Mental Distress

Gender Aspects of Symptoms and Coping

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Acta Oncologica Vol. 38, No. 6, pp. 757–761, 1999

The article examines men's and women's views on their reasons for mental distress and on their coping styles, respectively. The data were taken from written statements given on two open-ended questions from a survey questionnaire returned by 43 men and 57 women who were self-reported, long-term users of these drugs, and from taped interviews with 10 respondents. Men's accounts (n = 25) expressed a layered theory of mental health: alcohol was a remedy to alleviate temporary strain caused by external pressure, while the use of psychotropic drugs indicated a loss of a men's assumed self-regulatory powers and autonomy. Women's accounts (n = 31) were stories of emotional pain related to their caring work in the private sphere, and psychotropics restored their capacity to carry out emotional labor.

Received 17 November 1998
Accepted 15 April 1999

Over the past decade, gender and health have been in focus in sociological research. Whereas much of the early research was concerned with mapping gender differences in mortality and morbidity (e.g., (1–5)), the more recent research has focused on the gender aspects of social class, age, and ill health (e.g., (6)). In most of this research, gender has been equated with an interest in women's health and illness. More recently, with the advent of men's studies, a re-evaluation of the studies on men's health has been pursued. This research points to the lack of knowledge in many crucial areas of men's health (7) and in theorizing on men's health as well (8).

In most of the research in medical sociology until the early 1970s, the main theoretical perspective in explaining health and illness behavior derived from the Parsonian sick-role theory (9). Within this framework, the traditional female sex role was seen as compatible with the adoption of the sick role (10–12). More recent research has pointed to the lethal consequences of the traditional male sex role (13, 14). Current research on gender differences in psychological stress, physical health, and coping has expanded the notion of 'roles' for both men and women and examined the effects of multiple roles on experiences of physical and mental distress (15–17). The theoretical framework of this research has been a functionalist view of health, illness, and medicine, a view that contains a consensual view of the gender system, gender roles, and the doctor–patient relationship. Most research in this genre of research has been done within the quantitative research tradition.

Parallel to this tradition, an interactionist perspective has emerged, emphasizing the element of negotiation in the occurrence of illness, and social responses to illness (18). Within this genre of research, there is an interest in the response of lay people to the experience of symptoms and the management of long-term illness. With the interest in lay experiences of illness over the past decade, research on women's and men's health accounts and lay beliefs about illness has illuminated the cultural aspects of gender and health (e.g., (19, 20)). In this research, pursued within the qualitative research tradition, the character of women's health, portrayed as victimized in the feminist research of the 1970s, has been given a more agency-oriented approach. Women's views about their body have provided an understanding of the cultural processes forming women's perceptions of health (21, 22). Similarly, new information on men's values in health has given a more nuanced picture of the culture of health in men's lives. However, the latter aspect has been more fully explored in the recent genre of research, in men's studies, on men's bodies and sports (8, 23, 24).

The research on women's and men's accounts of their health and illness has been preoccupied with the effects that health and illness have on the physical body. But this

 ISSN 0284-186X

is a disembodied body, a body in which mental health is seen to be embedded in a 'sick mind', separate from the body. In this context, less research has been done on mental health. This article is an effort to fill that void and to offer an embodied view of gender, moods, and mental distress. It explores women's and men's views on mental distress and the kinds of coping styles they adopt in order to restore a shattered self.

In our previous work (25) we argued that there are a variety of actors involved in the social construction of mental health. At the individual and group level there are *lay accounts* and a *lay epidemiology* of mood disorders that reflect socially shared conceptions of what constitutes normal moods. Normal moods are, however, embedded in the structural and gendered arrangements of society. Hence, 'normal moods' will inevitably be *gendered moods* (25). In order to illuminate this approach, we will examine what here will be called the *genesis of mood disorders* (19, 26), which informs us about how women and men construct the reasons for their mental health problems and what is seen as normal moods for each gender. We will show that women have a holistic view of mental health but still adopt a very mechanistic view of coping, while men have a layered theory of mental health and a concomitant selective coping pattern.

