

Employee Assistance Programmes (EAPs) and Working Women

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DEMOGRAPHY OF WORKING WOMEN

"Women are flooding into the job market, boosting economic growth, and helping to reshape the economy dramatically"[1]. By the 1990s, 70-75 per cent of all women aged 18-64 are expected to be in the workforce. Although this is data from the United States, this event is occurring throughout the world.

The increase of women in the workforce brings infinite possibilities for women, as well as problems. A working woman's situation differs significantly from her male counterpart. A woman may feel torn between family and career, she may sense the animosity of the bureaucracy as she threatens a male employee's position, she may be the victim of sex biases, sexual harassment, and she is always, in America, the victim of pay inequality. In 1985, full-time American women workers earned \$0.64 compared to every \$1.00 earned by men[2].

Where are women in the workforce today? Women have been trained to go into certain professions. These are termed "the pink-collar professions". By definition, a pink-collar profession is one that has at least 97 per cent of women as secretaries and nurses. Of American women 25.3 per cent are in managerial and professional occupations, but the professions are teaching, nursing and social work which are 75-95 per cent female. Technicians account for 3.2 per cent of female employees, 13.4 per cent are in sales, 29.5 per cent are in administrative or clerical positions, 16.8 per cent are in service jobs, 2.3 per cent are in crafts, 8.2 per cent are inoperatives, 1.2 per cent are in farming and 1.6 per cent are in private household jobs[3]. There are two things to note here:

- (1) women are competing almost exclusively with women.
- (2) Women have jobs where they have little opportunity for gratification, recognition or ability. This leads to a frustration that many men do not feel.

Although the number of women in the workforce has increased significantly, the professions they choose or are relegated to, have not.

WOMEN AND STRESS

"9 to 5", a national organisation of female office workers in the United States, initiated a survey on women and stress. The survey questionnaire was published in four national women's magazines and generated more than 40,000 responses. Targeting the subtle aspects of psycho-social stress, the survey found the greatest sources of stress for working women to be lack of control or authority, commensurate with the pressures and responsibilities of the job, and the quality of work relations. These factors emerged as having greater health consequences than the number of hours worked, workload or the hours spent caring for children. According to a major US government study of stress, secretaries were found to be in the second most stressful occupation[4].

The Public Health Service Task Force on Women's Health has recently concluded that the pressures on women to cope with the demands of raising children, managing households, and their newly acquired environment — the job and the worksite — have resulted in stresses that affect women

differently because of their unequal social status, especially in their family roles.

SEXUAL HARASSMENT AND SEX DISCRIMINATION AT WORK

Defined by MacKinson as "the imposition of unwanted sexual behaviour within the context of an unequal power relationship" and by a United States Government Board as a "deliberate or repeated unsolicited verbal comment, gesture or physical contact of a sexual nature that is considered to be unwelcome by the recipient"[5], sexual harassment has emerged as a major issue in the workplace for women. Forty-two per cent of women working for the Federal Government said they were sexually harassed during a two-year period (1986-1988)[6].

Confronting sexual harassment head on is a precarious proposition. Many people still blame the victim. A woman who has been harassed, often like the woman who has been raped, is perceived to have solicited sexual favours. Such attitudes threaten a woman's self-image when forced to question herself in these circumstances. The fear of ignorance of co-workers and friends may isolate a woman who is struggling to cope with this explosive situation.

Sexual harassment is as insidious as cancer. Women need to be educated with respect to their rights and responsibilities in reporting these cases. But they need assistance and support from the workplace to do this. Many working women will suffer in silence or will quit their job. Sexual harassment suits can go on for years and the woman is often singled out, isolated and criticised.

The same is also true for women who are trying to fight sexual discrimination in the workplace. The first author, when a Professor at another university, observed a fellow woman professor sue the school for not receiving tenure when a man, less qualified, did. Although she won the law suit and was reinstated, the court took seven years to settle it and the strength she needed as well as financial expense was enormous.

ALCOHOL AND WOMEN

The social stigma associated with alcohol or drug use is unusually severe for women, which makes it very difficult for millions of women to face this agonising fact of life, even though it is a poorly kept secret. When

former First Lady, Betty Ford, courageously admitted her alcohol and drug abuse problem, the United States was shocked. Since that time there have been many revelations from women about their abuse. The ratio of alcoholic women to men has narrowed in recent years. While there are arguments about the ratio of men to women alcoholics, there is no argument that the gap between the two is rapidly closing.

There is a double standard which imposes more restrictive, more punitive, more severe sanctions on the drinking behaviours of women, and has been identified as one of the major barriers for women getting or seeking help for drinking problems. The denial is much greater when one is talking about a woman abuser. There is a stigma associated with female abuse and no-one, friends, co-workers, family, are willing to admit that the woman has a problem. It simply is not lady-like.

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MEN DRINK FOR SOCIAL REASONS; WOMEN DRINK FOR THE PSYCHOLOGICAL, RATHER THAN THE SOCIAL EFFECTS

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The most recent study on alcohol and women shows that women are at greater risk than men when drinking alcohol. Dr Charles Lieber, the principal researcher of the study, was quoted in *The New York Times* on 11 January 1990 as saying, "There is no question that if a woman takes two drinks her level of impairment will be greater than a man who takes two drinks, even if she is exactly the same size as the man"[7].

