





*Women and Mental Health Practice*

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# *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
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## *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 9<sup>th</sup> 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.
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# *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)
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# *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
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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!



FIGURE 9.1. Let's make a deal . . .

Source: 1997 by Nicole Hollander. Used by permission of Nicole Hollander.




# *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  
the prevalence of psychiatric  
disorders?





## *Biases in Diagnoses*

- 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.
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# *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.

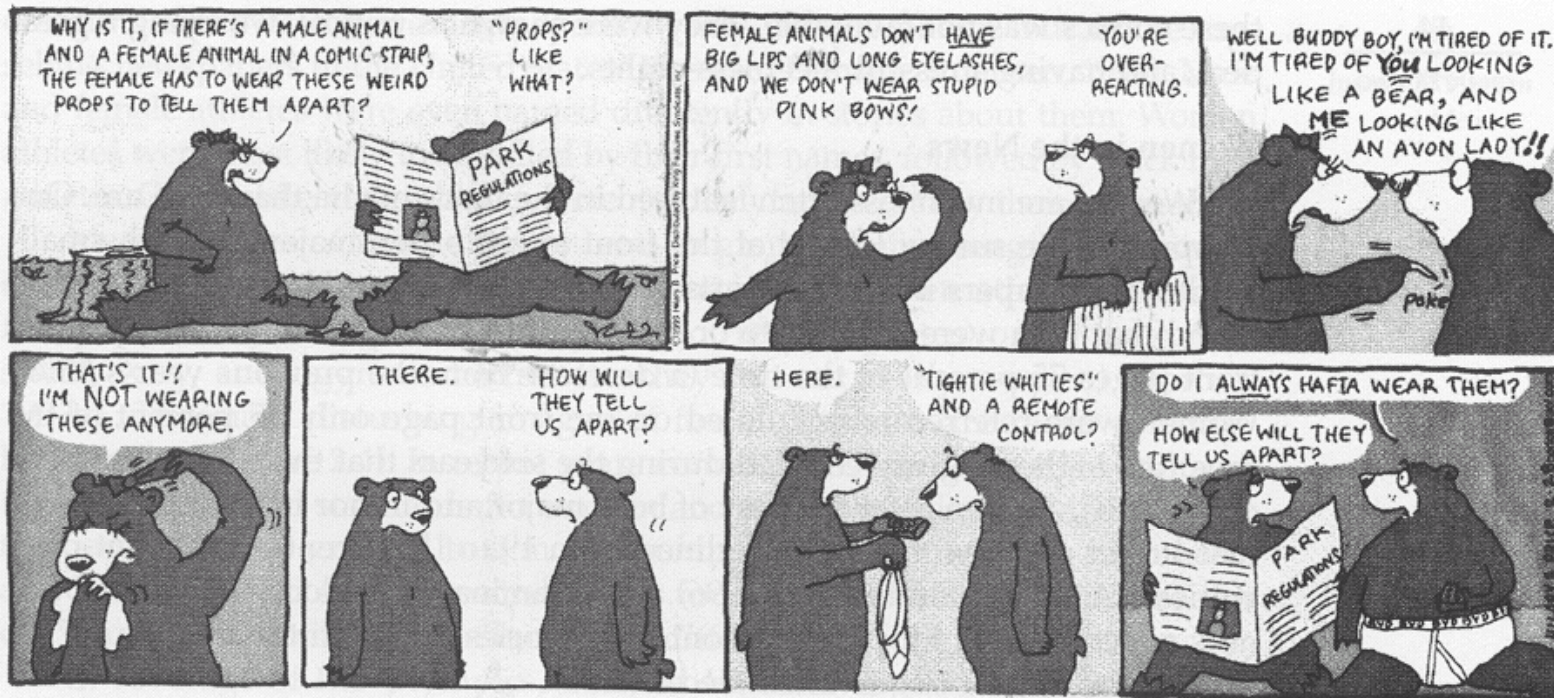


FIGURE 2.3. Turning the tables.

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.




# *Social Status*

- 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?
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# *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
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# *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
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