

Effects of Socially-Constructed Stress on Women's Health

In our lives, we all experience stress; these stress come from many factors that include the urgency to perform under pressure, to need to do well in school or at the workplace, or from the multi-faceted roles that we must play within our lives. Being a sister, daughter, a team player, a mother, and a wife can cause one to feel overwhelmed. Although both men and women experience stress, the negative impacts on health as a result of exposure to stress are different. One reason is due to the difference in physiological characteristics such as the presence of reproductive system and its associated hormones in women but not in men. Another factor contributing to the difference is due to the fact that each sex faces unique and different quantities of socially-constructed stress such as a woman expected to become a mother. Socially-constructed stress is the stress implemented by society based on gender role expectations with culture being a major contributor. Many stressors that women endure tend to be chronic or repeated nature while for men, the stress is more acute. The negative impact of socially constructed stress on women causes a wide range of health issues that can be both physiologically and psychologically. As a consequence, socially-constructed stress has a large impact on women's lifestyles.

As previously mentioned, a woman's physiological make-up influences the way the body responds to stress. Typically, people respond to stress by the fight-or-flight response. Recent studies have shown that this type of response is not observed in women, for their response is by tend-and befriend. It turns out that the woman's body produces a great amount of oxytocin which produces a feeling of relaxation, reduces fear, and decreases some components of the fight or

flight response (About.com 2006). This also explains why women tend to not use physical means to resolve an issue but call up their friends or sisters instead when they are under stress.

There are three hormones women produce that play a crucial role in the way women respond to stress: cortisol, epinephrine, and oxytocin. Changes in the amount of hormones released throughout the body will affect a woman's menstrual cycle. A study conducted between June 2002 and December 2003 observed the influence of stress on the menstrual cycle among newly incarcerated women. Results show that these incarcerated women, a population experiencing significant levels of stress from multiple sources, experienced menstrual dysfunction including amenorrhea and irregularity, which shows that stress does physiologically affect a woman's body. This menstrual change, in return, caused more stress because the menstrual cycle characteristics are associated with a number of other health-related outcomes including weight, increased risk of adult onset diabetes and depression which both have been linked with a longer duration of menstrual bleeding (Allsworth 2007). In addition, it also increases the stress of women worrying about future reproductive outcomes like fertility and timing of menopause. In this situation, a socially-constructed stress can be seen. If the assumption that all women will eventually get married, have babies and become mothers is not part of our ideal from society, maybe some of those incarcerated women would not experience as much stress as they had and as a result, their menstrual cycle would be less dysfunctional.

Although this study does a good job of analyzing what effects stress have on a woman's body, the study focused primarily on short-term stressors among populations of women who were not socioeconomically deprived. This makes the study's generalizability to long-term chronic stressors unclear. Also, this study contained a disproportionate number of racial and

ethnic minorities which does not allow the reader to make any generalizations for any ethnic group (Allsworth 2007).

This study is a good example of a physiological difference between men and women that cause women to experience a more negative impact in response to stress; men do not have to deal with the hormonal fluctuations that are associated with the menstrual cycle nor do they bare children while women do have to worry about these issues. This is similar to what we learned in lecture: in the 1970s clinical studies for medications were only conducted with men as the subjects, excluding the women completely. As a result, the study did not yield a very accurate result that could be applied to the physiology of both men and women. Regardless, the drug company put out the drug and advertised the effects to be the same for both men and women even though in actuality, women were experiencing different side effects not observed in men. Therefore, it is detrimental to have a good and thorough understand of how women's bodies function differently from men's; this will allow for better therapeutic outcomes in medicine to correct or improve each individual woman's health conditions.

