



**Pathological
Arrhythmicity
in Men**

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Pathological Arrhythmicity in Men

Premenstrual syndrome (PMS) is upsetting the professional equilibrium of the American Psychiatric Association. APA members are debating whether to include PMS as a diagnostic category in the forthcoming revised edition of the Association's *Diagnostic and Statistical Manual of Mental Disorders* (Spitzer, Severino, Williams, & Parry, 1989). The official title for the syndrome is late luteal phase dysphoric disorder—the luteal phase of the menstrual cycle denoting the time from ovulation to menses; dysphoria meaning a state of feeling unwell. Feminists argue that including PMS on psychiatry's official list of mental disorders would be just one more opportunity for men to pathologize the experience of women. Hilary Allen (1984) argues against utilizing premenstrual tension as a basis for establishing diminished capacity in legal proceedings because, if women were viewed as suffering from a hormone-based mental condition, then all women would be seen by the law as “close to madness and prone to crime.” Amid much debate, the APA decided to leave this diagnostic category out of the revised third edition of the manual (American Psychiatric Association, 1987), but to include a description of late luteal phase dysphoric disorder in the appendix—leaving open the possibility of declaring it an official category later.

Of course, from a traditional male perspective, women are overly responsive to natural cycles. For instance, there is the familiar story of the

woman being considered for a job or a promotion, only to be rejected when the male boss concludes that women are not as reliable as men—they take more sick days, they are more likely to quit when they get married, they require maternity leave, and they can be emotionally unpredictable, particularly at certain times of the month. This kind of gender discrimination is built into official hearings and court proceedings regarding rape, sexual harassment, and sex between male psychiatrists and female patients. Besides the fact that his past sexual history is often not admissible while hers is, when the woman contradicts herself in the midst of an emotional display her emotionality is viewed—mostly by males—as evidence that her story does not hold up, while the man’s calm demeanor and extremely logical telling and reframing of his story are accepted as a believable defense.

Sometimes the woman is so articulate her claims cannot be dismissed. Dr. Frances Conley, a neurosurgeon and Professor in the Department of Surgery at Stanford Medical School, resigned from the faculty protesting rampant sexism. She explained:

As a fellow faculty member, I felt I had the right to express an honest difference of opinion but found any deviation from the majority view often was announced prominently as a manifestation of either PMS or being “on the rag.” I find myself unwilling to be called “hon” or “honey” with the same degree of sweet condescension used by this department for all women. (*San Francisco Chronicle*, June 4, 1991)

She was later asked to withdraw her resignation and she did, after the

department agreed to take steps to end sexual harassment.

Can it be a coincidence that just when a large number of women are proving themselves to be very competent in responsible positions of formerly male privilege, that a new category of mental disorder, reserved for women, finds its way onto the psychiatric profession's official list?

The Male Equivalent

The male counterpart to late luteal phase dysphoric disorder is pathological arrhythmicity. Before anyone turns to the *Diagnostic and Statistical Manual* to look it up, I should mention that I am inventing this category of mental disorder as I write. In contrast to women, men suffer from too little responsiveness to natural cycles—in fact to cycles of any kind. The coping styles we have evolved in order to succeed at work—working long hours without letting up, arriving at work each day even when not feeling well, hiding our true feelings, remaining vigilant before the prospect of attack from as-yet-undisclosed enemies—all depend on our ability to override natural cycles. It is natural to cry when hurt and laugh raucously when something appears very funny; thus, our practiced stifling of tears and modulation of laughter are just two prominent symptoms of our arrhythmicity.

There are other symptoms: an obsessional feeling one always has to be

on schedule, an inability to let emotional experiences take their course, an inability to truly enjoy relationships and events that are not task-oriented, a refusal to admit when strong feelings interfere with the desire or capacity to continue what one is doing, difficulty coping with illness (one's own and those of others), an inability to rest and take time to heal, and so forth.