We are in an era where we medicate for emotional as well as physical pain. Horn and Warberg, a research team, discovered that women still self-medicate. In their survey, these two researchers discovered that men and women drink for different reasons. Men drink for social reasons; women drink to calm nervous tension, to ease depression, for the psychological, rather than the social effects[8].

Winokur, Clayton and Reich[9], and Schuckit[10], four American researchers, all found strong associations between the onset of alcoholic or heavy drinking and depression. One must look at the subordinate role of many working women and realise that the inability to overcome sex biases and

achieve full potential in the workplace may cause some women to retreat into alcohol and drugs.

Women, more so than men, appear to be able to pinpoint the onset of their problem drinking to some specific life-crisis event such as an intolerable work situation, divorce, etc[11]. With few supports coupled with a sense of personal powerlessness exacerbated by a life-crisis event, women turn to alcohol for relief. These factors have important implications for secondary prevention efforts in this area. Problem drinking, for many women could be a function of negative coping that would yield to support systems and responsive helping professionals and resource.

DRUGS AND WOMEN

Research on today's drug use, aside from alcohol use, indicates that women differ from men in the amount, kind, source and pattern of that use[12]. It is fairly clear that, at least in reference to licit drugs, women's involvement is much heavier[12, p.2]. Women use a wider spectrum of psychotropic chemicals. Surveys indicate that 60 per cent of all psychotropic drugs used in the United States are used by women; 70 per cent of all antidepressants are used by women; women use 80 per cent of all amphetamines[12, p.1].

SUBSTANCE ABUSE HAS BEEN ASSOCIATED WITH LIFE SITUATIONS AND LIFE CRISES

The United States National Institute on Drug Abuse (NIDA) estimates the following figures regarding the use of prescription drugs in the United States: 32 million women as against 16 million men have taken tranquilisers, or 42 per cent of adult females as compared to 21 per cent of adult males. Whereas 16 million women have taken some kind of sedative, only 12 million men have, or 21 per cent of women and 16 per cent of men. While 12 million women have used stimulant medications (for weight control or physical or emotional fatigue) only 5 million men have ever used prescription amphetamines, or 16 per cent of women and 8 per cent of men[13].

As stated, substance abuse in women has been associated with life situations and life crises. Women at-risk for alcohol and drug abuse are often working women who feel the stress of a double standard: discrimination in pay, opportunity, status.

OTHER VICTIMS

Rape and battering are primary examples of women being victimised. The crime of rape in the United States is rapidly growing until today it constitutes a major criminal justice issue. One in three women can expect to be raped within their lifetime in the United States[14]. This affects the workplace because women who have been raped are in the workforce.

LOVE AND WORK ARE THE TWO MOST IMPORTANT FACTORS IN A PERSON'S LIFE

At the same time, many women experience violence in their own homes. Women are both physically and emotionally battered. Lenore E. Walker, an American author, writes an intuitive and in-depth discussion about the myths surrounding battered women. She points out that the battered woman, contrary to popular myths, is middle class, educated and more often than not, in the workplace[15].

SINGLE MOTHERS

In 1986, 12.4 million American women were living in poverty. Of these women, 4.4 million were in the workforce. Sixty-five per cent of the American working mothers in poverty are single, separated, divorced or widowed and 54 per cent are heads of households[16]. To add to an already debilitating situation, one in every two working women in poverty who heads families was employed in a service occupation in 1986. These are some of the most stressful occupations, combined with the anxiety provoked when these women are heading poverty stricken families.

While directing the model federal Employee Assistance Programme (EAP), the first author found poor working women

employed by the Department of Social Security using the health clinic at work for prenatal care, because they could not afford regular medical care. Such clinics are only capable of handling on-site work problems and were overwhelmed with poor women.

EMPLOYEE ASSISTANCE PROGRAMMES

Sigmund Freud has said love and work are the two most important factors in a person's life. It is possible that just as personal problems can have a negative effect, work can have a positive influence on one's self-esteem. The fact that a job could be an important lever in confronting and treating alcoholism was the premise on which Employee Assistance Programmes were initially based.

In the 1940s companies such as Kemper Insurance, Eastman Kodak and DuPont Corporation started programmes because staff persons, many of whom were recovering alcoholics, came to their employers and said that they wanted to start a programme to help other employees.

These early programmes were called Occupational Alcoholism (OA) programmes and dealt strictly with the alcoholic employee. In that type of programme, supervisors were trained to look for symptoms of alcoholism and then to confront the employee. Because denial is so strong in the alcoholic, the use of the job as a leverage for getting one into treatment proved very effective.

