

‘Female Psychology’ – *A New Vision for Women’s Mental Health.*

Sergio A. Silverio

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EGA INSTITUTE FOR WOMEN'S HEALTH



A New Vision for Women's Mental Health

- Gender & Mental Health
 - A Brief History of Women's Mental Health
- The Psychology of Women: 'Feminine', 'Feminist', & 'Female'
- The Evidence: Mothers, Midwives, Spinsters, & Widows
- Moving Forward...



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Mental Health in Context

- Mental health is: *“predicted to be the second leading cause of global burden of disease by 2020”*. (WHO, 2002).
- Factors such as inequality, urbanisation, abuse (physical, sexual, verbal, & other forms including financial, psychological, & emotional) are known drivers of mental health issues and increased psychological distress.
- At any one time, in the UK:
 - Almost 45% of people believe they could have a diagnosable mental health condition
 - Just over 36% of people self-identifying with one
 - Approximately 20% of men and 35% of women, have a diagnosed mental illness

(Mental Health Foundation, 2016)



Mental Health & the Context of Gender

- The prevalence of depression is almost guaranteed to be twice as high in women as compared to men no matter which country you study.
- Drug and alcohol dependencies are almost always higher in men than they are in women, across the globe. (WHO, 2002).
- Women are known to present more frequently to psychological services and health care professionals with complaints of mental distress, be it mild, moderate, or severe.



- Suicide is the world's 17th leading cause of death with close to 800,000 persons completing suicide each year (though many more attempt it). In the UK, it continues to be the leading cause of death for men aged between 5 & 50 years old. (Mental Health Foundation, 2016; ONS, 2016; Public Health England, 2017).

Gender & Mental Health

- Mental health and mental health practices are inherently gendered.
 - The images of the “neurotic” woman, and the “psychotic” man
 - The stories of “hysterical” women, and “shell-shocked” men
- The way mental health disorders are characterised – even in this modern day – means that the expectations of with which disorder people will present, is somewhat dependent on their gender.
- Examples of gender-salient mental health conditions are as follows:
 - Depression
 - Anxiety
 - Eating Disorders
 - Post-Traumatic Stress Disorder
 - The Autism Spectrum
 - Obsessive Compulsive Disorder



Trauma: A Gendered Mental Health Issue?

- It is thought that UK military personnel have a probable Post-Traumatic Stress Disorder prevalence rate of 4%.
- This is in comparison to approximately 20% experiencing symptoms of common mental disorders, and a 13% prevalence of alcohol misuse in the same military population.

(Fear et al., 2010)

- Because of its military links, Post-Traumatic Stress Disorder is most strongly associated with male mental health and women are largely forgotten about in discussions of trauma origins, symptomology, treatment, and recovery.



So... Where are the women when it comes to trauma and mental health?

Women & Trauma

- **Childhood Adversities** (dysfunctional parenting; sexual/physical/emotional abuse; bullying; neglect/abandonment; etc.) tend to affect women more commonly and are linked to later-life PTSD. (Read & Bentall, 2012)
- **Rape**, of which women are a more common victim, has been associated with risk of PTSD. (Acierno et al, 2000)
- **Traumatic Childbirth** can strongly influence postnatal mental health, & should the labour risk the mother's/baby's life, PTSD is not uncommon. (Ayers, et al., 2015)
- **Tokophobia** (the clinical fear of childbirth) can be related to previous adverse events either (e.g. sexual assault or traumatic childbirth), leaving an expectant mother with severe anxiety about the impending birth. (Cowan & Frodsham, 2015)



- **Indirect Exposure to Trauma** such as witnessing a life-threatening birth can result in high levels of post-traumatic symptoms, especially in midwives. (Sheen, Spiby & Slade, 2015)

The History of Women's Mental Health

- Aretaeus first wrote about the womb, and how it was said to wander around the female body causing a multitude of the pathologies. Later, Soranus stated the womb could internally suffocate a woman, causing madness or 'hysteria'. Thus, a 'hysterical woman' was a woman with womb-related mental distress.
- It was, in fact, women who were first responsible for medicine; a trait which was taken forcibly from them, by men worried by the power women could wield as the givers of life, and who presided over death.
- Little changed for women's mental health care and up until the Women's suffrage movements, mere opposition to a male (be they a family member, or in society) was enough to have a woman committed to an asylum.



- Women experiencing mental distress were seen as dangerous or possessed and many women were confined to asylums from young ages until their death – if they were not killed first.

