Female Patients versus Male Doctors' Universe

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How does medicine view women's health problems? In recent years the women's movement has posed many questions to medicine which has in turn set the medical establishment thinking. This article is an 'insider's view by a Danish woman psychiatrist and discusses how bias influences both the diagnosis and the treatment of women's problems.

SCIENCE is unscientific in the way it analyses and treats women. Virginia Woolf says, "Science it would seem is not sexless, she is a man, a father and infected too".

It is very important and essential to confront the medical world with feminist viewpoints. You may then be able to explain many otherwise unintelligible problems and treatments. If we raise the consciousness about this confrontation we can go ahead in a much wiser way and otherwise we will obtain impossible results in the treatment of women patients. In the industralised part of the world women live about seven years longer than men do. Why is it so? On the other hand, depressions are much more widespread in our societies among women, and women are depressed between three and six times as often as men. What's the explanation of this? Women go to see their doctors twice as often as men. Is this good or bad? Women are drugged twice as often as men, and many healthy women are constantly under the control of an artificial intake of sex-hormones, while healthy men as a rule don't take hormones. Why is it that men most often abuse alcohol and drugs? Why is it that nearly exclusively, men are imprisoned?

Women's Biology

Women have a wonderful biology. Our life is cyclic and cyclicity is an underestimated richness. From puberty the woman is constantly changing. She is influenced by a hormonal balance which all the time changes quietly, little, just like the moon and in the same pace as the moon. Every 28th day women menstruate and after this, in the middle of the period, we are in ovulation. After this and before the next menstruation we have the premenstrual phase, where many women feel extra energy, extra power and vitality. During menstruation many women feel their womanhood confirmed and sealed. Some times the female cyclicity takes other forms. When you are pregnant you are in a long cycle of nine months, where you feel new changes, new hormone balances controlling your organism and from moment to moment you and your child are in quiet change and movement towards birth. The birth itself is a series of oscillations and the labour begins quietly and slowly. As the labour continues the oscillations become more and more intense, until the child is born. Afterwards a new cyclicity arises and you find a new hormone balance with new experiences. When you nurse the child, your breast slowly fills up and afterwards your love to the baby slowly and peacefully empties the breast again. This sort of cyclicity continues until you again return to the ordinary cyclicity and the ordinary menstrual cycle. May be after more pregnancies with ordinary cyclicity in between, you at last reach the 'large' cycle, the climacteric, where you experience the menopause and your organism again reaches a new hormone balance in quiet pace. For some years you then will go on this balance until old age and death.

The female doctor and psychoanalyst Therese Benedek wrote a paper, 'Climacterium a Developmental Phase'(1950). She found that psychodynamically the female sexual cycle involves a greater integrative capacity within the personality. Thus when the approaching menopause diminishes the fulctuations of the sexual drive, the ego is flexible enough to use the energies released from previous tasks for new integrations. In other words, the female cyclicity is an advantage because it creates flexibility to manage new life situations and use the energies in a new and satistying way, as may happen in the climacteric.

Margaret Mead talked about the postmenopausal zest and as you know she herself enjoyed her zest and many of her world famous works were made in her postmenopausal phase.

Karen Blixen, Danish female author, wrote in *The Caryatids, an Unfinished Tale* (1957), "He watched the figure of his wife, sunk in musing in the carriage seat. He recognised the thoughtful mood which had come over her, the wave-motion of her being, following the rhythm of the moon like the tidal waves of the sea. It was as if a weight was being gathered grain by grain, within the depth of her, balancing down her vitality into a new calm and a deeper understanding. Sometimes she would disappear from him altogether for a day or two, but only to come back, radiant, as from a flight into a distant world from which she brought with her fresh flowers to adorn her home." When we talk about the female cyclicity, the phases in our lives, in this way, it is difficult for many of us to recognise ourselves. Also in my daily life, femininity is quite different from the way I have tried to describe it here.

Menstruation

You see the problems clearly in advertisements. An ad from a Danish paper "Girls! Be balanced every day! Menstrual days and the climacteric don't need to be problems! Take the new Melbrosia pill every day." The advertiser trusts in our imbalance and especially in that we feel it.

