

# **Women's Mental Health Across the Lifespan**

Challenges, Vulnerabilities, and  
Strengths

*Edited by*

**Kathleen A. Kendall-Tackett and  
Lesia M. Ruglass**



Clinical Topics in Psychology and Psychiatry

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# Women's Mental Health Across the Lifespan

*Women's Mental Health Across the Lifespan* examines women's mental health from a developmental perspective, looking at key stressors and strengths from adolescence to old age. Chapters focus in detail on specific stressors and challenges that can impact women's mental health, such as trauma, addictions, and mood and anxiety disorders. This book also examines racial and ethnic disparities in women's physical and mental health, mental health of sexual minorities and women with disabilities, and women in the military, and includes valuable suggestions for putting knowledge into practice.

**Kathleen A. Kendall-Tackett, PhD, IBCLC, FAPA**, is a health psychologist, board certified lactation consultant, and fellow of the American Psychological Association in both health and trauma psychology. Dr. Kendall-Tackett focuses on women's health with an emphasis on health effects of violence and abuse, trauma and PTSD, maternal depression, and breastfeeding. She is editor in chief of Praeclarus Press and of two peer-reviewed journals: *Psychological Trauma* and *Clinical Lactation*.

**Lesia M. Ruglass, PhD**, is a licensed clinical psychologist and assistant professor in the Department of Psychology at the City College of New York, where she also directs the OASAS-certified Credentialed Alcoholism and Substance Abuse Counselor (CASAC) program. Her research and clinical interests focus on integrated treatments for trauma, PTSD, and substance use disorders. Dr. Ruglass also maintains a private practice in New York City.

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## Series Editor's Foreword

*Women's Mental Health Across the Lifespan: Challenges, Vulnerabilities, and Strengths* is the sixth book in one of Routledge's most popular series, Clinical Topics in Psychology and Psychiatry (CTPP). The overarching goal of CTPP is to provide mental health practitioners with practical information that is both comprehensive and relatively easy to integrate into day-to-day clinical practice. It is multidisciplinary in that it covers topics relevant to the fields of psychology and psychiatry and appeals to the student, early career, and senior clinician. Books chosen for the series are authored or edited by national and international experts in their respective areas, and contributors are also highly respected clinicians. The current volume exemplifies the intent, scope, and aims of the CTPP series.

Editors Kathleen A. Kendall-Tackett and Lesia M. Ruglass make a convincing argument for why a comprehensive volume dedicated to women's mental health is needed. Until recently, the emotional well-being of women took a back seat to that of men. Women were often excluded from research protocols. Any conclusions about women's health was based on research results from men, which were often times not applicable. Fortunately, a shift has occurred. Women's issues are integrated more fully into psychological research and outcomes are shaping how we view and treat their psychological conditions. However, until now, there has not been a single authoritative source that adequately covers the psychological challenges women face. This includes information about prevalence rates, biopsychosocial risk factors, and evidence-based interventions.

The reader will find many of this volume's chapters of considerable benefit. Unlike most edited books, editors Kendall-Tackett and Ruglass put together 11 chapters that flow as seamlessly as any authored book. This is in part due to their experiences as writers and editors. It is also a result of the developmental approach they take in helping the reader understand the unique psychological issues women face. After covering the mental health of women from adolescence to older adulthood, the editors provide a deep dive into the various

cultural and diversity issues that influence their well-being. They close out the volume with a section that details various clinical issues women deal with that includes mood, anxiety, trauma, and substance use disorders.

In summary, although there is information available on women's mental health, there are few that are as comprehensive, evidence-informed, and practical as the current volume. In addition to being highly respected researchers and writers, Drs. Kendall-Tackett and Ruglass are expert clinicians and educators. Straddling the important sides of practice and science, they have delivered a volume on an important topic that is unparalleled in depth and breadth. As a result of their expertise and high-quality work, this book will undoubtedly collect more users than dust.