To continue in the discussion of gender-specific medical issues, coronary heart disease (CHD) has been socially constructed as a gender-specific disease. As a result of the misconception, in a study conducted with 33 women with CHD found that most of these women underestimated their risk of CHD which affected their health behavior. Many women are more concerned about the risk of breast cancer over the risk of CHD. Due to this women are more likely to have frequent screening for breast cancer but not for CHD or other gender-specific diseases that women may have been overlooking. In addition, as a result of the misconception that CHD is a man's disease, health professionals have been designing services around the needs of male users and may not be inclusive of women's needs or take into account how a woman's

body responds differently than a man's body. Other consequences of this misconception include the less likeliness of women being referred for cardiac rehabilitation by health professionals and if they are referred, women's resulting attitudes make them less likely to attend (MacInnes 2005). Socially constructed conceptions of gender-specific diseases have a great impact on the way which these women construct their own internal representation of a subject which is inclusive of their understanding based on previous experiences. These internal representations affect the way they make decisions and the way they view new experiences just as mentioned previously that the women in this study are less likely to attend cardiac rehabilitation programs because they underestimate their risk of CHD based on the misconception that CHD mainly targets men. More research is necessary to continue to correct many other similar cases of these misconceptions on illnesses that seem to be gender-specific.

Besides physiological changes, stress also causes psychological changes in a woman such as changes in cognitive functions. A study was conducted to investigate the effect of menopausal status on several aspects of cognition; the participants had to complete questionnaires designed to assess psychological and physical health. Results showed that postmenopausal women using hormone replacement therapy significantly outperformed postmenopausal women not using hormone therapy on the Trail Making Test, Part B of the Halstead-Reitan (Halpern 2001). This is due to the fact that menopause is characterized by the cessation of menstruation and decreased ovarian activity, resulting in the reduction of the sex hormones estrogen and progesterone. Estrogen plays an important role in a variety of neurochemical and neurophysiological mechanisms; it augments glucose utilization throughout the brain and influences acetylcholine and noradrenaline neurotransmitter systems. Estrogen may also play a role in the disease of Alzheimer's (Haplern 2001). These findings further emphasize the difference between the way

women's bodies function and the way men's bodies function, therefore they will also respond differently to stress. A woman's estrogen level has a significant impact on her cognitive abilities such as her memory, concentration and her ability to pay attention. By knowing that these differences exist, it opens the door for more research to further investigate the matter in order to gain a better understanding. By knowing the cause of a condition, we are better able to treat and improve women's health and lifestyle.

Where is all this stress coming from? An observation is occupational stress; women began entering the workplace in large numbers during World War I, and today, many women have the responsibility family and career. Occupational stress is a growing problem in the US workplace and may be a greater problem for workingwomen due to sex-specific job stressors (Swanson 2000). A couple of examples of sex-specific job stressors for women are sex discrimination at work and the difficulties of having to combine work and family. Since women are often seen or expected to be the ones taking care of the children, doing the cooking and cleaning, and be the emotional support to all her family members, the combination of these stressors can have a great impact on both the physiological and psychological wellness of women's health. Men also experience socially constructed stress such as being the ones expected to bring home the bacon and being the man of the house but these roles do not always hold true as women are also now sharing these responsibilities. Men respond in a different way to stress than women do. A male self-esteem is often built around adequacy of performance while for females, it is often built around adequacy of relationships (WebMD). Most women tend to ignore her own needs and put others before her, often at risk of letting other people's needs determine her limits. This behavior of self sacrifice is how women enter stress, which usually starts out as single short-term crisis evolving to chronic stress. Studies have shown that chronic

stress can lead to serious health problems ranging from heart disease to metabolic disorders to impaired wound healing (American Medical Women's Association).