The ‘Neurotic Woman’ Narrative

- Sigmund Freud carried out some pioneering work as the founder of what we now know to be psychoanalysis. His work focused on psychosexual analysis of mainly middle-class and aristocratic women and the neuroses with which they presented, however, he has been accused of being:

“...merely a conservative Victorian patriarch who saw woman’s primary place as being that of a reproductive servant...” (Appignanesi & Forrester, 1992)

- Women still are seen to be associated with ‘neurosis’, the ‘spectrum of neuroses’, or ‘neurotic disorders’ including mild depressions, mental disturbance, hypochondria, and paranoid anxieties. These are not seen to be as damaging as ‘hysteria’ and ‘madness’ was.



- Social factors such as poor marriage quality, low intimacy, and joblessness are said to contribute significantly to women experiencing neuroses. Thus, women who have household & childcare burdens, a marriage lacking intimacy, and no job are likely to present most often with neurotic symptomatology. (Tennant et al., 1982)

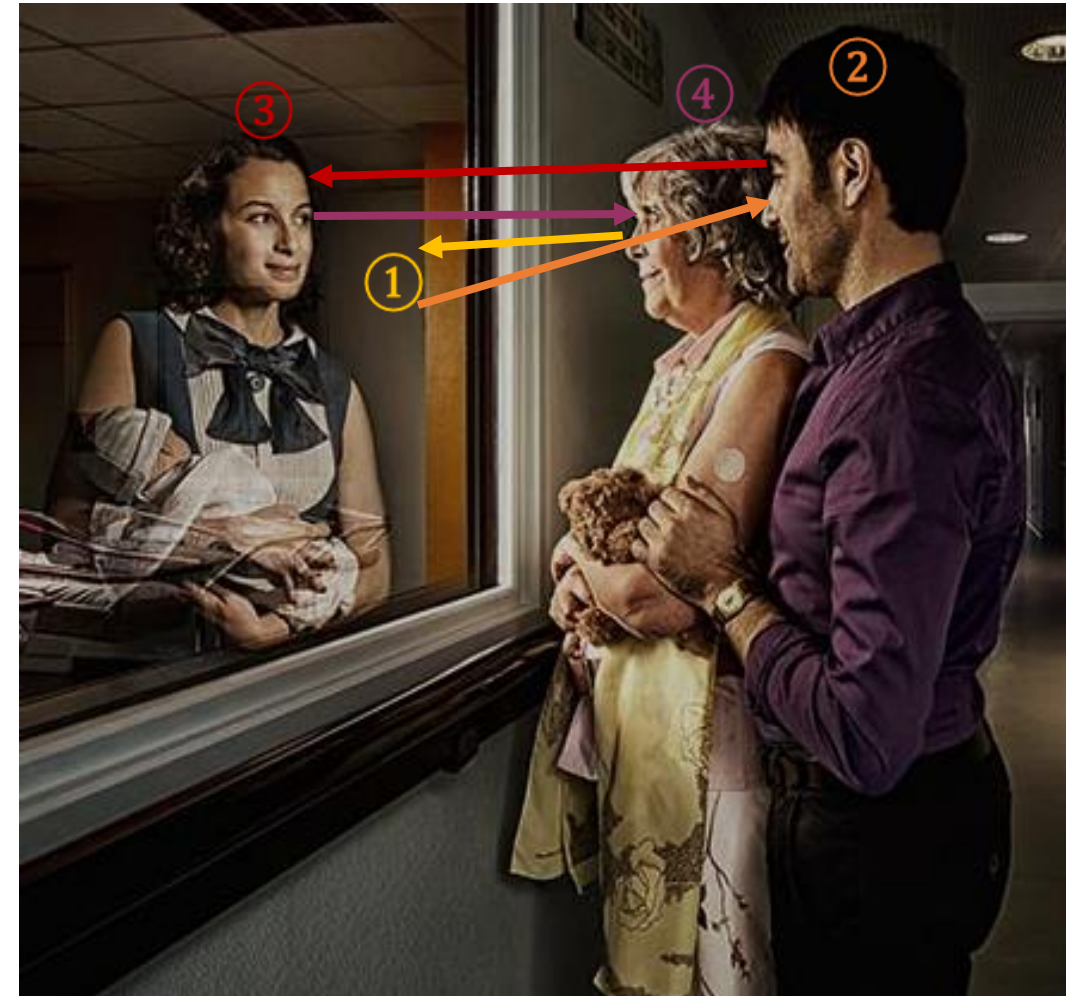
Women Today and Mental Health Care

- Women are more likely to present to primary care services with anxiety or anxieties about their health, but are more likely to be dismissed as being part of ‘the worried well’ or ‘hypochondriacs’.
- The usual presentation of a ‘worried-well’ patient is a middle-to-upper-class women who are otherwise healthy, but seeking medical attention for an affliction or health complaint they have researched and perceive that they have.
- A presentation of an otherwise health woman *should* be cause for concern that there is a more deep-rooted psychological issue at play here – which is manifesting in some degree of health anxiety.
- However, parity of male and female mental health still does not exist and women are more than twice as likely to be treated with psychotropic medications such as SSRIs and are (worryingly) being sold a discourse of ‘medical naturalism’. (Ussher, 2010)