To the extent we suffer from pathological arrhythmicity we try to avoid all manner of cycles: dependence and independence; happiness and sadness; good fortune and bad; illness and health; potency and impotence. For instance, in an intimate relationship each partner will occasionally be dependent on the other, in what one hopes is some kind of reciprocal alternating rhythm. When the man is unable to tolerate thinking of himself as dependent, he tries to make it appear as if his partner is the dependent one. (Ironically, it is possible to depend on being depended on.) And men who are least tolerant of cycles in themselves tend to devalue most the cyclical experiences of women— hence the male insensitivity to PMS.

A degree of arrhythmicity that is functional at the work place can be constricting in the personal realm. For instance, it can interfere with the capacity to be intimate or to be fully relaxed and playful. When priorities shift and a man who has been steady enough to reach a certain stature in the world of work begins to realize what he has been missing, he might enter psychotherapy. In contrast to women who would like to learn to control their

cyclic distress, these men at midlife would be happy to jettison steadiness in favor of more spontaneity and playfulness. I will illustrate the point with an excerpt from my journal.

Crash!

Journal Entry 7/26/1977

CRASH!

Wreck. Car totalled! Could have been killed. Gawd! How scary! Didn't know what hit me. So powerless. Distracted by random thoughts intruding on my very efficient schedule. Could have been killed. Windshield smashed. Couldn't focus. Dazed. Thought it was all over.

How can this thing interfere with my life!; my growing list of accomplishments. I can't stick around the crash site. I need to pick up my kids, get to the airport. File for divorce. Write an article. Make money. Fuck! What happened to leisure. Being in touch with myself? I've got every minute scheduled. I took a thirty minute lunch break today, sat in my office with the door closed and spaced out—at last, breathing space. Then ran into a friend in the hall, felt uptight, no time to talk—but we hadn't seen each other in months.

Why a crash now? I've been running down for days. Intense weekend. A little depressed Monday.

Cold, low-energy at work. Damn, I can't keep up this pace. Why am I running so fast? I told a patient that he's too busy accumulating commodities. A lawyer, for him commodities are the number of cases he's won, the money he makes, the fame, the sexual conquests.

Like capitalism, where the rate of profit must continually accelerate or there's a crash, this man's midlife crisis occurs when the rate of

accumulating accomplishments levels off—panic! But it's not just my patient, it's me, too! I do the same.

Then I don't want to accept help. Didn't even want Mary to stick around at the scene (a co-worker who was driving by when the crash occurred). Wanted to rent a car and drive on—like in the Indy 500 when they come in for a pit stop—wanted to get the kids on time. Don't be late! Don't ask another parent to pick up your kids for you! A sign of failure. Failed steadiness. Dropped the pace. What's the matter with you, you can't keep up with your commitments.

The entry ends here. I was in the midst of divorce proceedings, I was getting used to being a part-time father, and I was trying to further my career. I felt too small for the monumental tasks I was being asked to perform. I hoped that by speeding up a little and maintaining a slightly quicker pace I could pull my life together. I would soon learn, while undergoing intensive psychotherapy, that by quickening my pace I was numbing myself to all the very intense feelings that would otherwise accompany the events of my life.

It is as if we men are running over a large grate in the road, perpendicular to the bars, the spaces between bars being exactly the length of our stride, so that if we were to slow down we would fall between the bars. The problem is that the speed required keeps increasing, so we have to figure out ways to increase our efficiency and stay apace. As we are racing along we keep getting distracted by things we see and hear, but focusing on them causes us to slow the pace and risk slipping between the bars. This is especially true when we pass other people and feel like sharing things we

have seen or heard or felt, but know that doing so would cause us to slow our pace and slip.

