OUTLINE

• What is gender?
• Gender differences in the prevalence and presentation of psychiatric disorders
• Factors that contribute to gender differences
• Attending to gender in clinical practice
Case Example

- Michelle is a 35 year old, married, WF, mother of two children ages 11 and 7. She is presenting with symptoms of depressed mood, poor self-worth, worry, agitation, excessive sleeping, and overeating. She describes being depressed off and on since adolescence.
- She lives with her children, husband, and elderly father in a rural area of Georgia. She dropped out of school in the 9th grade, but later completed her GED. She is now self-employed part-time in a baking business out of her home. Her husband works full time as a truck driver.
What is Gender?

- The meaning a culture gives to biological sex.
- Societal level: Gender is a system of power relations.
- Interpersonal level: Gender is a cue.
- Individual level: Gender is masculinity and femininity.
- It varies by culture, age, race, class, and sexual orientation.
DSM-IV Diagnoses More Common in Women

- Schizoaffective d/o
- Shared psychotic d/o
- Major depressive d/o
- Dysthymic d/o
- Bipolar II d/o
- Panic d/o with and without agoraphobia
- Agoraphobia w/o panic
- Specific phobia
- Social phobia
- GAD

- PTSD
- Somatization d/o
- Conversion d/o
- Pain d/o
- Dissociative identity d/o
- All eating d/o
- Kleptomania
- Trichotillomania
- Borderline p.d.
- Histrionic p.d.
- Dependent p.d.
DSM-IV Diagnoses More Common in Men

- Nearly all substance related disorders
- Factitious d/o
- All paraphilias
- Gender identity d/o
- Intermittent explosive d/o
- Pyromania
- Pathological gambling
- Paranoid p.d.
- Schizoid p.d
- Schizotypal p.d.
- Antisocial p.d.
- Narcissistic p.d.
- Obsessive-compulsive p.d.
**DSM-IV Diagnoses with Equal Prevalence**

- Schizophrenia
- Delusional d/o
- Bipolar I d/o
- Cyclothymic d/o
- OCD
- Adjustment d/o
- Hypochondriasis
- Body dysmorphic d/o
- Avoidant p.d.
Depression
(Major Depression and Dysthymia)

- Twice as common in women than men
  - National Comorbidity Survey
  - WHO study of 14 countries
- Difference begins in early adolescence and lasts at least to midlife
Depression: Symptom Presentation in Women

- More likely to present with:
  - “reverse vegetative” or “atypical” symptoms.
  - expressed anger
  - anxiety
  - somatization

- Greater number of symptoms overall
Depression: Severity in Women

- Most studies find no gender differences in severity.
- Among chronically depressed:
  - Women have greater severity, younger age of onset, and greater family hx (Kornstein et al., 2000)
- Early onset adversely affects educational attainment and lifetime earnings of women, but not men (Berndt et al, 2000)
Depression: Precipitating Factors

- Women are more likely to become depressed following a stressful life event (Bebbington et al., 1988)
- Women are more sensitive to family events, men are more sensitive to financial difficulties (Kessler & McLeod, 1984)
- Seasonal changes
  - 80% of SAD sufferers are women (Leibenluft et al., 1995)
- Reproductive cycle events
Let’s get married. You could put your career on hold in order to help mine, we could pretend I’ll take equal responsibility for the kids. Later, I could leave you for a younger woman. How about it? It’ll be fun.

I don’t think so!
Course of Depression in Women

- No sex differences in age of onset of MDD
  - Exception: In chronically depressed, women had earlier age of onset (Kornstein, 2000)
- Longer episodes of depression
- More likely to develop a chronic or recurrent course
Comorbidity

- Depressed women have higher rates of comorbid diagnoses than depressed men
  - Phobias, generalized anxiety, panic, eating d/o
- Men are more likely to have comorbid substance use disorders
- No differences in overall rates of comorbid personality disorders
  - More likely in men: narcissitic, antisocial, OCPD (Kornstein et al., 1996)
Why are there gender differences in the prevalence of psychiatric disorders?
• Clinical research samples are often skewed in gender representation
• Lack of continuity between childhood disorders most common among boys and adult disorders
• Bias within some diagnostic criteria creates lower threshold for female patients
Bias in Clinical Judgment

- Clinicians make diagnoses on the basis of the “representativeness heuristic”
  - Comparing person to “typical case” or stereotype
  - Gender bias (and other kinds of bias) can occur because race and gender are features of stereotypes

