Mental Health Issues in Young Females: A Gender Perspective

A.L. Barnes

Abstract

This article reviews various issues of occupational stressors and mental health status .from gender perspective. The current shift in gender identity has brought about many stressors for women. These stressors precipitated further by gender bias in diagnosis and treatment, bias out feelings, stresy and strains of multiple roles, traumatic or rapid change of life events, work overload, unhealthlv working conditions, vulnerability to physical, mental and sexual abuse and many others. The symptom manifestation ranges from mild headache, sleeplessness, psvchosomatic symptoms to severe mental estrangement. The specific anxieties, distress, phobias, depression, schizophrenic status, alcohol and drug intake, criminality, sexual denials, sexual dysfunction, obesity are discussed in this article. Strong inter- disciplinary advocacv is needed for making policy decisions if mental health of women is to become a priority in the society. The goal should be to minimize inequality, discrimination and undervaluation of women, and enhance their self' image.

In the past few decades, owing to women's movement of 1960's and 1970's there has been marked change in the behavioural options available for men and women, in their roles, attitudes and behaviours. All along gender differentiation was well differentiated. and articulated in terms of psychological variables in all cultures. Gender differentiation has served as a model of mental health and any deviation was therefore considered pathological. Secondly, male traits also became the parameters to define mental health. However, the recent attitudinal shift has postulated that a healthy combination of male and female traits are essential for healthy adjustments. This has been called as "ANDROGYNY" which has given a new gender identity to the present generation in some cultures.

With the current shift in gender identity it is often difficult to define or conceive state of well being. To delineate the stress experienced by women one has to probe into the inner world of one's experience. This would unearth one's sense of identity, role acceptance, compliance, ambivalence, vulnerability and many other personal issues. The long prevailing sexist attitude which incidentally is pathological has done much damage to a woman's sense of identity. This has created feelings of powerlessness and helplessness as well as ambivalence about one's role and gender identity. The reflection of this sexist bias was also seen on the diagnostic classification of mental disease. (DSM III, 1985). It included discriminating and prejudicial statements on females. The Feminist and Psychology of women, special division of American psychological Association

threathened to take legal action for using unscientific labels such as 'holy cows' clamped on women. Even diagnostic classification like self defeating personality disorder or premenstrual dysphoric disorder was with reference to women. Does it mean to say all women who suffer from abuse are mentally ill or those who have premenstrual discomfort as mentally ill? This type of nomenclature have a potential for stigmatization. The women activists demanded that women should be accurately and fairly diagnosed based on relevant clinical and scientific data and may not be diagnostically labelled. Their quick action brought about a revision in DSM III- R (1987).

Inspite of the awareness among mental health professionals yet, one observes the sexist bias in treatment of females (Tyagi 1990). In psychiatric practice the female patients are given constant feedback that child rearing, self sacrificing, passivity and dependency are good characterestics of women. They also think that women tend to exaggerate their symptoms (53% of experts) and working women cannot adequately cope with their mothering and career roles. In addition, experts tend to sexually exploit their female patients or make sexist comments and jokes on women. This sexist 'attitude reflects their lack of empathy and respect for female patients.

Contemporary female youth in addition to socio- cultural attitudes, have to come to terms with the existing ever evolving reality. They are particularly vulnerable to 'burn- out' - a wearing down and wearing out of energy. It is an exhaustion born of excessive demands which are self imposed or imposed by significant others in society, which depleats her energy, coping mechanism and internal resources. It is a feeling state that is resulted by an over load of stress and which has an impact on ones motivation, attitudes and behaviour.

Each developmental phase with the occurance of recurrent life events leaves behind a residual effect of stress experienced in the psyche of an individual. The preadolescent period to adulthood, age ranging from 10 to 34 years is a crucial period of ones lifetime. If one can not develope adequate coping skills a psychological setback takes place resulting in poor behavioural adjustment. This transition period is charged with high emotional currents centering around establishing ones identity, need for autonomy, resolving bisexual confusion, need for approval, affiliation and the ever present generation gap conflicts. This takes a heavy toll, be it males or the females. Young women in addition undergo intense socio cultural oppression that which only reinforces the role of a caring mother and faithful wife. When intact the stage ought to have been set for self actualisation, women are bound by the cords of family ties, obligations and self sacrafice.