As we get more tired we begin to believe it would be better to slow down and just let ourselves fall wherever we might, even if into the dark and cold beneath our feet. What frightens us there? The unknown? A dark place? Would we feel our pain? We lose our concentration and begin to stumble. Our bodies are jarred as our feet fall off-center and our joints begin to ache from all the jarring. It is as if we are stumbling, but want it to be always forward, and we keep running merely to make certain our motion will be forward rather than downward, but we no longer care about the pain and the damage to our bodies all the jarring is causing. Finally, when we can not keep it up any longer, we fall between the slats, feeling terror, and not a little relief. Therapists often hear about this kind of relief, but the men who report feeling it consider it to be a symptom of their depression.

Saul

When Saul first entered my consulting room he insisted we talk first about my fee. We arrived at a fee and he relaxed a little. Perhaps he was relieved that I was on his payroll; my financial dependence meant that he did not have to see himself as the only needy one in this encounter. He proceeded to tell me that he would never have been able to talk about these things with

the men who share his fast-paced, competitive life. But since he trusted I would be professional and guard his confidentiality, he decided to tell me about personal problems that troubled him.

His wife was the main problem, he explained. She was threatening to leave him because “she’s not getting enough out of the relationship.” He did not understand. He had never been very emotional or forthcoming with his inner experiences. But he was good to her in other ways. He was a good provider (though she thought his income was not high enough), and he took care of their children evenings and weekends.

“But I’ve always kept to myself in terms of feelings. When I’m depressed, I just want to be alone, to curl up in bed and blank out the whole world—including her. But I’ve always been like that. Why is she so upset about it now?”

He told me of coming into the kitchen from the yard where he had been working on the sprinkler system one Sunday. His wife told him she would like to talk to him. He was impatient and told her to get right to the point. Flustered, she became inarticulate. She said she did not really have a particular point, it was more a feeling, she just wanted to talk. He turned and stamped out of the house to finish his project so he could turn the water back on in the house before dark. She spent her next therapy session telling her

therapist that this kitchen encounter left her feeling very sad, but she concluded it was her fault for being so inarticulate, so “needy and hysterical.” Saul told me that he also felt bad about the encounter. He had felt torn, wanting to be responsive to his wife but also needing to keep moving if he was to finish his project before dark. He also admitted that he felt good when his wife was able to express a need succinctly and he was able to satisfy it, but when

“she’s just being needy and wanting to keep me around, and there’s really nothing I can do to make her feel better, I feel dragged down into her depression.”

Tire urgency of the job in the garden saved him from having to be near his wife while both experienced uncomfortable feelings, and he was unwilling to let such feelings slow his pace.

Asked to explain his need to withdraw and be alone, he said he always felt a need to hide his “weak spots,” something he was taught to do when he was a child. No one wanted to hear about his feelings. His father told him men should not cry. Once while his father was coaching his little league team, Saul was hit in the face with a baseball. His father shook him and told him to stop crying and get back to his position:

“What’s the matter, do you want the other kids to think you’re a sissy?”

His mother was no more interested in his feelings—in fact she was chronically depressed and incapable of responding to him with empathy. Then there were the schoolmates who laughed at him when he cried after another boy hit him in a fight. Saul learned early to restrain any display of emotion and vulnerability.

“That’s the image that got me where I am today. Now die says it’s not good enough, there’s something wrong with me because I’m not capable of telling her every little detail that’s on my mind and everything I feel.”

Several months into his therapy Saul contracted a case of the flu and had to stay home. The longer he was home, the more depressed and withdrawn he became. He canceled a session because he was not feeling well enough to come to my office. The next day he called to see if we might reschedule. He seemed agitated when he arrived at the make-up session, and reported a nightmare wherein he was beaten up by another man and humiliated in front of a crowd of onlookers. He wondered whether the dream represented his ongoing rivalry with a co-worker, a man whom he described as “your all-American boy.” This other man had been a star athlete and student body president in high school, went to the “right” college, and knew how to “pal around with the old boys” who ran the corporation where they both worked. He, on the other hand, had felt awkward and unpopular in high school and college and still felt uncomfortable at office cocktail parties. The two men

were currently vying for a promotion, and while he was home in bed Saul worried that his illness might cause him to fall behind in the race for that promotion.