(Garb, 1996)
Biological factors in Women

- Estrogen and progesterone influence synthesis and release of both serotonin and norepinephrine
- Pubertal status is superior to chronological age at predicting risk for depression in adolescent girls
- Luteal phase of menstrual cycle and postpartum are frequently associated with dysphoric mood changes.
Gender Role Socialization

- Differential emotional socialization of girls and boys
- The “double binds” of feminine gender role
- Emphasis on physical appearance
  - Self-objectification associated with eating d/o behavior and depressive symptoms
- Coping styles
  - Women more likely to use self-focused, ruminative style of coping in response to sadness.
  - Men more likely to use distraction.
FIGURE 2.3. Turning the tables.
*Source: Rhymes with Orange. Copyright © 1999. Reprinted with special permission of King Features Syndicate.*
Sexism

- Laboratory simulations of discrimination lead to increases in stress, aggression, sadness, and anxiety.
- College women who experienced frequent sexism reported more depressive, anxious, and somatic symptoms than men.
- Those who experienced little sexism did not differ from men.

(Klonoff et al., 2000)
Social status

• More women than men live in poverty; many are single mothers.
  – Poverty is one of the most consistent predictors of depression in women.
  – Income inequality substantially increases risk for depression.
• Women achieve lower educational attainment
• Salary inequities in the workplace disadvantage women.
• Fewer gender differences in depression among college students.

(Belle & Doucet, 2003)
Gender differences in depression decreased by 50% when men and women were matched for marital status, occupational status, and children (WHO study, Maier et al., 1999)

Marriage less protective for women than men; women in unhappy marriages more likely to become depressed.

Women with less power in their marriages are more likely to be depressed.
Violence Against Women & Girls

- Women are much more likely than men to be victims of childhood sexual abuse, sexual assault, and intimate partner violence.
- 25% of women experience child sexual abuse; 15% experience rape
- Adverse childhood events are associated with depression, especially chronic forms of depression.
Stress

- Across the life cycle, women report more stressful life events than men.
- Number of life stressors associated with depressive sx in adolescent girls.
- Women more likely than men to report a stressful life event in the 6 months preceding a major depressive episode.
Stress

- Working women do a “second shift” of work at home (that men don’t do).
- Women are primarily the caretakers of children and elderly in the family.
“Yes, this is a two career household. Unfortunately I have both careers.”
What are women’s emotional strengths?
Women’s Emotional Strengths

- Emotional intelligence
  - Women, on average, are better than men at:
    - Empathy
    - Interpersonal relating
    - Social responsibility (cooperation, contributing)
Women’s Emotional Strengths

• Better tolerance for others’ emotional distress
  – Boys and men are more physiologically reactive to conflict and others’ distress, and are therefore more motivated to escape it.
Women’s Emotional Strengths

• Women tend to respond to stress by reaching out to others.
  – UCLA research on stress and women
• Women have better social networks, and this may contribute to longevity.
Gender & Treatment Outcome

- Women respond better to SSRIs than TCA’s.
  - Effect is true for premenopausal but not postmenopausal women.
  - The reverse is true for men. (Kornstein et al., 2000)
- NIMH Treatment of Depression Collaborative Research Program (Sotsky et al., 1991)
  - No gender differences in response to CBT or IPT
- Among the severely depressed (Thase et al, 1994, 1997))
  - Women had poorer response to CBT than men
  - IPT was comparable in men and women
- Among the chronically depressed (Keller et al, 2000):
  - Nefazadone and CBASP combined treatment equally beneficial for men and women
Case Example

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Case of Michelle

- What other information do you want to know?
- What interventions should you consider?
Attending to Gender:
Reducing Bias in Clinical Judgments

- Be aware of and sensitive to biases reported in the literature.
- Attend closely to diagnostic criteria.
- Expose bias by asking: “What would I be thinking if this person were [opposite gender]?”
Attending to Gender:
Assessing Important Domains

- Quality and centrality of relationships with other women, men, and children
- Experience of limitations imposed by parents, peers, teachers, media
  - Including experiences of discrimination/prejudice related to gender, race, age, class, sexual orientation
- Experience of violence/violations
- Self-evaluation of appearance and its centrality
- Eating/dieting strategy
Attending to Gender: Clinical Practice

- Educate about gender inequalities in status and power
  - Awareness of gender bias protects against depression (Major et al., 2003)
- Reframe clients’ definitions of problems to include impact of socialization
- Question and examine gender-role expectations/behaviors and their impact
- Help clients make gender-role changes and develop networks that will support changes
- Facilitate accessing community support
- Promote self-care
References