How We Perceive Women: Through “The Male Gaze”

- ① The woman looks in the mirror to view herself.
- ② The image of herself is viewed by the heterosexual male/heteronormative society.
- ③ The heterosexual male or heteronormative society projects an image of the “desirable female”.
- ④ The woman (and other women, and society) views her image through “The Male Gaze” and not as herself.



(Mulvey, 1975)



She is the last to see the image of herself which society has created!

The History is Bad, so what of the Future?

- Women's mental health has been pathologized and medicalised as a “*problem to be dealt with*” rather than a serious psychological epidemic to be understood.
- There has been little change in the way we, as a society, continue to view women's mental health.
- Activist approaches have been largely disregarded as exaggerated, whilst gendered attitudes have been dismissed as insignificant.
- If women's mental health is not about gender, and nor can it be approached through activist methods, then does women's mental health then actually have anything to do with women?



Ultimately, it comes down to the lens with which we choose to view women's mental health...

The “New” Psychology of Women?

Feminist Psychology:

Exploring the relationship of women's gender identity to, and the interaction of women within, religio-politico-social settings, education & employment, and familial & other social hierarchies.

Feminine Psychology:

Investigating the psychosocial and psychosexual challenges and issues which arise due to an adoption of a feminine gender identity in relation to the intimate & public self, and to society.

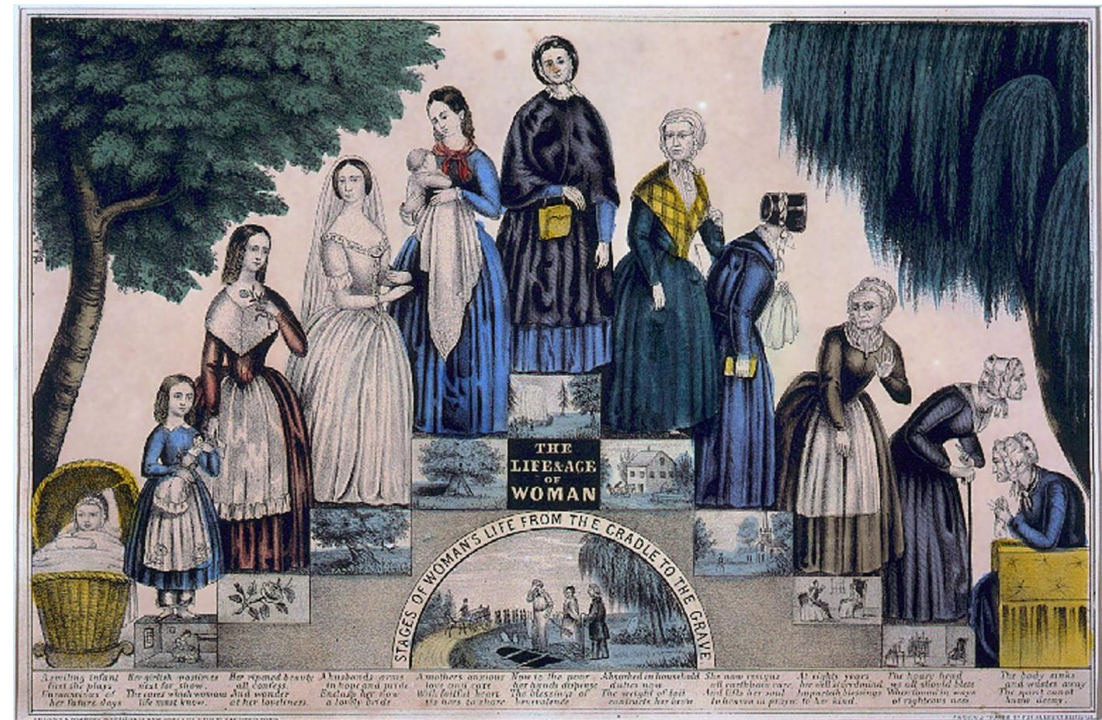
Female Psychology:

Examining the lived experience of women's life-courses, through narrative, in order to explore patterns and trends in mental health and social wellbeing, whilst noting adaptations to gender identity challenges over all life-transitions and across cultures.