Among the onlookers in the nightmare was a woman who he said looked a little like a girl he would have liked to date in high school, but who was dating an older guy, “a jock.” Until this point in the session, he had been sitting in a slumped position looking at the floor. He looked up and asked if I thought that girl might not also be his wife, and if perhaps his reluctance to share his feelings with her was related to the shame he felt about not being “the all-American boy.”

This association led us to a discussion of dependency in his marriage. He told me that until recently he had felt that his wife was very dependent on him, “clingy, as a matter of fact.” Recently she had been very successful in a business venture and had established a circle of successful women friends who helped to boost her confidence. She seemed to rely on him less while demanding more of him in the way of emotional forthrightness.

“I guess she is getting support from her women friends and doesn’t need me as much any more. That’s why she is more critical. I kind of miss her clinginess—I used to enjoy her needing to be with me all the time—as long as there was something I could do to help her with her problems. Now she

prefers to be with her friends.”

He recalled that he enjoyed his mother’s company most when she was depressed, but only if there was something he could do to cheer her up. He never felt that she wanted to hear about his feelings, but knowing she needed him was always reassuring.

Saul’s is a classic case of pathological arrhythmicity. He was not able to express his emotions because doing so would amount to a break in the steadiness he congratulated himself on maintaining. Not surprisingly, he did not know his true desires, he spent so much time meeting the requirements of success that he had lost sight of what he really wanted. He had been attracted to his wife because she seemed so vital, but a vital woman craves emotional contact and eventually tires of relating to a man who cannot provide it.

The Man's Dilemma

Men dread natural rhythms, as if cycles threaten the time-and-motion efficiency of working life. But there are deeper, less conscious reasons for our dread. As I pointed out in Chapter One, in a male world there are only two positions, top dog and fallen subordinate. If a man wants to avoid missing a step and falling into a subordinate position, he must learn to function smoothly, efficiently, and regularly. There is no time to take off when one is serious about one’s work or one’s projects. There is no time to pay attention

to the inner life. Besides, there is really no one to talk to about personal matters—other men cannot be trusted because they are just as intent on getting ahead by climbing over others. (Women, too, are perfectly capable of climbing over others, even though one hopes that with more women entering public life there might be less competition and more cooperation.) So one learns to cover up, to hide one's pains and depressions, and to get the job done without divulging anything about one's inner self.

Some men attribute all the tensions in a primary relationship to the woman's emotional dyscontrol. They say she is hysterical, or at least "on the rag." Men are very even-keeled and hope for the same kind of steadiness from partners. But the man's obsession with steadiness causes problems in intimate relationships. After all, quality intimacy is more cyclical than steady. There is a lengthening and shortening of the distance between partners, moments when one is more dependent on the other and others when the roles are reversed, there are intermittent battles followed by resolutions, and then there are more battles.

Two recent movies, *Regarding Henry* and *The Doctor*, offer interesting commentaries on the successful male's steady pace and avoidance of dark, uncertain places within. As *Regarding Henry* opens, Harrison Ford as Henry is a cocky, fast-paced attorney who does not have time to feel connected to colleagues or family. In *The Doctor*, William Hurt as Dr. Jack McGhee moves

from operating room to operating room making jokes that are thinly veiled sadistic attacks on patients who are burdened by human frailties such as fear of disfigurement or death. Then something happens. Henry is shot in the head and suffers brain damage, Dr. McGhee discovers he has cancer. There is a transformation. Both men slow down, become more human and vulnerable, develop more sympathy for people who suffer, and learn to value their connectedness with other human beings.

Next, as a more sensitive person, both of these men run into difficulty in the professional worlds they once ruled. Henry discovers that, as a fast-paced attorney, he had lied to win cases, and Jack discovers that a partner of his had tampered with medical charts in order to reduce his liability in a malpractice case—and expects Jack to vouch for the veracity of the altered charts. Both men refuse to play the game any longer. Henry turns the evidence over to the opposing side and Jack refuses to make good his pre-cancer promise to back up the partner. Henry leaves the practice of law. Jack continues as a surgeon after his cancer is cured, but practices very differently, for instance ordering the residents he is training to spend time role-playing as patients in the hospital so that in the future they will be able to empathize with the patients on whom they operate.