In an ad for doctors, the drug company offers hormone therapy for premenstrual syndrome (PMS) and the pill is said to remove irritability, crimes, accidents, breast tenderness, emotional turns, headache and so on. This is an audacious claim by the drug company, because premenstrual syndrome lacks scientific proof. In connection with this ad we had a debate in the Danish media. Female doctors emphasised that crime and accidents primarily are male problems and that it was farfetched to believe that women should need treat-

ment with hormones to prevent crime. After a long debate the company at last admitted that the ad was not objective and it was then withdrawn. In a mass-circulating newspaper a cartoonist showed his new understanding—his cartoon showed a battered woman calling the drug company, "Can't you produce some similar hormones for my husband—but they have to work every day." *Menstrual troubles: Symptoms, course of disease, treatment*, is the title of an informative book for all women. It was published after the debate, and the author is one of our prominent gynaecologists. From an illustration in the book you see the endometrium changing through the period. At the top of the picture is an illustration showing how the woman feels. She looks free and well until the last days before menstruation. Then she is shown to be sitting down and she looks like a person who is unable to do reasonable things. It is interesting to look at this picture and at the same time be conscious of the fact that this is never scientifically shown to be a normal situation for women. Some healthy women can feel negative sensations in the days before menstruation, but other women can feel the opposite or nothing and this is totally forgotten in medicine.

In medicine a woman is regarded as a handicapped man. It is considered a negative factor that she may be premenstrual or menstrual or in ovulation and that she may be pregnant or in puerperium and for a certain period she may be nursing and later she will experience the worst, the menopause. A women is thus always in a 'special condition'. She is never okay, but what about the original model, the man?

Some female doctors have studied 'the man' and we plan to publish a book with the title, *Testosteron troubles: Symptoms, course of disease, treatment*. As yet nobody has taken care of the poor man with this strained condition. We will stress, that the level of the man's testosteron concentration in blood is nearly always the same, and as everybody knows, men are always in the same spirit. But many men suffer from testosteron poisoning, and they are in the same aggressive condition all the time. We hope very much that we can help them, but until now we have no sure and certified method of doing it.

Giving Birth

In Denmark nearly all women give birth in hospitals and both the labour and the condition of the child are monitored in several ways. It is difficult to imagine how women giving birth will be able to experience the many sensations and great moments in their lives, when they are treated as patients in the hospital milieu. We know that women nowadays are at a larger and larger risk of having to undergo Caesarian sections so that their experience of giving birth will be an experience of being under narcosis. And what about the children? Is it good for them to come into the world and live without the normal experience of birth? Of course it is advantageous that we have the possibility of a Caesarian section when it is really necessary, but is it with advantage that we perform the operation more and more?

Climacteric

In ads for the climacteric the drug companies tell us that we can do something for this otherwise hopeless situation. Hormone therapy solves the problems. The atmosphere in illustrations is depressing and resigned and often against the background of rainy weather or autumn.

In Denmark two well-established male gynaecologists have written an 'informative' book about the climacteric. It is issued in the same series as the book about PMS mentioned above. The title is, *The Climacteric: Symptoms, Courses, Treatment*. The book has illustrations presenting the woman before and after the menopause. You see a profound change between these illustrations. The postmenopausal woman is fat and her appearance is totally without charm. We must wonder why male doctors want us postmenopausal women with zest to identify ourselves with such pictures of women.

The diagnosis of the menopausal syndrome was first introduced to English-speaking doctors late in the last century, and it became an instant success. Joel Wilbush (1981) in an article, "What's in a name? Some linguistic aspects of the climacteric " views the diagnosis of menopause as a 'wastebasket' and the introduction of this diagnosis in the last century gave little offence. It was an excellent label which satisfied doctors and patients alike.

It is important to stress the lack of proof of the connection between mental illness and menopause. In Sweden Tore Hällström (1973) undertook a thorough epidemiologic study of 800 women and found no correlation between the menopause and mental disorder. In Denmark, a study including all patients in the psychiatric institutions has shown no peak in the number of patients in the middle years per number of inhabitants in the same age group. Weissman and Klerman (1977) in a comprehensive review of the literature concluded that there was no evidence that women are at greater risk of depression during menopausal period.

Many men and women feel that menopause is the worst experience in the life of a woman. And some even claim, that it will leave her as a castrata for the rest of her life. In the treatment of menopause the most important task of the doctor is to give the women careful and factual information. It is necessary to distinguish facts and myths. I would like to stress once again that no mental disease has ever been proven to be caused by the menopause. Therefore hormonal treatment cannot be expected to, and has never been proven to alleviate such diseases. When the woman is well informed it is up to her to choose whether and for how long she wishes to have hormone therapy. The informed choice of the woman is much preferable to an authoritarian decision by the doctor.