Bret A. Moore, PsyD., ABPP

Series Editor

Clinical Topics in Psychology and Psychiatry



## About the Editors

**Kathleen A. Kendall-Tackett, PhD, IBCLC, FAPA**, is a health psychologist and international board-certified lactation consultant, and the owner and editor in chief of Praeclarus Press, a small press specializing in women's health. Dr. Kendall-Tackett is editor in chief of two peer-reviewed journals: *Clinical Lactation* and *Psychological Trauma*. She is fellow of the American Psychological Association (APA) in Health and Trauma Psychology, past president of the APA Division of Trauma Psychology, and a member of the Board for the Advancement of Psychology in the Public Interest. She is clinical professor of nursing at the University of Hawai'i at Manoa and clinical associate professor of pediatrics at Texas Tech University School of Medicine. Dr. Kendall-Tackett specializes in women's-health research, including breastfeeding, depression, trauma, and health psychology, and has won many awards for her work, including the 2016 Outstanding Service to the Field of Trauma Psychology from APA Division 56. Dr. Kendall-Tackett has authored more than 400 articles or chapters, and is currently completing her 35th book, a social history of *The Phantom of the Opera*. Her most recent books include: *Depression in New Mothers*, 3rd edition (2017, Routledge), *Psychology of Trauma 101* (2015, Springer, with Lesia M. Ruglass) and *The Science of Mother-Infant Sleep* (2014, Praeclarus, with Wendy Middlemiss).

**Lesia M. Ruglass, PhD**, is a licensed clinical psychologist and assistant professor in the Department of Psychology at the City College of New York, where she also directs the Office of Alcoholism and Substance Abuse Services-certified Credentialed Alcoholism and Substance Abuse Counselor (CASAC) program. Dr. Ruglass's research interests include understanding the biopsychosocial mechanisms underlying substance use disorders, assessment and integrated treatment of posttraumatic stress disorder and substance use disorders, and reducing racial/ethnic disparities in mental health and substance use disorder outcomes. She has authored or coauthored 19 peer-reviewed journal



articles, is coauthor of the book *Psychology of Trauma 101* (2015, Springer, with Kathleen Kendall-Tackett) and has presented her work at national and international conferences. Dr. Ruglass received her BA in Psychology from New York University, her MA in Psychology from Boston University, and her PhD in clinical psychology from the New School for Social Research in New York City. She is a member of the American Psychological Association and the New York State Psychological Association. Dr. Ruglass also maintains a private practice in New York City.

## Preface

I was recently invited to participate in a working group on adverse childhood experiences and obesity by the Office of Women's Health. I was pleased to be involved. As someone who studies trauma, I often think that obesity recommendations fail to recognize the role of trauma in body mass index (BMI). Trauma sensitizes the body and makes it more likely that women (and men) hang on to every calorie, and subsequently have higher BMIs. The more severe the trauma, the greater the increase. This working group brought together both trauma and obesity specialists. The initial recommendation was that women with a BMI >30 should exercise at least five times a week, and should consume no more than 1,200 calories/day.

After a few moments, I raised my hand and suggested that, while I recognized that that was the standard regimen for addressing high BMI, it was not trauma-informed. For one thing, it did not address the role of trauma-related hyperarousal, and until that was addressed, the efforts were likely to fail. Then a physician from the Indian Health Service spoke up and indicated that limiting calories to 1,200/day was likely to be a significant trigger to anyone who had ever been hungry as a child. Another psychologist described her work with lesbian women with high BMIs. Many had significant trauma histories, yet most were part of the body-positive movement in California and refused to acknowledge society's arbitrary designation of >30 BMI as being a problem.

Clearly, the issue of BMI and trauma was much more complicated than the obesity specialists had imagined.

The issues highlighted in that meeting really framed some of the key reasons for why this book is necessary. When we think of women's health, we tend to think in a pretty linear and simplistic way. We don't consider culture or developmental stage. Yet these factors, along with women's mental health, dramatically affect women's physical health. Even something that obesity specialists, and the policy makers influenced by them, thought was straightforward has proven to be anything but.

Women's mental health is textured and varies as much as women themselves. Our goal in this volume is to provide you with an initial glance into the nuances of women's mental health. Only by understanding these can we achieve our ultimate goal: improving the physical and emotional well-being of women.

