Constructions of Women's Mental Health

Overview
Definitions, paradigms and history
Social construction of mental illness
Trauma-informed care

Not just the absence of mental disorder

> It is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

- WHO

How do we promote mental health?

Freedom from the fear of war
Equal opportunity for all
Satisfaction of basic needs for food, water and sanitation, education and decent housing
Secure work
Useful role in society
Political will
Public support
Public valuing of mental health

Mental Illness
Different Paradigms
Mental Illness Paradigms
Biomedical
    Chemical Imbalance, Genetic
Social Construction
    Social Forces of oppression, environment, community, considerations of deviance
Other paradigms
    Supernatural
    Possession, Witchcraft, Cursed
    Character Weakness
    Personal Failings, Individual Problems

Brief History of Medicalization

Throughout history social groups have defined "normal behavior" and identified extreme deviations from normal as "deviant" or "mental illnesses"

Very small number of people fell into this category.
Dynamic Psychiatry

Definitions and conditions were broadened to include anxiety, hysteria, sexual perversions, and character disorders (Horwitz 2002)

Pathological was continuous with the ordinary and conditions were result of vague, indistinct, unconscious processes

Voluntary patients:
Those dissatisfied with lives, careers, family life, and themselves
Middle and upper class

Involuntary patients:
In institutions: “delinquents”, “criminals”, “social deviants”
Primarily poor

History
Professionals were put under pressure as medical advances and scientific methods were favored

Demands for more quantifiable measures, outcomes
Psychiatrists found themselves fighting for legitimacy
DSM Revolution
DSM-III published in 1980 replaced the vague unconscious system with new precisely-defined, symptom-based entities

Revolution in thought that happened very quickly
Results of DSM
Now diseases occur in the brain and manifest themselves as symptoms

We see large scale introduction of drug therapies, discrete illness categories, and shift of focus to abnormal brains

Lifetime Prevalence of DSM-V Disorders

What Do We Gain?
Confirmation that what we feel is “real” and “valid”
Biological = Beyond Personal Control
De-stigmatizing?
Insurance coverage
Major investment in drug therapies

What Do We Lose?
Focus only on individual illness, the individual as the site of the psychopathlogy
Loss of social & environmental context
What about psychological distress that is caused by acute personal experiences and aren’t disorders (grief, breakups, physical illness, etc)?
Why did this revolution happen again?

“If psychiatrists were to be treated as ‘real’ physicians, then they needed to treat ‘real’ diseases” (Horwitz 2002)

Does this mean that there is no good to come out of this shift?

Does it mean that biology and genetics have nothing to contribute?

Does it mean pharmaceutical treatments are useless?

But…

it does mean that we have to remember to consider that what we think of today as mental illnesses are the result of a combination of social constructions and biology.

Social Construction of Mental Illness
Let’s consider several disorders and illnesses and their social context

- Hysteria in the 19th Century
- Eating Disorders
- Depression

‘Deviance’ and diagnoses
Sexual promiscuity
Drapetomania
Homosexuality

Structural contributors to mental illness
War
Violence
Poverty – food scarcity, unstable housing
Unemployment
Lack of political influence

Adverse Childhood Exposures (ACEs)
Exposure to and witnessing neglect, violence, poverty, addiction
Threats and acts of violence
Sexual abuse
Loss or divorce of a parent
Imprisoned family member

ACEs
Children who have experienced 3 or more adverse events during their childhoods are significantly more likely to experience:

- Depression, anxiety, suicide attempts
- Alcoholism and drug use
- Multiple sexual partners, unintended pregnancies, fetal death
- Chronic obstructive pulmonary disease (COPD)
- Heart Disease, Liver Disease

Smoking
Obesity
Risk for Intimate Partner Violence

ACEs prevalence (original study)

Trauma-informed response
"Don't ask 'what's wrong with you?' Ask, 'what happened to you?'" - Oprah
Trauma Defined
An event that threatens a person's life or physical or emotional integrity
or witnessing such an event
Includes a sense of helplessness, fear, horror, or disgust
Subjective interpretation of the event
Not just "beyond the normal range of human experience"