MATERIAL AND METHODS

The data derive from a study of 100 long-term psychotropic drug users (43 men and 57 women). The subjects, who were self-reported, long-term users of tranquillizers, hypnotics, and antidepressants, were recruited through healthcare centers and through local newspaper advertisements in a metropolitan area of southern Finland between January and April 1992 (see 25). A questionnaire was sent out to and returned by 43 men and 57 women, who were asked about the character of their long-term use of psychotropic drugs. Semi-structured, tape-recorded interviews were conducted with ten of the questionnaire respondents. The qualitative data reported here came from the taped interviews and from written statements by 25 men and 31 women who answered the open-ended questions on the questionnaire about whether they thought that men and women used psychotropic drugs for different reasons.

RESULTS

Mental distress as part of enacted masculinity and female emotionality

In their accounts of psychotropic drug use, men justified their use of any mind-altering substance, such as tranquillizers, sleeping pills, or alcohol, as being part of their position as men in society. Men's use of these substances was constructed on representations consistent with the core of the masculine or what it means to be male in society: work, making money, supporting a family. These sorts of masculine representations were based on the claim that in men's experience, it is not uncommon to feel symptoms of stress and anxiety, given the external pressures men experience just by being men. Over and above men's experiences of using a substance to cope with stress, the fact that men believed that stress came from external forces, the outside world or the public sphere of society, made their drug use understandable and permissible to themselves.

To a man the career and the need to succeed make for bigg
er psychological pressure.

and

Men have to use [these drugs] because of anxiety and press
ure from work.

Psychotropic drug use needed strong justification that in some instances the relief provided could be based more on a sense of urgency than on stress. Here, male accounts contextualized powerful enactments of masculinity, as respondents claimed that these drugs prevented suicide and portrayed their use in seemingly life-threatening contexts.

I think that tranquillizers prevent many from committing s
uicide.

and

A burnt-
out man is seriously ill… you can't get yourself to do anyth
ing, you can't concentrate and have shakes and bad aches.
If a man can't get any help, he'll die.

Use of psychotropics, then, was a survival measure. It was not only a question of a man's survival as a male body but also a measure for regaining masculine subjectivity and self-control.

In the discourse on femininity, to embody emotionality is somehow related to sensitivity and openness to oneself, one's family, or significant others in private spaces. This claim was upheld in women's accounts and echoed in those of men.

Women… talk more about their emotions and how do I fe
el and do I feel nice now or bad. Women talk more about
emo-
tional
life problems with each other. We are more open. For men
it's harder. They grab the bottle, that's their tranquillizer.

and

Women are, in my opinion, more emotional than men.

and

It is easier for women to tell each other about their problem
s. Men are closed and can't open up even with a profession
al helper. (male respondent)

and

Men are expected to endure more than women.

and

Men usually have more strong self-confidence—
better nerves.

Then in the accounts there appeared a notion of the genesis of mood disorders. For men the reason for their health was 'strong masculine nerves', while mental distress was related to the psychological pressure generated by the normative expectations of acting as a male in the public sphere. For women, women's 'emotionality' explained both their strength and their weakness. For them, the reason for their mental distress was 'emotional pain' emerging from their caring roles in the private sphere. But in contrast to Bendelow's (20) study on pain perceptions, emotions, and gender, women's emotionality, although perceived as 'natural' for women, was not seen by our respondents as biological. Instead, both men's and women's responses to psychological stress were seen as a product of a gender-differentiated socialization process or external pressures. Yet, as in Bendelow's (20) study on gender and pain, among women there appeared to be a holistic and embodied view about emotional and physical distress, while among men mental distress had layers—superficial distress and 'real' distress.

Gender and coping styles

In men's and women's accounts, using psychotropics or alcohol was considered a gender-typed response. Supporting these images, the stories provided sharp as well as clear gender portrayals of the sequencing of mood shifts and substance use:

Women rely more on tranquillizers and sleeping pills, men rely more on alcohol.

and

Most of the time, I think, men in a similar situation use a l ot of alcohol.

and

Men treat their anxiety more easily with a glass of beer tha n women do, although it doesn't help for longer than a mo ment. A man only wants to release his anxiety when intoxi cated.

and

They [men] just cannot express their anxiety other than when drunk, and don't even want to discuss their anxiety and get help. They all clam up until the moment when they get a drink or two.

and

Women always have access to these drugs, have them in reserve and take them immediately, even for minor depressions and insomnia. Men do not complain and ask for drugs nor do they know how to get them, but use alcohol instead of drugs.

