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SOC 599
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How Gender Differences Affect Mental Health Outcomes

Abstract

This literature review will examine how mental health can be influenced by differences in gender, while being viewed through a sociological lens. The paper is organized by the themes of gendered mental illness, consequences, and recovery.

Introduction

Mental illness is an important topic, particularly because of how pervasive the issue has become recently all over the world, particularly in American news and media topics. Mental illness is stigmatized worldwide in a variety of ways and therefore can be overlooked in terms of research. While mental health is an individualized topic, demographics can influence it in a number of ways. Socioeconomic class, race, geographic location, occupation, sexuality, and a variety of other factors impact on an individual's mental health outcome. This paper will look specifically at how gender can affect mental health.

Gender differences are not innate; they are a result of socialization and gender-specific experiences. Mental illnesses and their symptoms can be gendered in a way similar to how race is gendered; the way that African Americans are seen as the most masculine and Asians as the most feminine is similar to how certain mental illnesses are seen as masculine or feminine (Boysen Ebersole Casner and Coston 2014:546). This does not mean that these stereotypes are accurate, but rather that they have implications for

society as a whole and how gender affects mental health. The differences between genders account for who is at risk, as well as who recovers.

The literature I examined looks at a variety of ages with a focus on adolescents. Much of the research examined elementary through high school-aged people, including research on how school nurses affect mental health outcomes. Much of the literature points out the gender divide regarding internalizing versus externalizing behaviors. According to Boysen et al, (2014) “Generally speaking, externalizing symptoms involve disturbance in conduct and internalizing symptoms involve disturbances in feelings”. Women are more likely to experience mental illnesses with internalizing symptoms, such as low self esteem and anxiety, than men, while men are more likely to experience externalizing symptoms and the mental illnesses that go along with them (Pattyn, Verhaeghe and Bracke 2015:1089). This is how the gendering of mental illnesses begins, and thus helps to predict who is at risk and who recovers.

The importance of this topic in the field of sociology is substantial. Mental health directly affects many people, and in order for it to be fully understood, a sociological approach must be taken. To examine mental health with regard to gender differences provides context on the unique experiences of each gender, and with this understanding can help to explain mental illnesses as well as provide insight on how to treat them accordingly.

Gendered Mental Illness

The gendering of mental illness refers to the ways in which feminine or masculine qualities are assigned to different mental illnesses and mental illness symptoms.

Stereotypes about men and women are what lead to this. For example women are thought of as overly emotional, and therefore emotional illnesses such as depression and anxiety are thought to be more feminine (Boysen et al. 2014:547; Holtberg, Olson and Brown-Rice 2016:225). This has real-world implications, as Boysen and colleagues point out that mental illnesses with a masculine stereotype, such as substance abuse or anger management problems, are actually more prevalent amongst men, and the same findings were found for women and “feminine” mental illnesses (2014:561). The question this raises though, is are these disorders actually more prevalent amongst their corresponding gender stereotype, or do men and women simply get diagnosed with the respective stereotypical illnesses more often (Eriksen and Kress 2008:153)? Eriksen and Kress (2008) point out that “mental health professionals have been found to label people disturbed if their behavior does not fit the professional’s gender ideals” (2008:154).

In a study done by Rosvall and Nilsson in 2016, school nurses were interviewed regarding mental health and the students they serve. The qualitative study showed that the nurses believed girls were more likely to have mental health problems than boys, and that the boys were harder to get to open up about mental health (2016:5). Despite the nurses’ assumptions that girls were more likely to have mental health problems, it has been found that both boys and girls are equally affected, though girls are more likely to report it. Some of the nurses attributed this to hegemonic masculinity, which is the overarching societal ideal that being hyper-masculine is important. In a culture where asking for help and appearing weak is considered to be feminine, adolescent hyper-masculine boys will not risk their manliness, even when it puts their mental health in danger (Rosvall and

Nilsson 2016:4-7). This can have implications for who gets treatment and when, which can have implications for mental illnesses in adulthood.

Gendered mental illnesses may be based in the simple reality that women are more likely to experience internalizing mental illnesses such as depression and anxiety whereas men are more likely to experience externalizing mental illnesses such as substance abuse and conduct disorders (Boysen et al. 2014:561; Holtberg et al. 2016:226). Holtberg and colleagues hypothesized this in 2016, looking at male and female adolescent patients in both outpatient and residential care facilities. With the outpatient care, the hypothesis was supported for both males and females. The girls in residential mental health treatment were found to exhibit externalizing behaviors over internalizing; furthermore, they were more likely than the boys in the residential care to exhibit these behaviors, which contradicts the rest of the literature I looked at (Holtberg et al. 2016:227). This raises the question of the effect residential care has on patients and concerns the issues of how mental illness is treated.

Consequences

Mental illness can affect anyone, regardless of demographics. Yet it is undeniable that demographics can influence mental health in a serious way, whether it is class, race, geographic location, or gender. This section will primarily focus on how sexism and the oppression of women play a role in mental health outcomes.