Potential Traumatic Events

Physical Assault or Abuse
Combat, war zone, or refugee trauma
Sexual Assault, Childhood sexual abuse
Emotional Abuse, Verbal Abuse
Neglect
Abandonment
Serious Accidents
Natural Disasters
Terrorism, Torture
Medical Procedures

Symptoms of
Post-Traumatic Stress Disorder
Re-experiencing (flashbacks)
Avoidance of cues or reminders
Hyper-arousal and hyper-vigilance
Numbness—feelings of detachment
Affect dysregulation—restricted affect or lability

Trauma shatters one's beliefs in a predictable world
How people will behave

Our ability to control situation/our lives

How things "should" be

What "normal" is

Trauma shatters:
Sense of safety

Sense of control

Ability to trust

Sense of competency

PTSD Symptoms Over Time (without treatment)
Self-perpetuating
The world is a dangerous place
Trauma burden increases
Strength of reactivity increases; trauma triggers
More likely to over-generalize and practice wider avoidance
Develop pessimistic future

How to worsen PTSD symptoms
Create an invalidating environment
- Why are you so upset?
- It wasn't that bad.
- It's your fault.
- Why can't you let it go?
- Get over it.

Promoting resilience to trauma

- Validating environment
- Basic needs met
- Peer support
- Access to health care
- Spiritual meaning

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Campus mental health resources
- http://www.caps.umich.edu/

Women, Drugs and Addictions

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What is a drug?
Any substance that produces changes in mind, body or both

Food-drug-poison connection

Psychoactive drugs- substances that affect mood, perception and thought

Use of psychoactive drugs worldwide phenomena
Cultural judgment of specific substances
Psychoactive Drugs
Stimulate receptors in brain
endogenous reward system of 'feeling good'
Pleasureful experiences- sex, eating, laughter
Getting "high", altered consciousness
Depressants
Stimulants
Psychedelics/hallucinogens

Psychoactive DRUGS
Legal vs illegal
Changing norms
Complex historical, geopolitical relationships
Colonization and neo-colonization
Prohibition in US in 1920's
Cocaine cartels
Tobacco industry
Opium/heroin in Afghanistan
Medical marijuana
Physical and psychological dependence

American Society for Addiction Medicine: Addiction
primary, chronic disease of brain reward, motivation, memory and related circuitry
characterized by impairment in behavioral control, craving, inability to consistently abstain, and diminished recognition of significant problems with one's behaviors and interpersonal relationships
involves cycles of relapse and remission
Without treatment addiction is progressive and can result in disability or premature death

Use, Abuse, and Addiction
Drug abuse- the use of illegal drugs or the misuse of legal drugs
Can lead to addiction
Not all use leads to addiction

Whether use is acceptable is dependent on social norms
Abuse and Addiction are socially constructed
Social context in which use takes place
Gender based- meeting social expectations
Race/Class based
Economic relationship

Prescription Medications

Key Definitions

Medical misuse of prescription medications (drugs):
use of a prescribed medication by the person (and for the purpose) intended by the prescribing clinician; however, the medication is:

NOT used in the prescribed dose and/or not taken within a prescribed time interval.

Nonmedical abuse or illegal use of prescription medications (drugs):
use of prescription medication to "get high"/create an altered state or for reasons other than what the prescribing clinician intended.

Diversion of prescription medications (drugs):
exchange of prescription medications that leads to the use of these drugs:

by people other than whom the prescribing clinician intended or under conditions associated with "doctor shopping"/ misrepresentation by theft or drug dealing.

Prescription drug abuse
Scheduling (PROXY for abuse potential)
Controlled Substances Act (CSA) of 1970: categorizes drugs "*based upon the substance's medicinal value, harmfulness, and potential for abuse or addiction*" [www.dea.gov]

Prescription drug abuse
Balance medical necessity vs. abuse risk
Stimulant medications are highly effective, first-line treatment for the symptoms of ADHD;
Prescription opioids are the cornerstone of moderate to severe pain management;
Sleeping medications are highly effective in improving sleep symptoms during short-term medication management of various sleep disorders;
Sedative/anxiolytics such as benzodiazepines are first-line therapy for the treatment of a variety of anxiety disorders.