THE CONCEPT OF THE EAP WAS DIFFERENT IN THAT IT INCLUDED OTHER PROBLEM AREAS

Changes began to occur in the area of Occupational Alcoholism programmes as practitioners began to report that programmes which included all types of employee problems were more effective and tended to avoid some of the stigma associated with OA programmes. Also, it was becoming harder to justify turning away employees who needed assistance in other areas besides alcoholism. The evolution of this new, broader model of assistance was the birth in the 1970s of the Employee Assistance

Programme model. The concept of the EAP was different in that it included other problem areas besides alcoholism, such as emotional problems, child care, parent-child and financial problems. It also had a focus on supervisory referral to the programme, based on observation of poor job performance rather than on training the supervisor to diagnose alcoholism.

THERE ARE MANY DIFFERENT EAP DESIGNS

During the last three decades a variety of models has been developed, all of which share some common characteristics, such as:

- (1) They are open to employees on a self or supervisory-referred basis.
- (2) They provide information, assessment, referral, and/or counselling (six to eight sessions).
- (3) They see family members.
- (4) The programmes (under law) are absolutely confidential. No information goes back to the employer without a signed release from the employee.

EAP PROGRAMME MODELS

There are many different EAP designs, developed out of the necessity to meet the growing needs of a wide variety of companies, but each can be categorised under one of four basic models:

In-house model. The entire employee assistance staff is employed by the company. A company manager directly supervises the programme's personnel, sets policies and designs all procedures. It could be housed physically in the company or located in offices away from the work site.

Out-of-house model. In this model the company contracts with a vendor to provide an employee assistance staff and services. The vendor might provide services in its offices, the company's offices or a combination of both.

Consortium model. In this model several companies pool their resources to develop a collaborative programme to maximise

individual resources. Generally, this model works best for companies with fewer than 2,000 employees. Once again, services may be provided on-site or in separate offices.

WOMEN ARE IN THE WORKPLACE TO STAY

Affiliate model. In this model a vendor sub-contracts a local professional rather than uses salaried staff. This enables the vendor to reach employees in a company location in which the vendor might not have an office. Usually this model is used in conjunction with a model that involves paid staff.

WOMEN AND EAPs

It was natural that the recognition of the need of special strategies to reach women in the workplace would develop. As caseloads originally reflected low numbers of women, the need for alternatives became apparent. The following components are being implemented by EAPs:

- (1) Women counsellors.
- (2) Women support groups.
- (3) Outreach programmes directed at women.
- (4) Special polydrug education around tranquilisers.
- (5) Special training for supervisors in assisting women.
- (6) Development of childcare referral services.
- (7) Support for treatment facilities aimed at women's needs.
- (8) Since most women care for elderly parents there are a growing number of elder care referral services. IBM has pioneered this endeavour in the United States.

Women often are working under incredible odds. The stress they are experiencing from family pressures and responsibilities as well as the institutional barriers from the workplace puts them in a difficult position to earn and advance. Women are in the workplace to stay. EAPs offer one answer as a support system for working women.

References

1. Naisbitt, J. and Aburdene, P., *Reinventing the Corporation*, Warner Books, New York, 1985, p. 209.
2. "Pay Equity — A Fact Sheet", *National Commission on Working Women and Wider Opportunities for Women*, Washington DC, 1986, p. 1.
3. "An Overview of Women of Color in the Workforce", *National Commission on Working Women or Wider Opportunities for Working Women*, Washington DC, 1988, p. 1.
4. "The National '9 to 5' Survey on Women and Stress", *National Commission on Working Women or Wider Opportunities for Working Women*, Washington DC, 1984.
5. Maypole, D.E., "Sexual Harassment at Work: The Role of Social Work in Empowering its Victims", paper presented at the Council of Social Work Education, Fort Worth, Texas, March 1983.
6. Havemann, J., "42% of Female Civil Servants Report Sexual Harassment", *Washington Post*, 30 June 1988, p. A1.
7. Kolata, G., "Study Tells Why Alcohol is Greater Risk to Women", *New York Times*, 11 January 1990, p.1.
8. Horn, J.L., Warberg, K., "Females are Different: On the Diagnosis of Alcoholism in Women", *Proceedings of the First Annual Alcoholism Conference*, DHEW, Washington, 1973, p. 349.
9. Winokur, G., Clayton, P.J., Reich, R., *Manic Depressive Illness*, Mosby, St. Louis, 1969.
10. Schuckit, M., "Depression and Alcoholism in Women", *Reprint from Proceedings of the First Annual Alcoholism Conference of NIAAA USDHEW, ADAMHA*, 1973, p. 362.
11. Gomberg, E., "State of Knowledge Today", NCA Publication, New York, 1976.
12. Lidell, L.S., "Psychotropic Drug Use by Women: Health, Attitudinal, Personality and Demographic Correlates", Paper presented at the American Psychological Association Meeting, San Francisco, 28 August 1977, p. 1.
13. Masi, D., *Organizing for Women*, Lexington Books, Massachusetts, 1981, p. 121.
14. Russell, D., *Sexual Exploitation: Rape, Child Sexual Abuse and Workplace Harassment*, Sage Publishing, Beverly Hills, 1984, p. 3.
15. Walker, L.E., *The Battered Woman*, Harper & Row, New York, 1979, pp. 19-20.
16. "Women, Work and Poverty", *National Commission on Working Women of Wider Opportunities for Women*, Washington DC, 1987.