Depression, Thy Name is Woman

Now let us take a look at depression. Depression is a 'woman's disease' and it is up to six times as common among women as men. Today most psychiatrists and psychologists agree that we see quite smooth transitions from the normal sorrow to very deep and serious depressions. The psychiatric diagnostic apparatus is here, as in many other places quite uncertain and unstable. In all the professional textbooks you find the description of the depressive person as passive with lack of initiative, lack of self-confidence, introjection of aggression with subsequent feeling of guilt and with a lack of sexual desire and performance, men are impotent and

women frigid. Here it's essential and interesting to remember Freud's description of the normal woman and after him, many other identical descriptions. Freud tells us that the normal woman is passive with lack of initiative, lack of self-confidence, as a rule she introjects her aggression and she cannot show her anger, is inclined to feeling guilt and sexually she is masochistic. As you can see the two descriptions are rather alike. Indeed they are nearly in accordance word by word. Yet the normal woman is labelled as masochistic, which I think many feel is worse than the depressive woman's frigidity.

Freud's and other description of the woman is, I'm sorry, current also today. Women's sex role is a norm which in many ways demands passivity. When passivity is pronounced, depression will follow. It is more than hypothesis that the female sex role in many cases is the same as mild depression. And when the woman experiences psychological traumas, strain and so on, she overplays her female role as a defence and then she develops a more severe depression (Willadsen, 1983).

The bringing up of girls is an upbringing to passivity, to potential depression. In many situations it can be easy to be passive and it is important to understand the tempting aspect of convenience of the female sex role. You can identify female passivity and helplessness in many ways.

Have a look at the language. Sheila Rowbothan says in *Woman's Consciousness, Man's World*: "As soon as we learn words we find ourselves outside them. We need a language which constructs the reality of women's strength, women's power. When you are angry and want to express your strength and power, you have not your own words for it".

The normal result of the normal upbringing of a girl, is a mild, attractive and kind woman and whatever happens she will stay by her man. Often she cannot manage to accept this normal sex role, and cannot find her psychic balance, and then, nowadays, very frequently she ends up a depressed woman. The depression is for her a flight from an intolerable life situation and in the depression she can relate to her surroundings although in a negative way.

Hysteria

In other cases the women ends in another exaggeration of the female role, the so-called hysterical personality. In the leading Danish textbook of psychiatry our first psychoanalyst (Vanggaard 1985) as late as last year writes about the classical hysterical personality, "A known example is the colourful, lively, attractive and seductive woman, but it turns out that she is not serious. In intimate sexual relationships she is frigid. Even outside the narrow erotic sphere the inviting, charming and seemingly emotional attitude of these persons can impress people—often resulting in disappointment at a larger moment." The editors of the textbook, five other male Danish psychiatrists, all in high positions, have not commented on this outpouring. You see the alarming distance from women's reality. It's the same in many well-known international textbooks.

In the USA's diagnostic statistical manual, the commonly used diagnostic system in the States, DSM III, the term hysterical personality is abandoned and it is now called 'histrionic personality disorder'. In the description in the manual you see that the histrionic personality is described in the light of the usual oppressive concept of women. There you read that histrionic personality disorder is diagnosed far more frequently in females than in males. Such individuals are typically attractive and seductive, superficially charming and appealing. They are demanding, egocentric, and manipulative. They may be sexually unresponsive and in both sexes overt behaviour often is a caricature of femininity. All these pejorative descriptions are known in all sorts of psychiatric literature. The hysterical or histrionic woman is accused directly of looking lovely and being attractive and, at the same time, of being unreliable in their sexual accessibility for men. They bypass the traditional norms and are accused of using the femininity in order to manipulate the surroundings. The textbooks forget the simple fact that behaviour that is rewarded will be promoted. The behaviour of the hysterical women is, of course, determined by their living conditions. The essential issue is the deleterious lack of real female life realisation. Hysterical symptoms act as a substitute and they can be regarded as a caricature of the demands to women's behaviour in general and her sexual life in particular. Hysterical symptoms are distorted communication with the surroundings and an attempt at protest against the conditions. The hysterical person lives under the motto, "Don't think, don't know, don't feel". You have to act as another alien person and to satisfy the needs of other instead of your own, and at that be so kind as not to see through it.