Female Ψ : A Cradle-to-Grave Approach

- It frames psychological wellbeing in relation to the lifecourse, thus framing mental health positively, by looking at periods of strength and periods of distress so as to learn on what helps and hinders a person's mental health.
- It incorporates social factors which may affect mental health, and also biological factors such as sexual activity & pregnancy, ageing, or the menopause.
- It looks for patterns in mental health over the lifecourse, enabling the participant or patient & the researcher or clinician to see mental health as a dynamic, and continuous factor, rather than discreet event.
- It allows women to voice *their own* mental health narratives.



The Evidence: The PSAS

- Anxiety is a major mental health concern for new mothers, yet until recently there was no way of capturing those feelings of early motherhood anxiety.
- Led by Dr. Victoria Fallon (University of Liverpool) a scale to assess postpartum anxiety was developed from qualitative work with first time mothers who spoke about their experiences of the worries and concerns they had in the immediate postpartum period. (Fallon et al., 2016)
- This resulted in a scale of four constructs:
 - Competence and Attachment Anxieties
 - Infant Safety and Welfare Anxieties
 - Practical Baby Care Anxieties
 - Psychosocial Adjustment to Motherhood

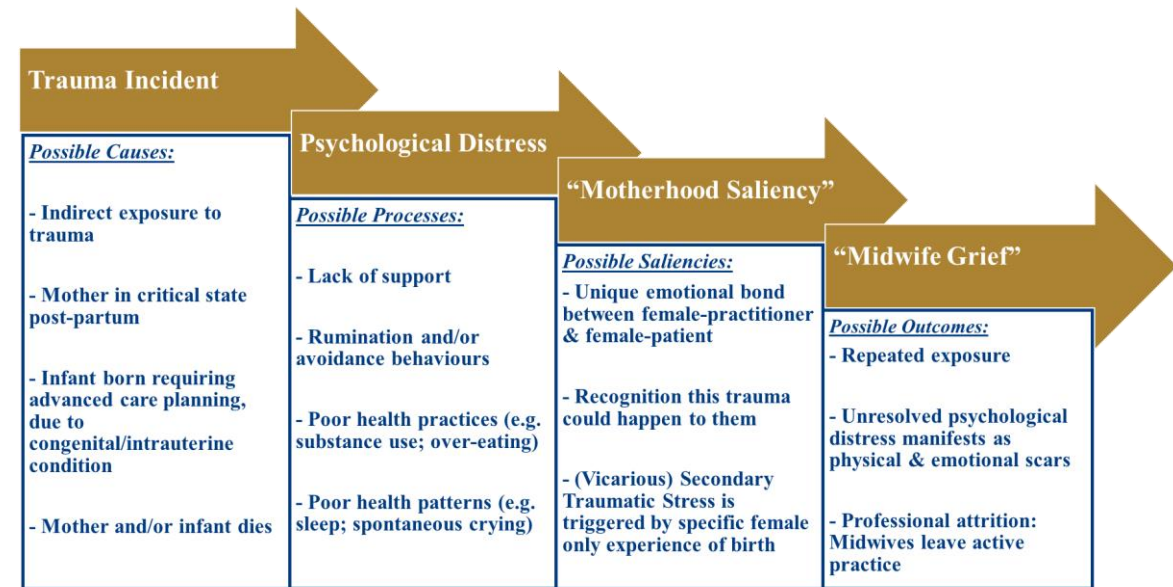


The PSAS takes into account the transitional nature of pregnancy and motherhood – thus looking at the psychological adjustments required at that period of the lifecourse to maintain good mental health or notice when it suffers.

The Evidence: Review of Midwife Grief

- Laura Zeidenstein published her theory that Midwives can grieve after the loss of a patient, and the profession should be more accepting of this phenomenon. (Zeidenstein, 1995)
- When I reviewed the literature, I noticed a missing step in Zeidenstein's theoretical model which stated Midwives move from an Incident of Trauma, to experiencing Psychological Distress, and resulting in "Midwife Grief".

- By adding "Motherhood Saliency", we see:
 - Recognition that this is inherently gendered
 - Challenges to a Midwife's identity as a woman
 - Patterns & trends in mental health & social wellbeing
 added to the model of "Midwife Grief".