Various stressors are faced by the woman at varied occupational settings be it traditional or non traditional one. The very word 'House wife' is inappropriate,. Woman do get engrossed is various forms of full time domestic chores, having very little time for self- actualisation. This unpaid unacknowledged love of labour turns to be a burden with her ego completely deflated with a sense of frustration.

For the career women life is not rosy. It depends on her coping mechanism. She has heavy 'Role Strain' which is produced by multiple demands placed on her by her employer, profession and obligations as a mother, wife and person in her own right. The 'dual- career marriage' has far higher expectation for personal and professional development than in contrast to 'Two- pay check marriage'. Infact the dual career marriage holds greatest implications for both personal and familial health.

What creates maximum ambivalence and conflict is the 'childcare' in women. Women experience increasing anxiety about choosing between adopting the traditional role of wife and mother or the career. Choosing to have both requires much courage, confidence and energy and desire to face recurrent emotional turmoils and stress. Women also find difficult to leave work problems at work situation and also often carry home problems to work. The socalled "speed of unwinding" after work is a key determinant of the total stress load to which the women are greatly subjected to. The slow epinephrine decrease will enable them to have a carry over effect of stress to the leisure time activities or any other switch over from a work situation. The epinephrine flow is influenced by psychophysiological and psychoendocrinological factors. It would be indeed interesting to know this reaction pattern on Indian female youth.

Other occupational stressors are work overload when there are too many demands and work underload when the female gets involved in monotonous, routine jobs which are not intellectually challenging. During the career pursuit women have many breaks and they start all over again depending on their husbands transfers or familial demands . This checkered career history brings about inadequate opportunity for career development and advancement. There are some factors intrinsic to job, to be considered in stress. Majority of females, child as well as young women, work in poor physical working conditions, shift work, physical dangers like cumbustible material, fluff of wool, insectide and many others. This can effect their physical health and adjustments too. For a woman, the working environment could also be a serious stressor since she has to cope with victimization or sexual harrassment at job situation. Infact, strong social support from peers could easily relieve such type of job stress. Studies on organisational role stree in women (Panth 1994) showed high stree in teachers, specifically with regards to role ambiguity, self role distance, role overload, role

inadequacy and conflict, and they involve in avoidance style of coping with stress. In another study, employed women significantly expressed high anxiety while being pregnant specially in slum dwellers (Mone 1987). For working women pregnancy may still precipitate subtle discrimination which curtails her career prospects. The Quality of Life for young working women was better in higher job categories, highest being enjoyed by female executive officers, doctors and entreprenures with minimum stress. (Bornes 1996).

In a study on female child labour (Mulay 1992) the agricultural construction and the domestic working girls reported low self concept than the male child labourers. Domestic working girls manifested highest anxiety and insecurity in comparison to other workers. Girls have more intrapunitive and impunitive expression of aggression. Domestic girls had fear of physical and mental abuse. In yet another study, the condition that affected the young working women was in the micro computer factories where they had to join fine wires under microscopes. They had difficulty in their eyesight and the job was stressful.

Stress as such has deleterious effect on human adaptations, It has long term and short term consequence. The symptoms range from mild headache, sleeplessness, inability, severe psychosomatic problems to estrangement of mental adaptations. Much has been spoken about the reversal of male : female ratio as the age advances. The strong genetic disposition in women helps them to face the stress far better than men, who succumb easily to fatal illness. Hence, women's mortality rate is low and morbidity rate is high. In addition women have an innate expressive ability which helps them to ventilate stress. Though the caronary heart disease rate is lower in women yet they do manifest artheritis or cancer or diabetes as a result of internalizing the effect of stress.

The mental health status of young females is worth exploring. The girl's during their schooling period have many conflicts and anxieties due to their physical and emotional growth. Studies have revealed that there is a reversal of sex ratio of stress manifestation between boys and girl's due to conforming to traditional roles. Hence the girl's manifest neurotic anxiety over the state of ambivalence and confusion at their adolescent period. They manifest more personality problems such as shyness, seriousness, jealousy, sensitivity and physical complaints. Girl's have manifested five times more anxiety at the age of 13 (Rutter, et. al.1970) and higher anxiety in women after the age of 18. (Maccobey & Jacklin, 1974). Other factors that have greater occurance of anxiety are lack of intimate relationships in marriage, divorce, changing residence, jobs, loss of loved ones as well as physical unattractiveness (Al- Issa 1980).