Entity theory is the belief that personal traits and abilities are unchangeable (Schleider and Wisez, 2016:131). Schleider and Wisez hypothesized that girls were more likely to believe that their personal traits are static because of how they are treated by

adults. “Dweck and colleagues (1978) tested this possibility through several classroom-based studies, finding that teachers verbally attributed failures to insufficient effort more often for boys than girls (Schleider and Wisez 2016:131)”. Therefore, the girls believe that their failures are simply because they are inherently less adequate. This belief that they are lesser than beginning so early in life has an impact on overall mental health and self-esteem. The sociological theory developed by Charles Cooley called the Looking Glass Self states that people will act in the ways that society expects them to act. When these adults imply that the girls are perceived as unable to change, they will act accordingly. This leads to girls experiencing more stress and therefore more mental illness, and can help be explained by both entity and ‘looking glass self’ theory (Shleider and Wisez 2016:144).

Women are more likely than men to experience stress and trauma in their lifetime (Klonoff, Landrine and Campbell 2000:93). Klonoff, Landrine and Campbell (2000) hypothesized that if they looked at women who experienced sexist-based stressors and women who did not, they would find that the women who did not experience these stressors would not differ from men in terms of mental health symptoms. These stressors were things like being treated unfairly in work settings due to being a woman, hearing sexist jokes, and street harassment. This study did not include traumatic experiences such as rape or battery, which women are far more likely to experience these things than men. Once they began the study, with a sample of 180 women and in a prior study of over 1,000 women, they could not find any who had never experienced these stressors, which in itself speaks volumes about the risk women are at for mental health problems.

However, they did find that women who experienced these stressors less frequently did not differ from men in number of symptoms, whereas the women who did experience more stressors showed higher rates of symptoms for things like depression and anxiety (Klonoff, Landrine and Campbell 2016:98).

Two studies I looked at showed how the difference in men and women's substance usage affected their mental health. This impacts consequences because when someone is abusing drugs it is typically intimately tied to mental illness (Drapalski, Bennett and Bellack 2011:812). Both studies pointed out that there was no difference in severity or number of substance abuse users by gender, but there was a difference in other factors (Drapalski, Bennett and Bellack 2011:813; Thamocharan and Conrad 2015:4) Drapalski and colleagues looked at substance abusers with existing mental illnesses, and concluded that the reasons men and women abuse drugs are different, as well as how they are introduced to them. They found that women with serious mental illness and substance use were likely to have been sexually abused (2011:814). The study also found that these women were more likely to be associating drugs with friends and significant others, as those are the people that they purchase from and use drugs with (2011:814). Similarly, Thamocharan and Conrad found that women's ties to the substance abuse stems from close interpersonal relationships (2015: 5). Another similarity between studies is the finding that most girls who are substance abusers are survivors of trauma (2015:5). This ties back to women being more likely to experience trauma regardless of substance use. Since the findings show that women who experience trauma are more likely to abuse substances, this adds another stressor to their life, and more stressors means more

likelihood of mental illness. The effects of trauma and substance abuse have considerable implications for negative mental health outcomes.

Recovery

Not only does gender influence mental health in terms of symptoms, but also in terms of recovery. Much of the literature found that men are far less likely to seek treatment for mental health problems, and this spanned across all ages, from middle school into adulthood. As previously mentioned, the middle school boys in the Rosvall and Nislon (2016) study would only go to the nurse for things regarding height measuring or physical pains, despite having interpersonal stress and potential mental health concerns (2016:6). Untreated stress and mental illness causes mental health to decline, and the stigma around men and boys expressing their feelings could be a reason why men tend to exhibit externalizing disorders.

Hjorth and colleagues (2016) conducted a study to see how mental health affected school dropout rates across genders, over a five year time span to include follow up studies. The results of the study were that while females were more likely to have poor mental health, men were more likely to drop out of school due to their mental health. The women were coping with their mental health challenges better, they cited this as being due to women getting more treatment, and therefore staying in school despite poor mental health (Hjorth et al. 2016:7). Education level is a significant factor in the path of one's life course, and therefore the boys having higher dropout rates because of not being treated for their mental health has a severe impact on them and their future success as a whole.

According to one study done by Pattyn, Verhaeghe and Bracke (2015) “doing health is a form of doing gender”. Men are taught that it would be too feminine to ask for help, and therefore to keep their ideal of hegemonic masculinity intact, they do not seek help. This study by Pattyn and colleagues states that even when men do seek treatment, they prefer ones that are either just medication or not too time consuming (2015:1092). This indicates people do not get the help they need to treat their mental illness, they are less likely to recover or cope with it in helpful ways.

Conclusion

Mental health and gender have an undeniable correlation, as found in the literature examined. Overall, the literature revealed that women are more likely to experience more mental health problems, internalizing disorders, and be more likely to recover. On the other hand, men are less susceptible to poor mental health, yet when they are mentally ill they mostly experience externalizing disorders, and they are less likely to recover. Much of the reasoning for phenomena things can be linked to socialization, hegemonic masculinity, stereotypes, and stigma.

The literature that was reviewed did make valid cases for their arguments, yet there were limitations as well. All of the literature was based on the gender binary, the idea that there are only two genders; man and woman, which provides a lot of insight into the majority of the population but leaves gaps in research for those who do not fit within the binary. Another gap would be race, and how race by gender is affected; much but not all of the literature focused on predominately white samples.

This research is important to the field of sociology because it can help us to understand both gender and mental health better, as well as look into how socialization of children affects adults and overall populations. In the future, studies encompassing all genders should be done. Furthermore, studies on whether women and men actually experience internalizing and externalizing disorders more than the other, respectively, or if they are just diagnosed with them more because of gender stereotypes, should be done. Overall, gender socialization creates gender differences that in turn affect mental health outcomes.

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