In the Danish textbook the psychoanalyst also writes about the spouses of the hysterical patients. He finds it surprising what many spouses are willing to acccept the hysterical personality. There is really no basis for surprise. Lawrence Durrell formulates so shrewdly: "We get the partner who corresponds to our own inner ugliness, i e, when we look for a partner, our negative aspects will be decisive, while the positive aspects will be without any consequences, because they will be accepted by everybody. The hysterical woman will often marry a special type of man, superficially he is clever and permissive in relation to her, but if you analyse the relation, you will often understand that he plays his own game. For his own good he keeps to the hysterical because he experiences himself as strong and important and as safe as possible in his male role. At the same time he 'fixes' her symptoms because he can't do without.

The label frigidity is often linked to the hysterical. Sexologists have tried to replace frigidity with general sexual dysfunction of the female. They have tried to be progressive, but in vain. Frigidity is essentially the women's skewed protest against participation in the traditional sex life, when everything is dictated by the wishes and needs of the man. She experiences all of it as an attack against her integrity. Many womens suffer from lack of sexual life realisation. The woman's common inclination to passivity explains that she often finds herself to be, what we call, frigid or suffers from sexual dysfunction.

I have read Sheila Kitzinger's *Women's Experience of*

Sex (1983) with great profit, and in many ways I agree with her. She writes in the postscript that she has learned much from writing the book. Before writing the book she took it more or less for granted, that sex therapists must be right when they talk about female sexual dysfunction and when they often use therapies to help women adapt without questioning the social values and codes which impose on us particular kinds of sexual behaviour and assumptions about sex.

It's a fact that nearly all diseases occur with a skewed sex-distribution. In every textbook you find the unequal sex-distribution mentioned. But without any analysis and without recommendations for prevention and cure of the diseases in this light. Drugs are used widely and it is alarming that many, many healthy women are medicated in several ways. In gynaecology, hormones, as I mentioned before, are often used in the treatment based on myths about women's biology and sexual life. The same happens in some cases of gynaecological operations. In general practice the treatment very often is a drug treatment and it is the general practitioners who prescribe most of the psychotropic durgs. Most of them are sedatives but they also issue many prescriptions for antidepressives and neuroleptics.

The pharmaceutical industry is aware of the sex of the doctor and the sex of the patient,. In the ads you often find the attractive woman, with a nice hairdo, make-up and posture and the elderly grandfather-like doctor—he usually has grey hair and a bald spot on top of his head just to inspire confidence. If his patient is a hysteric who cannot manage her frigidity or a depressive who suffers from passivity and lack of self-confidence, where can she go for better treatment, than to the psychotherapist?

Many patients feel that the psychotherapist puts them back in their box and not to a worthy life outside the fixed conventional role. The male society makes its demands. A woman has to be the good wife and mother and at the same time she is expected to be attractive and be able to manage competition from pornography.

Can men (as psychiatrists or doctors) treat women? It is a difficult question, because it depends on the scope of the treatment. In the treatment of the weakest patients it necessary to work with very limited purpose. It's a sort of camp hospital treatment at times where you cannot free the patient from war. If the possibilities are better and the woman has resources and can depend on a supportive social network, then she can go ahead and develop her personality. I'm sure she needs help from others who understand her suppression. Some few male doctors do, and honestly many female doctors do not. We are educated in the male medical world and we have internalised so much.

Voluntary helpers and self-help groups sometimes can be good solutions for women with psychic problems, but often they have very few resources. It can be difficult to offer the necessary steady help. The society should on one side support the pioneering initiatives and on the other side, learn from them and transform the established treatment apparatus accordingly. More importantly than appropriate treatment, we need to raise the woman from childhood to a realistic concept of her own biology and psychology. Then she will appreciate her cyclicity and not be apt to biologise her problems, and more or less unconsciously overplay the normal sensations in the female biological cycles. We need to be conscious of our problems and try actively to solve them. We will define our femininity ourselves rather than to accept the traditional definition put forth by men.

When we meet psychic problems, it's necessary in the earliest phases to be active, to take responsibility for ourselves, to use our anger and aggression and not to introject all of it. In every way we have to counteract the objectification of women in our society. I think our sex life is most important. We must be aware of our sexual position.

Clara Thompson (1942) wrote, "The characteristics and inferiority feelings which Freud considered to be specifically female and biologically determined can be explained as developments arising in and growing out of western woman's historic situation of underprivileg, restriction of development, insincere attitude toward the sexual nature, and social and economic dependency. The basic nature of woman is still unknown." The basic nature of woman is still unknown, we must acknowledge. We owe our children, our species to discover it. We need to think, to know, to feel, if we dare, and if we manage it will give our species a much-needed survival value.

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