A patient in therapy tells me of seeing both movies and then having a dream. He is the manager of a large enterprise, and is very competent at

work. But as a person, he is rather closed and unable to share his feelings, even with his wife. He dreams he is driving past a group of people who are doing something secretly. They look at him menacingly, as if they do not want him to pay too close attention to what they are doing. He drives on. The dream's interpretation is obvious to him: At work he often finds himself looking away, ignoring the human side of his encounters so that he can manage effectively. For instance, he had to fire an underling recently, in spite of the fact that the man has three children and little likelihood, given the economy, of finding another job. He identified with both Henry and Jack McGhee, and admits that he is afraid he will meet a tragic end. He wonders whether he hides his feelings so that nobody will know how anxious he is about his own mortality.

Men worry lest too much empathy with a woman's emotional experience will lead to the realization that men can be totally compelled by intense feelings, too. Men pathologize women's natural experiences—menses, pregnancy, menopause—because they do not want to admit that they too might periodically be overcome by bodily experiences and transiently incapable of carrying on with regular responsibilities. In other words, men project onto women the attributes they cannot tolerate in themselves, and then they pathologize those qualities in women.

Jean Baker Miller (1976) comments:

Once a group is defined as inferior, the superiors tend to label it as defective or substandard in various ways. These labels accrete rapidly. Thus, blacks are described as less intelligent than whites, women are supposed to be ruled by emotion, and so on.... Inevitably, the dominant group is the model for "normal human relationships." (pp. 6-8)

This certainly helps explain why men so readily diagnose PMS in women who periodically become emotional and unsteady.

We should not limit this discussion to menstrual cycles. There is also the cycle of life and death. Sylvia Perara (1981), among others, links the woman's psychological development to the cycles that characterize her life. Perara tells the story of Innana, the Sumerian Goddess of Heaven and Earth, who decides one day to go into the Underworld. She descends, instructing her friend that if she does not return in three days the friend should appeal to the gods to intervene with Ereshkigal, Goddess of the Underworld, to arrange for her return.

When Innana descends, Ereshkigal is furious about the intrusion, kills her, and hangs her body on a post. When Innana does not return, the god Enki intervenes and secures her release. However, Innana must arrange for a substitute to descend to the Underworld in her place (compare the Greek myth of Persephone). Perera comments on the Sumerian myth: "This myth shows us how those dark, repressed levels may be raised, and how they may enter conscious life—through emotional upheavals and grief—to radically

change conscious energy patterns” (p. 15). Men, if they can avoid pathologizing the woman’s experience, might learn from women that a willingness to fully experience descents into darkness is a prerequisite to transforming one’s life.

Saying that men have much to learn from women is not the same as saying that the ways of women are better than the ways of men. The point is that male and female ways have become polarized, to the detriment of both genders, and the male proclivity to pathologize women’s experience merely causes further polarization. Consider the difference between men and women in regard to the timing of sexual desire. Many marital storms begin because the man does not feel the woman is interested in sex frequently or regularly enough, while he likes regular sexual contact and depends on it to bolster his confidence in his manliness. This is not a case where the man’s or the woman’s sexual cravings are more natural or correct. In fact, in terms of the survival of the species, there must have been times when men’s and women’s contrasting sexual rhythms worked in harmony. Since ovulation occurs in monthly cycles, men’s readiness to engage in sexual intercourse at any time of the month maximizes the likelihood of fertilization, the man being ready whenever the woman happens to be ovulating and receptive. For the modern couple the exigencies of natural selection are not as important and there are layers of cultural and psychological issues superimposed over the biological substrate. The challenge for couples is to work out a sexual timetable that

takes into account the cyclic desires of the woman as well as the steadier urges of the man, does not involve coercion or guilt, and results in an adequate degree of mutual satisfaction.

