Men and Women Working Together to Manage Problems Related to Health and Well Being

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“Either this is the wrong chart or—let’s just hope this is the wrong chart.”
The Perceived Natural Order of Things

- Control
- Predictability
- Connection
- Meaning
Illness turns your world upside down.
“Please, Lord, enough already.”
"I wish I could help you. The problem is that you're too sick for managed care."
82 million Americans went without health care insurance within the past 2 years.

“Sorry, folks, but your insurance doesn’t cover more than one day in the manger.”
Are you sure?
Women Found to React to Stress by Social Contact Rather Than ‘Fight or Flight’

By ERICA GOODE

For more than a half-century, scientific gospel has held that animals, including humans, respond to stress by preparing to do battle or to flee, a physiological syndrome commonly known as “fight or flight.”

But in a new report, a group of researchers asserts that females often show a very different reaction to stress, one that centers on nurturing and seeking the support of others rather than aggression or escape.

The difference between the fight-or-flight response in males and this “tend and befriend” response in females, each seen both in humans and in animal species, is based in hormonal differences between the sexes, the researchers suggest. And it may help explain why women are less vulnerable than men to stress-related illnesses like hypertension and alcohol and drug abuse.

Moreover, the researchers contend, in a long ago world, women’s more social response to stress may have conferred an evolutionary benefit, promoting survival and reducing the risk to females and their offspring posed by predators, natural disasters and other Pleistocene Epoch threats.

“Fight or flight is basically a response that doesn’t involve the hands-on protection of others,” said Dr. Shelley E. Taylor, professor of psychology at the University of California at Los Angeles and lead author of the report, which is to be published in the journal Psychological Review. “But females needed to protect their young, and affiliating with a social group afforded more protection for females with one or more young children.”

Although many links in the researchers’ theory still await scientific confirmation, evidence from a variety of research areas supports their basic thesis. And if the link between the differences in physiology and behavior in men and women is confirmed, it may shed light on how the mind and brain develop, as well as research in other areas of health.

The theory, said Dr. Bruce McEwen, professor and director of the Laboratory of Neuroendocrinology at Rockefeller University, “still has to reach out and connect to biology.” But he said that Dr. Taylor’s work offered “a new and broader framework” for thinking about responses to stress, and that “it captures something I do not think has ever been captured before in animals, and different gender differences that seem to apply across animal species.”

Dr. Taylor said her study of “tend and befriend” responses began with an offhand comment by a postdoctoral student, who noted that most animal studies of stress were conducted using only male rats.

During a little digging, Dr. Taylor and her colleagues discovered that the same was true for human studies. In laboratory studies of biological responses to stress conducted before 1985, for example, only 17 percent of subjects were women.

And the notion of a lone warrior locked in combat or surrender mode that emerged from such research did not mesh neatly with evidence from psychological studies, which showed that in stressful situations, women often sought out the company and support of others, or coped with stress by nurturing their children.

In a 1998 study, for example, Dr. Rona Rapoport, also of U.C.L.A., found that mothers returning home after a stressful day at the office were more likely to devote time to their children, while fathers were more likely to withdraw or incite conflict.

For the journal report, Dr. Taylor and her colleagues reviewed several hundred studies.

Researchers find a ‘tend and befriend’ instinct in women under stress.

In the process, they found that oxytocin, one of a cascade of hormones released in response to stress, appeared to play a central role in females’ response.

Stress hormones are linked to oxytocin, which is also produced during childbirth and nursing, both with maternal behavior and with social affiliation. And animals and people with high oxytocin levels, researchers have found, are calmer, more relaxed, more social and less anxious.

But the effects of oxytocin during stress, Dr. Taylor and her colleagues found in their review, appear to vary between males and females. In males, male hormones like testosterone, which studies have shown increase during stress, seem to mitigate the more calming, affiliative impact of oxytocin.