On the other hand, for male respondents the use of psychotropic drugs was a sign of masculine deficiency. One man said:

The use of tranquillizers or hypnotics paints a picture of th e traditional way a man sees weakness.

In men's and women's accounts there appeared a notion of alcohol as an alternative coping mechanism for men. In men's accounts there was a layered notion of mental distress, a notion that gave the two different substances a symbolic meaning for men that they did not have for women.

DISCUSSION

The argument presented in this article is that gender is embedded in the concept of mental health, body and mood disorders. 'Normal' moods are not a universal concept but situationally and culturally bounded and reproduced. Furthermore, 'normal' moods are built into the structural and gendered arrangements of society. In this sense, *gendered moods* are shared constructs of normal moods for each gender. For both men and women there was a gendered category of mental health that served as the backdrop against which the self was constructed and compared. In this regard, gendered moods reproduced a model of *normative femininity and masculinity*, which had an impact on men's and women's experiences of symptoms and coping. Our results show gendered notions about the genesis of mood disorders and about coping styles. For women, there appeared a paradox between their holistic notion of mental health and the adopted medicalized coping style. For men there appeared a layered theory of male mental health and concomitant alternative coping mechanisms.

Women were perceived by both men and women as emotional, and emotionality was seen as both a 'strong' and a 'weak' female feature. In effect, respondents appealed to this emotionality as women's very capacity to handle everyday matters and caring work. Although there appeared to be a holistic and embodied view of women's physical and mental health, women still adopted a very mechanistic view of coping: psychotropics were used to heal their 'emotional pain' and to restore their emotional self so that they could carry out their caring function. This result confirms previous findings in early as well as in recent studies on women's health, which have documented the importance of social reproduction in influencing the character of women's health beliefs and health and illness behavior (27, 28).

In men's accounts there was a dual notion of the externality of society: men perceived themselves as *agents* in the public sphere and at the same time *victims* of that sphere. Men experienced society as an external social fact, which impinged upon them and forced them to conform and perform. Men and women shared the view that men had 'stronger nerves' and an ability to control their stress and concomitant shifting moods by means of alcohol, while using psychotropic drugs became an indicator of the loss of a man's assumed self-regulatory capacity and autonomy.

In this regard, men embraced a dualistic construction of their identity and their mental health. One part of men's identity was a self that had been subjugated to the pressures of the external world. 'Outside' forces of work, career, and making money shaped men's representations of themselves, in varying degrees, as 'publicly' responsible in everyday reality. Simultaneously, men highlighted this duality as a gendered value (i.e., masculine), which set them apart from women as a group. Men's working bodies were an external shield of masculinity that was seen as existing apart from their 'true', inner self. For men, the body was an instrument that enabled the achievement of the values and acquiring of the commodities that confirmed a 'consumerist masculinity' (29). This self was the victimized part of men's identity and a self that was an object of social control. Violations against this part of their identity they could cure with the assistance of alcohol (see also (30)). They felt they had control over alcohol, and it, in fact, enabled them further to explore and to enter the territory of their true inner self, if need be. They could use alcohol to restore their image of traditional masculinity and regain a sense of masculine dominance and control.

Another part of men's self was a self-controlled entity that was outside of the social and explained men's autonomy from the external world. This notion captured the values of traditional masculine individualism and agency. As long as men had control over this part of their inner self, they felt that they were 'real' men (31). When this part of a man's identity—his 'true, inner self'—was lost: what was left was an almost enfeebled 'feminized' self. For men, the relation between the inner self and the victimized external self explained the seriousness of the mental-health problem experienced and the type of remedy and substance needed and used. When men felt that they no longer had control over their inner core, they had to resort to psychotropics.

In conclusion, the findings of this study confirm previous studies documenting that psychological symptoms have a gender-specific character and are related to the salience of the gender role rather than to the role per se (32). Our results also provide further information about the alleged substitution of alcohol or psychotropics among men (33). Instead of the assumed pattern—men using alcohol and women resorting to psychotropics for the same symptomatology—use of psychotropics had a different symbolic meaning for men and women. For women, a psychotropic was a substance that restored themselves as actors and restored their private selves shattered by relations in the private sphere. For men, alcohol served to restore a masculine self that was an actor in the public sphere. Only when the inner core of masculine subjectivity had been shattered did men resort to psychotropics.

These gendered notions of mental distress, experiences of symptoms, and coping should be considered in the treatment plans for male and female patients.

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