Actions to decrease opioid prescriptions in Health Care

Fewer pain pills prescribed after surgeries

Most prescriptions not used

Limitations on prescriptions at discharge

Education for patients on risks

Alternatives to opioids (acetaminophen and ibuprofen)

Mandatory tracking of individual patient prescriptions

Tracking of provider practices

Gender based roles in drug Use
Women as market

Women as target of social control

Women as scapegoats

Women as victims

Consumption of substances as signal of liberation and independence

Drinking like a man
Liberty torches – connecting suffrage with smoking as a sign of independence
tobacco
We've come a long way baby

Social control
Valium- 1969-1984 most frequently prescribed drug in US predominantly women

Which drugs are problematic are dependent on social context
social impact/social control
Who is using?
Drug use pathologized and criminalized when used by poor
Poor women particularly
Two examples
Gin
Crack Cocaine
Gin Craze Britain 1720-1751
Rapid urbanization of poor
Surplus of grain led to distilling cheap gin
Men and women consumed large quantities
Poverty, crime and poor health blamed on gin
Women often sold gin as one of few jobs available
Women targeted as primary problem, leading to degeneracy and syphilis
Immediately after decriminalization of witchcraft, still used witch as symbol

Cocaine, crack, and Women
Crack Cocaine
Illegal- now category II in US (no medical value)
Cocaine primarily snorted (powder)

1980's emergence of freebase form of cocaine "crack" that is smoked
Cocaine extremely expensive, but crack produced fast high cheaply ($50/g vs $5/rock)
Rapid spread of crack use in poor, often black communities
50% crack users women, many of reproductive age

Crack Baby hysteria
Judy Howard, a pediatrician at UCLA, regularly gave interviews warning of the horrors of crack babies, once telling Newsweek that in crack babies, the part of their brains that "makes us human beings, capable of discussion or reflection" had been "wiped out."
In 1990, Sandra Blakeslee, in a front-page New York Times article proclaimed:

Parents and researchers say a majority of children exposed to significant amounts of drugs in the womb appear to have suffered brain damage that cuts into their ability to make friends, know right from wrong, understand cause and effect, control their impulses, gain insight, concentrate on tasks, and feel and return love… As adults, they may never be able to hold jobs or control anger

Research on crack babies
Early research showed multiple medical, developmental and behavioral problems- later research found that results were biased.
No increased risk for babies exposed to crack in utero compared to babies of mothers with same background exposures

Punishing Mothers
ABC poll in 1989- 82% of Americans agreed that a pregnant woman who uses crack cocaine and addicts her unborn child should be put in jail for child abuse
Punitive treatment for women- jail and prison time for women who used crack during pregnancy
Permanent or temporary loss of custody of children (sometimes based on only 1 drug test)

Punishing Addiction
1986 President Reagan signed mandatory year minimum prison terms for possession of 500 grams of cocaine
Possession or selling 5 g of crack led to 5 year sentence (100 times less than cocaine)
Fair Sentencing Act (signed Aug 3, 2010) reduced disparity to 18:1, no mandatory sentence for possession
2/3 of crack users white/latino, but 85% serving jail time were black

Preventing Drug Misuse
Understand the context of drug use
Accurate education and information
Address underlying issues that we are escaping from
Poverty, oppression, violence
Depression, anxiety, isolation

Women as VictimS

Policy

Address legal or ethical issues related to the punishment or care of people who use drugs

3 predominant paradigms:
Criminal justice (punishment)
Medical (insurance coverage and treatment)
Harm reduction (prevention and early intervention)

Current Political structure
Legalization
Drugs legal, can be sold
Marijuana
Tobacco age 18
Alcohol age 21
Decriminalization
Traffic ticket equivalent: Portugal example
Marijuana in CA
Criminalization
Misdemeanor/felony/jail and/or prison sentence