An interesting personal story I came across during the research is about a woman who got married at only 18 and gave birth to a son right away. She was so determined about finishing college that juggling all her responsibilities of being a wife, a mother, and a full-time student made her feel like she was living in insanity. Later, her marriage ended and she became a single mother. She continued to struggle with having to take care of a teenager, having a job, paying the rent, paying the car payment, paying the debt and much more. The pressure became so great until she finally buckled and went into a severe depression where she would cry constantly and go up to the attic looking at old pictures. She also experienced a nervous breakdown for two months and was not able to do the things in a daily routine (WebMD 2005). This story shows that women do experience a great deal of pressure by having to juggle so many obligations with so few breaks. The pressure most women put on themselves is a result of society's expectations or ideals for women's roles. The majority of what we think we should and should not do comes from our culture and its ideals, the media, and/or what we observe in others. This is unfortunate because it mutilates the way individuals are capable of thinking for themselves. For example, in many Asian culture - a male-oriented and male-dominant culture, daughters are expected to be the ones that take care of the parents when they get older. This ideal is seen as the daughters being the ones that have to make the sacrifice in education or in career choices, while for the sons are encouraged to go out into the real world, become educated, and make something big of themselves. Although this kind of thinking is considered old-fashion or traditional and not as common today, it definitely had some impact on me when considering where I should go to

school and where I would probably work one day when I graduate. Of course not all women are influenced by these factors and can set their own ideals and ways of life.

Many of our decisions are made on the unconscious social expectations and ideals society has firmly stamped into our heads. These ideals are probably challenging to remove but are not impossible. If we all act as activists for lessening the emphasis on gender-based roles and activities in society, we will be able to decrease the amount of socially-constructed stress experienced by women which can improve women's health quality and lifestyle.

The issue of 'demand overload' on women has not been a topic adequately studied in the past. As a result of past sexual discrimination in the work force, the contemporary career-oriented women are taking on more demands than the amount considered healthy for the mind and body (Swanson 2000). Examples of some of the tasks these women take on include longer working hours, preparing meals for her family before going to work, attending events her child or husband is involved with, and on top of it all, still performing the traditional tasks of a house wife. Societal views play a critical role in the demand overload seen in many working women. The ideal 'good life' expands to be inclusive of more and more; from owning more things to having more choices. In order to reach this high-end status, women in the work force are striving to be on top of it all: hold a higher position at her work, having the perfect family in a perfectly sized house, being the soccer mom who's there cheering the team on at every single game and brings baked goods, in a great relationship standing with her husband even with her busy schedule, and of course, picking up the dry cleaning. There seems to be something important missing in this long list of goals. Where does time for herself and awareness of her health conditions fit in?

The negative impact of socially-constructed stress is a major factor in women's health. Although there has not been extensive studies conducted on the effects stress has on women's health, recent studies are opening the doors for further analysis on gender-specific diseases that women did not feel affected them. These studies are increasing the awareness on women's health taking into consideration many sources that are contributing to the stress women feel from society. A few examples of socially-constructed stress are: the expectation of women bearing children and becoming mothers, the three-way juggler between work, family, and her responsibilities, and also the outcome of underestimating their risks for certain gender-specific diseases due to misconceptions that the disease does not affect them equally.

An important point that should be emphasized is the fact that women's physiological make-up is different from men's. As a result, stress does not affect the two sexes in the same way. This is important because different approaches would be required to treat the symptoms or conditions that result from stress. A trend observed in the contemporary women population is that short-term stress is turning into chronic stress which can cause serious adverse effects on women's health. A suggestion to help alleviate socially-constructed stress is to reevaluate the reasoning behind taking on these socially implemented roles that society has made us think are the norms.

Stress cannot be completely eliminated, but we as women can take steps to reduce the amount of stress and the risk of stress related illness and disease. First, we must acknowledge and become aware that all the factors that encompass a woman's lifestyle are causing chronic stress. Women must learn how to balance out work and family; though some may think that they can handle it, they cannot. They must learn how to say no and not take on more responsibilities or burden at work or at home. Women can always share the burden of the household with their

significant other so that each may equally share the responsibilities for the children, the bills, and the chores. Women must also learn how to put themselves first, know their limitations, and take time for themselves to heal their body mentally and physically. Through awareness women can lessen the stress that can lead to physiological and psychological problems.