Kathleen A. Kendall-Tackett

# Introduction

*Kathleen A. Kendall-Tackett and  
Lesia M. Ruglass*

Over the past 20 years, we have seen an astonishing increase in knowledge and recognition of women's health as being separate from that of men. Prior to this shift, women were excluded from clinical trials for medications and treatments. The fact that women had monthly cycles, and could become pregnant, was said to "complicate" the findings. Women were treated with regimens developed for men, and researchers never determined whether these treatments were effective for women, let alone safe. To treat women, clinicians need to take into account how women's size and body composition (e.g., smaller stature, higher percentage and different location of body fat) affect treatment. In addition, monthly cycles, pregnancy, postpartum, lactation, and menopause need to be seen as integral to comprehensive care, not merely differences that muck up "perfectly good" research designs.

Part of the push to understand women's physical health came from the U.S. federal government, which insisted that women be included in clinical trials and treatment studies. Another push was consumer driven. Female patients, with conditions such as breast cancer, started to insist that treatments be tailored just for them. They flocked to providers who were female-friendly, and avoided those that were not. Hospitals recognized a potential revenue stream and began opening special women's health clinics.

Women's health has become a particular specialty in health care, even leading to the founding, in the United States, of the Office of Women's Health. All of these changes have been good, but there is still much more to do. Heart disease still kills more women than anything else, yet providers still ignore women's symptoms until it is too late. Many women have births that result in posttraumatic stress disorder (PTSD), and are left to fend for themselves in the postpartum period (in contrast to other cultures where women have support for weeks, or even months).

Even with all of the pieces still missing from a comprehensive approach for women's physical health, we know considerably more about it than we do women's mental health. For example, while there are many books available on

women's physical health, there are few that focus on women's mental health. The volumes that are available tend to have a specific focus, such as women's reproductive health. Up until now, there have been no general volumes available that provide a comprehensive overview of women's mental health. The current volume seeks to fill that gap.

Women's mental health has a direct impact on their physical health. For example, depression is a major risk factor for heart disease. That is true for both men and women. If you want to lower heart disease rates, the number-one killer of women, you need to address depression (Kop & Gottdiener, 2005). Childhood abuse increases women's risk for type 2 diabetes by as much as 69%, yet that risk factor is often ignored in diabetes messaging and prevention efforts (Rich-Edwards et al., 2010). Preterm birth is the number-one cause of infant mortality worldwide. Depression and PTSD together during pregnancy increase risk of preterm birth by four times (Yonkers et al., 2014). Women's mental health is not a nice extra. It is critically important to women's physical health.

*Women's Mental Health Across the Lifespan* covers mental health from a lifespan developmental perspective: from adolescence to old age. Each chapter in Part I examines the challenges and vulnerabilities of each developmental phase, and the particular issues that are more common. The chapter on young adulthood focuses on issues related to childbearing, as that is an experience that the vast majority of women in this age group experience. As our population ages, the needs of women in midlife and old age are also becoming particularly salient.

One noticeable gap in current volumes on women's mental health is the assumption that all women, by virtue of their sex and gender, are the same. We have little written on ethnic-minority women, sexual minorities, or women with disabilities. The studies that do exist highlight specific health disparities in all three groups. And women who identify with more than one identity are at increased risk above and beyond that associated with a single identity. Those seeking to address the mental health of women in these populations often try to do so without first understanding the culture these women belong to. Cultural competence does not refer only to ethnicity. It also refers to these other groups. Part II includes chapters on issues related to race/ethnicity, sexual orientation and gender diversity, and disability. In addition, we have included a chapter on a group that is never described in women's health books: women in the military. As you will see, this population is also unique, and as such, presents unique challenges as well as strengths.

The final part, Part III, covers some common disorders that differentially affect women, including trauma, substance use disorders, depression, and other mood and anxiety disorders. Other texts discuss each of these topics, but rarely as they relate to women specifically. When they do, they rarely address the intersection of these disorders with women's multiple developmental stages

and identities. In order to effectively treat these disorders, it's important to understand these differences.