The female hormone estrogen, in contrast, appears to enhance the action of oxytocin. In a study at U.C.L.A., for example, Dr. Taylor and her colleagues found that postmenopausal women who were receiving estrogen therapy had more than three times the level of oxytocin as women not receiving hormone replacement therapy.

“This may explain why women are more likely to turn to others, both their children and friends, than men are in response to stress,” Dr. Taylor said.

The findings, she cautioned, should not be taken to mean that “it is only or primarily women who can and should take care of children.”

“I don’t think there’s any implication of that sort in this model,” she said.

She added that females of course also displayed aggression in some circumstances. But studies show that they are less likely to be physically aggressive, and more likely to express aggression indirectly. And while the revving up of the sympathetic nervous system that occurs during stress appears intimately tied to high testosterone levels and aggression in men, the same mechanism may not be at work in female aggression.

The researchers’ study adds to the growing evidence that men and women differ markedly in the way their bodies respond to a number of health-related conditions, and in some cases may help scientists understand more about why this is so. Studies show, for example, that the “classic” symptoms of heart attack — pain radiating down the arm, for one — occur much more often in men than in women, who may experience shortness of breath instead.

Still, not everyone is convinced that the differences in behavior that men and women show during stress are tied to physiology.

Dr. Alice Eagly, professor of psychology at Northwestern University, said that the gender differences could be rooted in hormones but that alternatively, they could be a result of learning and cultural conditioning.

“I think we have a certain amount of evidence that women are somewhat more affiliative,” Dr. Eagly said. “But what’s real is that it’s become the focus of the question. Is it biologically hard-wired? Or is it because women have more family responsibility and preparation for that in their development? That is the big question for psychologists.”

For her part, Dr. Taylor hopes that an awareness that people can respond to stress by becoming more social will also widen the lens through which scientists study men.

Most studies of stress response, she pointed out, not only use male subjects but lock female subjects by themselves, not in groups.

“Men are greatly benefited from participating in social groups,” Dr. Taylor said. “And those responses are clearly quite vital, but we don’t know as much about them.”
Death rates for selected leading causes of death among people age 65 and over, 1981-2001

Note: Death rates for 1981-1998 are based on the 9th revision of the International Classification of Disease (ICD-9). Starting in 1999, death rates are based on ICD-10, and trends in death rates for some causes may be affected by this change. For the period 1981-1998, causes were coded using ICD-9 codes that are most nearly comparable with the 113 cause list for ICD-10 and may differ from previously published estimates. Rates are age-adjusted using the 2000 standard population.

Reference population: These data refer to the resident population.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
Percentage of people age 65 and over who reported having selected chronic conditions, by sex, 2001-2002

Note: Data are based on a 2-year average from 2001-2002. Data for arthritic symptoms are from 2000-2001.
Reference population: These data refer to the civilian noninstitutionalized population.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.
Percentage of people age 65 and over with clinically relevant depressive symptoms, by age group and sex, 2002

Note: The definition of "clinically relevant depressive symptoms" is four or more symptoms out of a list of eight depressive symptoms from an abbreviated version of the Center for Epidemiological Studies Depression Scale (CES-D) adapted by the Health and Retirement Study. The CES-D scale is a measure of depressive symptoms and is not to be used as a diagnosis of clinical depression. A detailed explanation concerning the "4 or more symptoms" cut-off can be found in the following documentation, http://hrsonline.isr.umich.edu/docs/userg/dr-005.pdf.
Reference population: These data refer to the civilian noninstitutionalized population.
Source: Health and Retirement Study.
Men and Women Experience Depression Differently

- **Women twice as like to be depressed**
  - Men 4 times more likely to commit suicide
  - Older (65+) men at highest risk
    - 31.8 per 1000,000
    - 4.1 per 100,000

- **Men do not get treatment as often as women**
  - Do not manifest traditional symptoms
  - Less likely to be tuned into their condition
  - Less likely to recognize the disorder
  - More reluctant to seek help

- **Men more likely to act-out**

"Can you spare a few seconds to minimize my problems?"
Intelligence: Different Routes Same Outcome!!!!!!!
Caregiver Distress > Cancer Patients

