders</b>	<b>33</b>	<b>66</b>

**NB. Three/fifths of all such admissions are for women**

## **GENDER DIFFERENCES IN HIGH STATUS POSITIONS**

	<b>MEN</b>	<b>WOMEN</b>
	<b>%</b>	<b>%</b>
<b>Members of Parliament</b>	<b>80</b>	<b>20</b>
<b>Social Services Directors</b>	<b>90</b>	<b>10</b>
<b>High Court Judges</b>	<b>90</b>	<b>10</b>
<b>Board Members</b>	<b>92</b>	<b>8</b>
<b>Medical Graduates:-</b>		
<b>- 1970's</b>	<b>80</b>	<b>20</b>
<b>- 2000's</b>	<b>40</b>	<b>60</b>
<b>G P Principles</b>	<b>72</b>	<b>28</b>
<b>Hospital Consultants</b>	<b>82</b>	<b>18</b>

## Members of Parliament by Gender: Numbers

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<b>Party</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Conservative	181	17	<b>198</b>
Democratic Unionist	8	1	<b>9</b>
Independent	2		<b>2</b>
Labour	257	98	<b>355</b>
Liberal Democrat	52	9	<b>61</b>
Plaid Cymru	3		<b>3</b>
Respect	1		<b>1</b>
Scottish National	6		<b>6</b>
Sinn Fein	4	1	<b>5</b>
Social Democratic & Labour Party	3		<b>3</b>
Speaker	1		<b>1</b>
Ulster Unionist		1	<b>1</b>
<b>Total</b>	<b>518</b>	<b>127</b>	<b>645</b>