Psychology of Gender

FIFTH EDITION

Vicki S. Helgeson



Psychology of Gender

Noted for its fair and equal coverage of men and women, this book reviews the research and issues surrounding gender from multiple perspectives including psychology, sociology, anthropology, and public health, with an emphasis on the interaction between biological and social theories. The implications of social roles, status, and gender-related traits on relationships and health that are central to students' daily lives are emphasized throughout. Students learn how to distinguish the similarities and differences between the sexes and the theories that explain the differences. Methodological flaws that may impact the observance of sex differences are also examined.

Learning activities and pedagogical tools included in the text:

- *Do Gender* exercises that provide an opportunity to test hypotheses and explore data
- *Sidebars* on special interest topics and numerous visuals that bring the studies to life
- *Take Home Points* that summarize key concepts in bulleted format
- Boldfaced key terms and definitions, chapter summaries, discussion questions, and suggested readings, which help students review the material.

New to the fifth edition:

- Expanded sections on cohabitation, homosexuality, online relationships, social media influences, single-sex classrooms, sex differences in math abilities, and gender implications of divorce on health
- Expanded coverage of gender and parenting, gender and the workplace, gender and power, and balancing work and family
- An expanded intersectional approach that highlights how gender is connected to social class, race, and ethnicity, including more coverage of gender system justification theory
- Coverage of transgender issues including recent changes in the *DSM* guidelines
- Streamlined discussions to further engage students to think about gender issues
- A companion website at <u>www.routledge.com/cw/Helgeson</u> where instructors will find PowerPoint slides, multiple-choice quizzes, and short-answer questions with suggested answers for each chapter; and students will find flashcards of key terms, chapter outlines, and links to related websites and further reading.

This is an ideal text for upper-level gender-focused courses including the psychology

of gender; psychology of women or men; gender issues; and gender, women's, or men's studies taught in psychology; women's studies; gender studies; sociology; and anthropology.

Vicki S. Helgeson is Professor of Psychology and Director of the Gender, Relationships, and Health Lab at Carnegie Mellon University.

Psychology of Gender Fifth Edition

Vicki S. Helgeson



To all of the students and research staff at Carnegie Mellon University who have challenged me to think beyond the boundaries of conventional research on gender and inspired me over the past 25 years to be a better teacher, researcher, and person Fifth edition published 2017 by Routledge 711 Third Avenue, New York, NY 10017

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Preface

The purpose of this text is to provide a review of the empirical research and conceptual discussions surrounding gender and to examine the implications of gender for relationships and health. The focus of this book goes beyond sex alone—whether one is biologically male or female—to explore the roles that society has assigned to women and men and the other variables that co-occur with sex, such as status and gender-related traits. The implications of social roles, status, and gender-related traits for relationships and health are examined. This is why the book is entitled *The Psychology of Gender* rather than *The Psychology of Sex. Gender* is a term that represents the social and cultural forces that influence men and women in our society. The book discusses the "psychology" of gender because the focus is on the individual in the social context. The primary focus is not on biology and anthropology, although their contributions to the study of gender are included.

Rather than review every topic related to gender, I examine the implications of gender for two broad domains of research: relationships and health. These domains are chosen, first, because they are central to our lives. Friendships, romantic relationships, and relationships at work have a great impact on our day-to-day functioning. Psychological well-being and physical health are important outcomes in their own right. A second reason for the focus on relationships and health is that these are domains in which gender-role socialization plays a prominent role. Observed sex differences cannot be attributed to biology alone; thus, relationships and health are domains that are relevant to the social category of gender.

Multiple perspectives on the development of differences between men and women are offered, but the primary perspective that I emphasize is a social-psychological one. I examine gender as an individual difference variable but focus on the influence of the context—the situation, the environment, the culture—on gender. I have drawn from research in the areas of psychology, biology, sociology, anthropology, medicine, and public health. Rather than consider these disciplines' influence as independent, however, there is greater recognition in this edition of the book of the interaction between biological and social theories.

I do not merely itemize sex differences in this text. In many domains, sex differences are more elusive than people believe. I highlight both similarities and differences and remind the reader about the magnitude of differences throughout the chapters. I also point out methodological flaws or difficulties that may bear on the observance of sex differences. The focus of the book is on the *explanations* for women's and men's thoughts, feelings, and behavior—not simply a summary statement of the similarities and differences between men and women.

Content Overview

The book is divided roughly into three parts, with each section building on the previous one. First, the nature of gender and the development of gender roles are presented. In the first chapter, I provide a brief overview of the field of gender, including how gender is construed across cultures and some of the philosophical and political controversies in the area. In Chapter 2, I review the scientific method that is used to study gender, including the unique difficulties that arise in this field, as well as provide a brief history of the psychology of gender, which includes a review of the various instruments used to study gender. In Chapter 3, I present research on attitudes toward gender and gender roles, focusing largely on sexism and gender-role stereotypes. Then I turn to the research literature to provide the current data (Chapter 4) and theory (Chapter 5) on sex differences in cognitive, social, and emotional domains. In Chapter 5, I discuss different theories of gender-role development, such as evolutionary theory, social learning theory, social role theory, and gender schema theory. In Chapter 6, I discuss the implications of gender and gender roles for achievement. Thus, in the first section of this book, I provide important information on the similarities and differences between women and men and the theories that explain any observed differences. The data and the theories are important for understanding the subsequent sections of this book that address the implications of gender for relationships and health.