- Cassileth et al 1985
- Kornblith et al 1994
- Keough et al 1998
- Boyle et al 2000
- Siston et al 2001
- Langer et al 2003
- Hodhes et al 2005
- Kurtz et al 1995
- Crowe & Costello 2003
- Tuinman et al 2004
- Vickery et al 2003
GENDER DIFFERENCES IN CAREGIVING STRESS AMONG CAREGIVERS OF CANCER SURVIVORS

YOUNGMEE KIM*, MATTHEW J. LOSCALZO, DAVID K. WELLSCH and RACHEL L. SPILLERS

*American Cancer Society, Atlanta, USA
bUniversity of California, San Diego, USA
cUniversity of California, Los Angeles, USA

- Caregiver esteem and survivor functional status mediators of link between gender and caregiver distress
- Males manage physical symptoms with high esteem and low distress
- High distress and low esteem in the face of emotional distress
- Men need help in emotional management!!!!!!
RICHARD, WE HAVE TO TALK.

I'M DAVE.
How Can We Help You and Your Family?

Problem-based Biopsychosocial Screening
How Can We Help You and Your Family?

By completing this form you will tell us how we can best work together with you as an effective team.

Please take a few moments to:

1. Rate each and every problem by circling a number 1 thru 5. [1 means this is Not A Problem At All To Me, 5 means this is the Worst Problem I Could Have.]

2. Then, please circle Yes to indicate problems you would like to discuss with a member of our staff.

Ask at the Front Desk if you would like help completing this form.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Transportation</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>19. Ability to have children</td>
</tr>
<tr>
<td>2. Finances</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>20. Being an anxious or nervous person</td>
</tr>
<tr>
<td>3. Needing someone to help coordinate my medical care</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>21. Losing control of things that matter to me</td>
</tr>
<tr>
<td>4. Sleeping</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>22. Feeling down, depressed or blue</td>
</tr>
<tr>
<td>5. Talking with the doctor</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>23. Thinking clearly</td>
</tr>
<tr>
<td>6. Understanding my treatment options</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>24. Me being dependent on others</td>
</tr>
<tr>
<td>7. Talking with the health care team</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>25. Someone else totally dependent on me for their care</td>
</tr>
<tr>
<td>8. Talking with family, children, friends</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>26. Fatigue (feeling tired)</td>
</tr>
<tr>
<td>9. Managing my emotions</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>27. Thoughts of ending my own life</td>
</tr>
<tr>
<td>10. Solving problems due to my illness</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>28. Pain</td>
</tr>
<tr>
<td>11. Managing work, school, home life</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>29. Sexual Function</td>
</tr>
<tr>
<td>12. Controlling my anger</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>30. Recent weight loss</td>
</tr>
<tr>
<td>13. Writing down my choices about medical care for the medical team and my family if I ever become too ill to speak for myself</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>31. Having people nearby to help me or needing more practical help at home</td>
</tr>
<tr>
<td>14. Controlling my fear and worry about the future</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>32. Nausea and vomiting</td>
</tr>
<tr>
<td>15. Questions and concerns about end of life</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>33. Substance abuse (drugs, alcohol, nicotine,other)</td>
</tr>
<tr>
<td>16. Finding community resources near where I live</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>34. My ability to cope</td>
</tr>
<tr>
<td>17. Getting medicines</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>35. Abandonment by my family</td>
</tr>
<tr>
<td>18. Spiritual Concerns</td>
<td>Not a Problem: 1 2 3 4 5</td>
<td>Yes</td>
<td>36. Any other Problems you would like to tell us about (please specify):</td>
</tr>
</tbody>
</table>

PLEASE CHECK ONE:

Present Relationship-
Married  □ Single  □ Living with Partner  □ Widowed  □ Divorced  □

Race-
Native Hawaiian/Other Pacific Islander  □ African American  □ Asian  □ Hispanic  □ Multi-racial  □

Language I prefer to Speak:  English  □ Spanish  □ Other ____________________________

Thank you for taking the time to provide this information.  1/18/2006
77.2% rated at least 1 problem ≥ 3.