'Motherhood Saliency' demonstrates a deep-rooted saliency between woman-Midwife & woman-patient, allowing a "just cause" for Midwives experiencing grief after the loss of a patient, showing mental health is not due to a single discreet event.

The Evidence: Femininity & Marriage

- **My Master's Thesis:** 12 in-depth interviews with never-married (6 with children) women in aged over 50, to see if there was a relationship between gender identity & marital status.
- **Analysis 1:** Participants reported feeling “*different*” to ‘normative’ women (married/with children) in terms of womanhood, femininity, and being a woman/female.
- **Analysis 2:** Participants used varied vocabulary to describe themselves: “*Spinster*”, “*Singleton*”, “*Superhero*”; and other women: “*Hard & Fast Feminists*” or “*Flimsy Floppy Females*”.
- **Analysis 3:** Their social networks were different due to their unexpected lifecourse, they had often felt socially isolated which at times was inconvenient and meant they felt different, maintaining close relationships with only a few people with similar lifestyles.



The study allowed an under-researched population to voice their experiences & how they had experienced their mental health. Taking into account changes in gender & social status over the lifecourse helped to note psychological strengths & adaptations.

The Evidence: Spousal Loss

- Older persons shift their support network to ‘fictive kin’ in later life, choosing to rely on friends, neighbours, and/or more distant relatives rather than close familial connections such as children or grandchildren.
- Widows and widowers usually show signs of social isolation after the loss of their partner.
- Social isolation is one of the leading sources of poor mental health, or cognitive decline in later life populations.
- Work in which I have interviewed European widows and widowers in the UK has shown that there is a phenomenon of ‘social expansion’ rather than ‘social isolation’ after a partner has died – a novel finding.



This research has allowed us to capture trends in social wellbeing, and therefore mental health over the lifecourse in a cross-cultural population who have had their gender identity challenged by the loss of their spouse.

Evidencing ‘Female Psychology’

“Examining the lived experience of women's life-courses, through narrative, in order to explore patterns and trends in mental health and social wellbeing, whilst noting adaptations to gender identity challenges over all life-transitions and across cultures.”

① The Postpartum Specific Anxiety Scale.

② ‘Motherhood Saliency’ and ‘Midwife Grief’.

③ Femininity, Marital Status, Gender Identity, & Mental Health Over the Lifecourse.

④ UK-based European Widows and Widowers.



Importance of Women's Mental Health

- For too long women's mental health has been disregarded, seen to be an exaggerated truth, and so unimportant and of little interest to policy makers.
- Women have rarely had a say in narrating their own discourses of mental health, but with some resistance movements, narratives are beginning to change.
- Women make-up 50% of the population, present to primary care more often with psychological distress, and are incessantly and often unnecessarily medicated rather than having the cause of the distress dealt with in an effective manner.
- 'Female Psychology' allows us to be sensitive to the everyday struggles and burdens which women are just expected to put up with (i.e. being a 'sole partner', childcare, harassment, glass ceiling effects, access to education, politics which favours men, and stereotypes about the jobs they can do).



It is time to allow women to speak, and therefore tell their own stories of psychological distress rather than have them imposed upon them, and then silenced with prescriptions.

How to use 'Female Ψ ' to Effect Change

- Make women's mental health a public health priority by realising it is distinct from male mental health and is more readily effected by social pressures and familial support.
- Move away from the medicated seemingly benign complaints of psychological distress, and investigate the root causes of why the otherwise health woman is presenting at primary care settings.
- Engage women in lifecourse research, asking about their experiences in order to map differences across cultural populations and between 'normative' and 'non-normative' lifecourses.
- Those in positions of privilege (researchers, clinicians, educators, policy makers, etc.), use your standing to offer a platform for women to voice their experiences and change the damaging discourses around women's mental health so that stories *of* women's mental health are narrated *by* women.



'Female Psychology' is a way to change narratives women's experiences of psychological health & wellbeing. We can look at the ways in which their gender is challenge and how they have adapted to make for a better mental health.

Thankyou for Listening!

“After centuries of women’s mental health being written off as exaggerated and insignificant, it is only right that we now offer the platforms from which they can finally narrate their own stories, and strive for a better psychological health.”



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Any Questions?

Sergio A. Silverio

Elizabeth Garrett Anderson Institute for Women's Health,
University College London



Better lives for women
and babies across the world

E-mail:

S.Silverio@ucl.ac.uk

ResearchGate:

www.researchgate.net/profile/Sergio_Silverio

Twitter:

[@Silverio_SA_](https://twitter.com/Silverio_SA_)