Helmut Barz (1991) challenges the idea that, if men could just become more like women, the world would be a better place. He explains that even if a man is totally in touch with his feminine side and a woman with her masculine side, the two sexes would still be quite different, and the goal of self-realization for men and women should not be a unisex ideal. As if discussing the roots of pathological arrhythmicity in men, Barz writes: “When the exclusively masculine spirit loses the feminine form of the spirit, whose strength lies in the capacity for lovingly related syntheses, it degenerates into a dissecting tool— powerfully masculine, to be sure, but ultimately destructive of life” (p. 28).

There is a link between the tendency in men to ignore their own natural rhythms (nature within), and a proclivity to destroy the environment (nature outside). There is the same attempt to override nature, and in both cases the overriding is combined with the incessant drive to beat the competition in order to amass status, power, and wealth. I have discussed men’s need to override their natural cycles in order to maintain a steady pace so they can be competitive at work and climb higher in the hierarchy. In regard to the environment, the men who direct large industrial enterprises claim there is

simply not enough time, and the costs would be prohibitive, to slow production and figure out a way to preserve the ozone layer and the rainforests.

The Persian Gulf War presented many examples of pathological arrhythmicity. President Bush did not even miss a stroke when, in the middle of a round of golf, he received news of Iraq's invasion of Kuwait and ordered American troops to the region. Then, after ordering more than 400,000 troops to Saudi Arabia, he gave Americans a rationale for war that they could finally understand: Real men do not back down. Saddam Hussein repeatedly matched Bush's call for men to act as real men, for instance in his accusation that American forces demonstrated cowardice by pursuing a prolonged air assault and avoiding the more manly pastime of ground warfare. The message from both leaders betrays severe pathological arrhythmicity. In this social climate, is it any wonder that the natural rhythms of women are pathologized while men's inhuman arrhythmicity is not?

The Social Construction of Gender

In my view, biology does not determine gender relations; gender is socially constructed. Of course, biology matters. The males and females of all species have different roles, if only because females bear children. But just about everything else about human gender relations is shaped by culture in

its historical permutations. (For a review of the debate between “biological determinists” and “social constructivists,” see Kessler and McKenna, 1978; for a critique of “biological determinism,” see Schifellite, 1987.)

Notice that I am arguing both that gender is socially constructed and that problems result when men override their “natural” cycles. Is there a contradiction between these two arguments? I think not. Human beings are not ruled by “natural” cycles. We interpret nature around and within us in relation to our social/cultural context. But each gender, in a particular social/cultural context, adopts a stance in relation to natural cycles. Women are not biologically fated to maintain natural rhythms for the collectivity. Men can serve that function as well; consider the sun dance of American Plains Indians wherein men pierce their chests so that their blood will spill on the ground, symbolizing the (male) sun’s importance in the fertility of mother earth. I am arguing that women and men alike are all too willing to connect themselves to the tempo of a competitive marketplace and public life, a tempo that upsets natural rhythms in a particular, gendered way. If one is to understand the arrhythmicity of men, it is important to understand why the rhythms of women are pathologized.

The advance of civilization, particularly since the Industrial Revolution, has made us slaves to the clock (Mumford, 1934). Where agricultural societies regulated activities according to natural rhythms—the rising and

setting of the sun, the seasons of the year—with the advent of modern technology and factory organization, the clock has replaced the sun and the moon as the measure of time. The worker's activities, from the rate of productivity to the frequency of visits to the bathroom, is regulated by the clock (Thompson, 1967).

Service and white collar workers are no better off: the number of cases or clients can be measured, as can the bulk of paperwork.