32.2% Said “YES” on at least 1 problem.

70.0% who did not circle “Yes” rated at least 1 problem ≥ 3.

29.6% Said “YES” on at least 1 problem AND rated at least 1 problem ≥ 3.
Differences Between Males and Females in Psychosocial Problems (N=2,071)
**Demographic Findings Cont**

*(Top problems rated greater than or equal to 3)*

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fatigue (feeling tired) (n=78)</td>
<td>1. Fatigue (feeling tired) (n=139)</td>
</tr>
<tr>
<td>2. Finances (n=56)</td>
<td>2. Controlling my fear and worrying about the future (n=102)</td>
</tr>
<tr>
<td>3. Controlling my fear and worrying about the future (n=55)</td>
<td>3. Sleeping (n=100)</td>
</tr>
<tr>
<td>4. Pain (n=50)</td>
<td>4. Pain (n=97)</td>
</tr>
<tr>
<td>5. Sleeping (n=53)</td>
<td>5. Feeling down, depressed or blue (n=96)</td>
</tr>
<tr>
<td>6. Feeling down, depressed or blue (n=46)</td>
<td>6. Being an anxious or nervous person (n=90)</td>
</tr>
<tr>
<td>7. Questions and Concerns about end of life (n=43)</td>
<td>7. Finances (n=85)</td>
</tr>
<tr>
<td>8. Being an anxious or nervous person (n=43)</td>
<td>8. Being dependent on others (n=83)</td>
</tr>
<tr>
<td>9. Being dependent on others (n=43)</td>
<td>9. Managing emotions (n=82)</td>
</tr>
<tr>
<td>10. Managing work, school and home life (n=42) *</td>
<td>10. Questions and Concerns about end of life (n=75)</td>
</tr>
<tr>
<td>11. Managing emotions (n=42)</td>
<td></td>
</tr>
</tbody>
</table>

* = Unique problem
Differences Between Males and Females in Psychosocial Problems rated ≥ 3 (N=2,071)

- **Males**
  - Sleeping (28.7%)
  - Managing Emotions (17.5%)
  - Controlling my fear and worry about the future (24.7%)
  - Feeling anxious or nervous (22.6%)

- **Females**
  - Sleeping (34.2%)
  - Managing Emotions (26.0%)
  - Controlling my fear and worry about the future (29.9%)
  - Feeling anxious or nervous (30.5%)

= Significantly Higher, p<.05
Differences Between Males and Females in Psychosocial Problems rated ≥ 3 (N=2,071)

- **Males**
  - Losing control of things that matter to me (16.7%)
  - Feeling down depressed or blue (23.2%)
  - Recent weight loss (17.0%)

- **Females**
  - Losing control of things that matter to me (21.9%)
  - Feeling down depressed or blue (29.4%)
  - Recent weight loss (11.6%)

= Significantly Higher, p<.05
Differences Between Males and Females in Psychosocial Problems rated ≥ 3 (N=2,071)

- Males are significantly higher than females in problems with:
  - Recent weight loss
  - Sexual function
  - Spiritual concerns

- Females are significantly higher than males in problems with:
  - Sleeping
  - Pain
  - Feeling down depressed or blue
  - Feeling anxious or nervous
  - Managing emotions
  - Controlling my fear and worry about the future
  - Losing control of things that matter to me
  - Thinking clearly
  - Nausea
Managing the Impact of Illness on Quality of Life

- **Functional**
  - Activities of daily living, Independence, Family Roles

- **Physical**
  - Comfort, Vitality, Strength, Sleep, Appetite

- **Psychological**
  - Cognitive Clarity, Optimism, Hopeful, Confidence

- **Social**
  - Family nearby, Sense of Meaningful Contribution

- **Spiritual**
  - Connection, Meaning, Transcendence
What promotes thriving!