Sex differences in reporting symptoms was also found more in women than men because the expression of malaise and distress by women is more acceptable by

society than men. The social desirability of symptoms however, have to be compatible with the gender role expectation such as antisocial behaviour in males is considered as pathological.

Depression is one of the most frequently occuring mental illnesses in women in the ration of 2:1 to men. It has been linked to single parent family and young married women who work at deadend jobs (Belle 1980). Even in India the suicide and homicide carried out by women shows intense feelings of depression. It has been universally felt that "stress and powerlessness are the deadly combination" for depression. The chief stressors are physical and sexual abuse, discrimination, divorce, poverty, etc. (Carmen, et, at, 1981). Ulrich (1989(found high mortality rate due to dowry, infanticide and suicide in Indian women. Scheduled caste girls were also more vulnerable to stress and depression (Mishra, et, al, 1980). Emotional stability, poor quality of life, rigid sex role stereotypes, external locus of control and joint family structure were also the factors leading to depression in young women (Barnes, 1992). Currently psychologists (Seligman,et, al 1978) view depression as helplessness induced by percieving lack of contingency between responses and outcomes and that, an attributional style of interpreting the causes of the controllability as internal, stable and global elicits the symptoms of depression. This feature of 'learned helplessness style' has been found predominalty as female issue. Hence, women may be having less effective instrumental coping behaviour than men and therefore experience more helplessness.

As for schizophrenic disturbances the most frequently reported symptoms by women were delusions which are more sexual in nature. The content of these delusions indicate paranoid sexual ideas such as imposed intercourse. There is also manifestation of gender role reversal where they become more active, aggressive with flared up sexuality seen by preoccupation with masturbation and promiscuity (Al- Issa 1984). Early parental loss, broken homes, rape, sexual abuse occurs more often in the history of schizophrenic women than men. Often pre- schizophrenic girl's are seen as more shy, insecure, overinhibited than normal girls who are vulnerable to physical and emotional battering and violence (Barnes, 1988).

Phobias have been more associated with female gender. Nearly 98% of females have had animal phobias in childhood. These phobias can be considered developmental since they originate in childhood and often become a life time phobia. For some, the most disabling phobia for women is the social phobia, they try to avoid situations that subject them to valuation and scrutiny. Agorophobia is yet another phobia that is commonly found in women and known as housewives disorder. They fear being trapped in a situation that relates to anxiety, about not being in control of themselves and manifest the physical

symptoms of dizziness with hyper ventilation, nausea and with no escape or help available to them. They lack the skill to control themselves when they panic or, to function competently as adults in coping with outside world. Also they have high incidence of hypochondriacal symptoms. The causative factor is due to ego defects, separation anxiety, parental over protectiveness and parental anxiety. Researcher showed 34% had phobic mothers and 6% had phobic fathers. Agorophobic women have been socialized as child- women, over protected, dependent, strerotypically female and often with a maternal role model.

The incidence of taking alcohol has been related to stressful life events and 'empty nest' situation. Alcohol abuse is more sensitive to environmental situations. Higher incidence is observed in women who indulge in psychotropic drugs. Those who take psychotropic drugs have depicted low self- esteem and number of personal and soicla problems (Cooperstock 1980). There is a strong relationship between the use of drugs and the need to adjust to life situations that are otherwise unbearable. When the emotional turmoil is unmanageable the tranquilizers have become leading method of suicide.

The criminality in women has been biologically considered, where delinquent girls are expected to show a higher rate of XXY genetic makeup. These girls are large for their age and have masculine traits and show homosexuality. Crimes were also associated to be more frequent with menstrual cycle. The current increase in crime rate in women is due to the active and aggressive part taken be some women in the society. Incidence of high shop lifting is due to day to day temptations of life. It has been predicted that women of 21st Century will be far more involved in crime than the present generation. Women have become aware of their needs and also have easy access to arms and ammunition and would have no inhibition is using them.