We have truly enjoyed bringing together this talented group of authors. Each brings his or her own voice and most represent the communities they describe. We hope that you find this book to be interesting and helpful in your work.

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## Author Biographies

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**Rebecca P. Cameron, PhD**, is a professor of psychology at California State University, Sacramento, and a licensed psychologist in California. She received her doctorate in Clinical Psychology from Kent State University in 1997, and completed a postdoctoral fellowship at Stanford University Department of Psychiatry in 1999. Her research and scholarly interests are in stress, social support, resilience, and health among diverse groups, including people with disabilities and LGBTQ+ individuals.

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**Linda Cedeno, PhD**, is a clinical psychologist with a full-time private practice centrally located in Manhattan. Dr. Cedeno works extensively with individuals and couples utilizing approaches including cognitive-behavioral therapy, emotionally focused couples therapy, motivational enhancement, psychodynamic psychotherapy, community reinforcement and family training (CRAFT), compassion-focused therapy, and mindfulness meditation.



**Dr. Alette Coble-Temple** is a licensed clinical psychologist for the Department of State Hospitals and a professor at John F. Kennedy University in Pleasant Hill, California. As a professional woman with cerebral palsy she believes advocacy, mentorship, and leadership development are essential components to increasing the number of people with disabilities in the employment sector, and ultimately result in healthier living and financial stability.

**Zhen Cong, PhD**, is currently an associate professor in the Department of Human Development and Family Studies at Texas Tech University. She received her PhD from the School of Gerontology at the University of Southern California. Her research interests include older adults' mental health, intergenerational relationships, and disasters' impact on older adults' well-being.

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**helen DeVinney, PsyD**, is a member of the core faculty at The George Washington University Professional Psychology program, where she teaches class in psychodynamic psychopathology, gender development, and clinical psychotherapy. Her clinical and research interests are varied, but she is particularly interested in the intersections of psychoanalysis and issues of gender, sexuality, race, and class as vehicles for individual and communal social justice.

**Tia R. Dole, PhD**, is a licensed clinical psychologist practicing in New York City. Dr. Dole is the site director for Psychological Services and Training at North Central Bronx Hospital. Her clinical interests include the treatment of psychosis, trauma, and working with adolescents struggling with identity issues. In her private practice, Dr. Dole specializes in working with families and individuals and families of color.

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**CPT Jackie Hammelman, PhD**, is a clinical psychologist in the U.S. Army. She is a member of the APA Division of Military Psychology.

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**Dr. Teresa López-Castro** is a licensed clinical psychologist and assistant professor in Psychology at the City College of New York, specializing in the integrative treatment of trauma-related disorders. She has published and presented internationally on advancing the field of treatment research through novel methodologies and therapeutic targets.

**Linda R. Mona, PhD**, is a licensed clinical psychologist at the VA Long Beach Healthcare System specializing in providing mental health services to veterans with disabilities and chronic health conditions. She also serves as a healthcare services consultant, providing training to integrated healthcare settings and allied health clinical service providers on disability, diversity, and inclusion strategies.

**Yaolin Pei, MS**, is currently a PhD student in the Department of Human Development and Family Studies at Texas Tech University. Her research focuses on aging, the well-being of older adults, and intergenerational relationships.

**Dr. Jessica Punzo** is a licensed clinical psychologist and director of the Anti-Violence Project at the Center on Halsted, which is the Midwest's most comprehensive community center dedicated to advancing community and securing the health and well-being of the LGBTQ people of Chicagoland. Dr. Punzo is also an adjunct faculty member at The Chicago School of Professional Psychology. She is very passionate about psychological trauma and is thus involved in various national traumatic stress organizations through membership and active leadership roles.

**Tanya Saraiya** is a second-year doctoral student in the Clinical Psychology PhD program at Adelphi University. She is also a research fellow at the TRACC program—Translational Research in Addictions at City College and Columbia University. Tanya is interested in investigating the efficacy and effectiveness of posttraumatic stress disorder and substance use disorder treatments through examining health disparities among minority groups and developing new treatments based on neural and behavioral laboratory-based research studies.