- Ongoing, open and honest communication
- Effective management of physical symptoms
  - Pain, fatigue, depression, nausea
- Access to state of the art information and treatments
- A support system that is caring, willing to help, and flexible
- Making every day meaningful
- Putting your energies into maintaining Quality of Life!!!!
Coping Strategies and Their Level of Effectiveness

<table>
<thead>
<tr>
<th>Most Effective</th>
<th>Intermediate Effective</th>
<th>Least Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confrontation</td>
<td>Seek information</td>
<td>Suppression</td>
</tr>
<tr>
<td>Redefinition</td>
<td>Share concern</td>
<td>Stoic submission</td>
</tr>
<tr>
<td>Compliance with authority</td>
<td>Humor</td>
<td>Acting out</td>
</tr>
<tr>
<td></td>
<td>Distraction</td>
<td>Repetition compulsion</td>
</tr>
</tbody>
</table>

“I begged him to get help.”
Men: Why We do Not Talk More?

- Do not see the value of sharing concerns
- Do not see the connection between talking and outcomes
- See themselves as “private” persons
- Ignore or deny feelings of loneliness and need
- Preference for retrospective discussion
- *Consciously* aware of emotional binds about conflicting demands of masculinity
“Tell her she’s dead. I don’t want to talk about the relationship.”
Concerns of Men in Response to Cancer In a Loved One

- Uneasy sense of shame that they have personally failed to “protect” their loved one
- Feel little more than a “cheerleader”
- Experience confusion over how to best help
- Frustration over changing demands
- Concern over potential loss of partner
- Manage guilt, anger, frustration over not having needs met
Attitude of the Male-friendly Interaction

- **Invitation**
  - work together to solve or manage a problem
  - problem focused---not person focused

- **Focused energy**
  - developing a plan of action
  - clearly defined outcome
Unconditional love
Time
Presence in sharing and tolerating uncontrollable situations
Ongoing emotional support
Willingness to hear ongoing concerns (many times)
Bi-directional sharing of internal struggles
Little advice (even when asked) and even less being told what to do
To feel secure that they will never be abandoned
Protection while still feeling in control
Know without being told how they feel and what they want
Tolerate diametrically opposed needs, expectations and demands
Sense of feeling deeply connected
Practical needs
Advocate
It depends
Some Reasons Why Women and Men Struggle

- We care so much about each other
- Great variation between the sexes and within them
- Initial Impulse to distress management
  - Reaching Out and Turning Inward
- Response to powerlessness
  - Out There and In Here
- Differing value system and expectations placed on verbal communication
  - Why talk
  - What will it accomplish
    - Process and Outcome
What you can do as a Patient!

› Verbalize your concerns and demand superb care
  • Be your own advocate
    – Verbally, e-mail, faxes, letters
› Reach out to others
  • Ask others to help you to voice your concerns and to solve other problems
› Refuse to be ignored
› Help your family and friends to talk to you
  • Ask them if they have any questions
  • Ask them how are they doing with your illness
  • Teach them how to best help you
  • Do not be selfish--Let your family give to you
What you can do as a Caregiver!

- Ask what the person really wants from you during this time
  - Demand specifics
  - What gives their life meaning?
- Ask if they feel able to advocate for themselves or do they want YOU to take that on
- Tell them that you will be there for them
- Remind them that you still have expectations for support from them
- Be honest
- Be aware on your own limitations and reach out to others
What do Caregivers Provide?

- Longer and healthier lives
- Support
- Companionship
- Friendship
- Structure
- Encouragement
- Food
- Protection
- Love
- Advocacy
- Reality
- Limit setting
- Practical assistance
- And just about everything that really matters!
“Illness is as an opportunity, though a dangerous one… Illness takes away part of your life, but in doing so gives you the opportunity to choose the life you will lead, as opposed to living out the one you have simply accumulated over the years.”

Wellness

The striving of the individual to find a collective meaning and sense of connectedness in all aspects of the human experience.