Violence against women and its repercussion have been much researched. Sexual abuse before the age of 18 was reported in 12% of cases of adolescent girls and 15% in college women and 20% of adult women. The burden of violence again falls on women unequally. This form of sexual violence by way of battering or mental harassment is also common for women, which makes them psychologically powerless against the perpetrator. They manifest high anxiety and feeling of insecurity (Joshi 1995).

As for sexual dysfunction in young women there are problem in arousal and orgasm due to less genital vaso congestion to erotic material (Heriman 1978). This variability of individual sexual expression is also determined by socio cultural influences. The sexual repression affects more women than men since most cultures monitor and control female than male sexuality. Hence women

report higher sexual disfunction (63% women : 40% men. Frank, et.al 1987) than men.

In obese women there is an acute awareness of their overweight. In this age of hedonism and narcissism many of the obese women are depressed and have poor self esteem. The physiological predisposition for women is significantly higher for fat cells and by the time they are adults, they have 21% fat compared to 15% fat in males. This higher fat is a mammalian adaptation to increase the survivability of pregnant female and their babies in time of food scarcity. In the society, obese children are considered as m ore lazy, ugly, dishonest, sloppy and dirty than normal weight children. Females learn at an early age that obesity has to be avoided. Dieting may actually lead to an increased propensity to put on fat and can exacerbate psychological stress levels. There are various problems manifested by dieting and over eating. These are commonly known as 'Anorexia' rejecting food, 'Bulimia' excessive eating and 'Bulemanorexia' in which tiny binge eating and vomiting are used to control weight. The struggle to appear sexually attractive produces much stress. The children with problems in weight withdraw from fear of rejection. The obsession with body weight is rather with slightly overweight girls who want to maintain ideal body weight. The process of dieting is negative and intrapunitive experience. Dieting is accompanied by intense anxiety in the first week possibly with fear of failure which is followed by months of depression with feeling of weakness, nervousness and irritability. Matters of nocturnal eating, insomnia and morning anorexia may develop with chronic dieting.

Thus, it is evident that gender plays on important role in aetiology, effects and treatment of alcohol, drug abuse and mental illness. In recent years, research has also documented the complex ways that sex bias, sex role stereotyping. Devaluation of women has affected the nature, diagnosis and treatment of mental health problem. Strong inter- disciplinary advocacy is needed if policies and programmes addressing women's mental health are to become a priority. The association of women in psychology (AWP, 1976) has tried to develop strategies to maintain momentum towards women's equity by the year 2000 A.D.. Thus, the aim was to increase recognition, to the attitude of women's inferiority and powerlessness, held by men and women as a barrier to the attainment of equity at a personal, cultural and/or world wide level (AWP. Forum 1985). Thus changing the attitudes towards self esteem, improvement and mutual respect between women and men represents the purpose of the AWP. Unless these attitudes are changed, the access to women's physical resources, education and decision making power would not improve. From the perspective of an individuals mental health, each person in a given culture shares equally in the right to experience and express the full range of emotions. The culture must in turn recognise that each person has a right for individual development of her

and his intellectual, emotional and spiritual self. Thus, the goal is to minimize the inequality, discrimination and under evaluation of women. Therefore, it is essential that women be equal participants in difining, maintaining and fostering mental well being in a world that equally values women and men.

The Implication for policy decision on mental health needs of women :

The National Policy on youth and gender equity should try to bring attitudinal changes towards women. Valuing their mental health needs and facilitating self actualization for a better sense of well being. This would be achieved by -

1. Social action plan by conducting various community mental health camps to reach out to people at the grassroots level to bring about attitudinal changes.

2. Conduct assertiveness training and other coping skill training courses to psychologically empower the women to overcome their sense of helpnessess and powerlessness.

3. Community mental health camps could also screen out special risk groups and vulnarable women to stress and violence.

4. Help- line should be available to female youth for 24 hours to prevent domestic violence and suicide.

5. Along with social, economic, political support, the youth and gender equality programmes should give due consideration to mental health needs of young women.

6. Multi disciplinary research should be advocated to tackle problem of equity from all sphere of life.