With time and work thus quantified, people learn to do things they might once have considered unnatural. They wake with alarms, work nights, and wear out their bodies doing monotonous tasks. Men appear to have adapted well to such demands, and many women have also proven quite skilled as they rise to places of prominence previously reserved for men only. But women have to pay a high price for their entry into the top echelons of a previously all male world. They, too, are becoming alienated from nature; for instance, they must learn not to let their premenstrual symptoms or their plans to have children interfere with their reliability on the job.

Does the fact that women experience certain discomfiting states just prior to menses necessarily mean they suffer from a mental disorder; that the problem is internal to the woman? Perhaps the woman's problem, as well as the man's, does not lie with the woman's psychopathology, but rather with a

disorder in our very “civilized” relationship to nature and to natural rhythms. Premenstrual sadness might be understood as a period of mourning for a missed opportunity to bear a child, a moment to pause, to grieve, perhaps to take a deep breath before reentering the bustling outside world. Many cultures have rituals to mark and honor this time in the woman’s cycle. In the complicated modern world of work, the menstrual cycle becomes something else. The premenstrual woman today is less likely concerned about rituals; less likely to measure time by the cycles of the moon; and more likely to curse the fact that she is a month older, that her body holds her back, or that she has not been as successful as she had hoped to be by this time in her life. Where once the cycles of a woman’s body seemed to fit the rhythms of a culture, today the woman’s monthly changes in body and mood are not well tolerated in the male workplace—and the lack of tolerance can turn transient mournful sadness into depression and self-castigation.

A working woman is told she must ignore her natural rhythms if she is to fit into a man’s world and excel. The woman must learn to endure, just like a man. If, at times in her cycle, she feels bodily pain, she can take medications to increase her tolerance. If the pains are emotional and spiritual, then she may find psychotherapy helpful, or turn to psychotropic medications. Using whatever help she can get, the woman, if she wants to play by the rules and succeed, must prove the sexist assumptions of her boss wrong and demonstrate that she can be as steady and reliable as any man.

This is a big source of tension for many women. A female executive recently complained:

“I feel trapped, if I play their (male) game they promote me, but I become one of them; if I don’t play I don’t get the promotion; either way, I lose.”

Schwartz (1989) suggests that women, if they want to have a career and a family, be placed on a “Mommy track” at work, a slower track that delays career advancement and limits ultimate achievement but permits time off for the woman to raise children. Diane Ehrensaft (1990) points out that men have always had children and not had to sacrifice their status in the world of work: “Translation: If you’re a woman who wants to make it to the top, forget children; if you’re a corporate man who wants to be a father, no problem” (p. 63).

Will the influx of women in record numbers into the work force and the ranks of managers and professionals serve to diminish arrhythmicity, the use of intimidation by those who wield power, cutthroat competition, and insensitivity to personal feelings? Of course, the answer depends on whether women change themselves in order to fit in or insist that workplace relations change. There are women in positions of power who try very hard to be as aggressive, competitive, and emotionally closed as men. Then there is the San

Jose policewoman who was interviewed on television news recently saying she is not as large as a man and speaks in a “squeaky voice” instead of a “loud roar,” so she does not intimidate anyone when she arrives on a scene and must find other ways to calm a situation down. The conclusion one draws from the news segment is that policewomen find ways to negotiate settlements in situations where policemen typically resort to intimidation and force. The presence of a large number of women at work and in public life who would like to find alternatives to intimidation and cutthroat competition could lead to big changes in the way business and public life are conducted.

Meanwhile men in record numbers are visiting therapists, joining groups, and gathering at large men’s meetings and conferences in order to find a way to break through the arrhythmicity that erodes the possibility of change and drains their vitality. Of course, they do not understand their symptoms in terms of pathological arrhythmicity, but when I point out to the men who come to my consulting room the connection between their sense of inner deadness, their troubled intimacies, and the requirement that they maintain a steady pace in order to succeed at work, they quickly get the point. It takes courage for men to cross the lines that delineate traditional manly virtues. And it takes courage for men to admit that their arrhythmicity causes as many problems as does women’s PMS.

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