The second section of this book begins with a discussion of women's and men's communication and interaction styles (<u>Chapter 7</u>). These findings have implications for the specific relationships discussed: friendship (<u>Chapter 8</u>) and romantic relationships (<u>Chapter 9</u>). Research on cross-sex friendship, relationships among sexual minorities, and friendships at work are included in these chapters. The role of gender in relationships is critical to understanding the third section of the book, how gender influences health.

The third section begins with a chapter that provides an overview of sex differences in health and theories as to their origins (Chapter 10). Health is broadly construed in this book to reflect physical health problems, such as coronary artery disease, as well as mental health problems, such as depression and eating disorders. In Chapter 11, I investigate how gender affects the association of relationships to health. The effects of marriage and parenting on health are reviewed, as are the effects of relationships gone awry, specifically domestic abuse, rape, and stalking. Chapter 12 presents an examination of how gender affects the association of work to health, which includes a substantive discussion of pay disparity and sexual harassment. The final chapter focuses on the implications of gender for mental health—specifically, depression, eating disorders, and suicide.

New to This Edition

For those of you who are familiar with the previous editions, I would like to highlight some changes that I have made to this fifth edition. I wrote the first edition of this book during the year after my daughter was born. Now she is a senior in high school and could be reading this book like any other text next year. A lot has changed. After my daughter was born, I took a 1-year sabbatical to write this book. It never occurred to me to ask for maternity leave. I don't even know if it existed, but I've seen women colleagues around me take leaves and postpone the tenure clock in the intervening years. I've seen dads take time off, and I've seen more children at work. The work environment is becoming more "family friendly."

This edition of the book seems different from the others. As with the previous editions, I updated all of the research. Gender has always been a moving target. But this fifth edition seems more like an overhaul than a revision. There has been a sea change in the area of gender. There are sections of the book that had to be completely rewritten because of these changes. For example, the debates on cohabitation and single-sex education are no more: The negative effects of cohabitation on relationships are disappearing, and there is no substantive evidence that single-sex education is beneficial. The murky literature on gender and divorce has been clarified: Men suffer more than women. Despite the fact that society continues to label math as male, sex differences in math have all but disappeared. The science has proliferated and the research has become more rigorous. On a societal level, gender has also changed. It is now legal for homosexual couples to marry, and the shift in opinion toward homosexuals is the most dramatic change in attitude I have seen in my lifetime. In fact, the conversation has shifted from homosexuality to transgender individuals and gender fluidity. This conversation is now part of the text.

There are several other conversations that have become part of this textbook. First, it is now increasingly recognized that the category of gender cannot be studied independent of other social categories, such as race, ethnicity, and social class. This recognition, referred to as "intersectionality," is beginning to be reflected in the research literature and has become part of this text. Relatedly, one theory that is increasingly applied to the study of gender, in terms of sexism and discrimination, is gender system justification. That theory is featured more prominently in this text. Third, our conversations are becoming increasingly electronic. Research on online communication is discussed in terms of its implications for women's and men's relationships. Finally, there is greater elaboration on some topics, such as gender and parenting, gender and the workplace, and balancing family and work.

Website

This edition includes a companion website at <u>www.routledge.com/cw/Helgeson</u>. There instructors will find PowerPoint slides, multiple-choice quizzes, and short-answer questions with suggested answers for each chapter; and students will find flashcards of key terms, chapter outlines, and links to related websites and further reading.

Learning Tools

Gender is a topic with which all of us are familiar, regardless of the scientific literature. Thus, it is sometimes difficult to mesh personal experiences with the research literature. To help students integrate the two, each of the chapters includes mini-experiments (entitled "Do Gender") for students to test some of the research ideas presented. The results of these experiments will not always work out as intended, partly because the sample sizes will be small, partly because the samples will not be representative, and partly because the best ideas do not always translate into the best research designs. The purpose of the exercises is to allow students to gain experience with some of the methods used to study gender and to learn firsthand about how people experience gender in their lives. When topics of special interest arise—or what would be referred to as "going off on a tangent" in class-I included sidebars, such as "How to Raise a Gender-Aschematic Child," "Parenting Among Sexual Minorities," "The Future of Title IX," or "Does Abstinence Only Work?" Other aids to learning include key terms in boldface throughout the chapters and a summary of key terms and definitions at the end of the chapter, summaries of the main points at the end of the chapter, a list of thoughtprovoking discussion questions, and a list of suggested readings accompanying each chapter. To make the text more user-friendly for students, I have added a section entitled "Take Home Points" at the end of each section of a chapter. Here, I summarize the major points in bullet-point form.

Intended Audience

This text can be used for an undergraduate course on the psychology of gender, the psychology of women or men, women's or men's studies and gender issues taught in psychology, women's studies, gender studies, sociology, and anthropology, preferably for more advanced students. This text could also be supplemented with empirical readings for a graduate-level course. The book should have widespread appeal to students in the sciences and humanities. Students do not have to be psychology majors to read this text, but some knowledge of research methods would be helpful. Because social-psychological theories are so widely discussed in this text, a student who has taken such a course will find the book especially appealing and be able to grasp many of the concepts quite quickly. However, theories are explained in sufficient detail that students without a background in social psychology or psychology should understand the material. I welcome students from other disciplines into my course and find that the diversity in student backgrounds leads to more interesting discussions of the issues brought forth by the text.

Acknowledgments

I would like to thank the anonymous reviewers of the previous editions of this book as well as the people who gave so generously of their time to read and comment on chapters of the first edition: Rosalind Barnett, Kay Deaux, Alice Eagly, Barbara Gutek, Judith Hall, Susan Sprecher, and Ingrid Waldron. I will always be indebted to Letitia Anne Peplau who read the entire first edition of this book, provided detailed feedback, and asked thought-provoking questions. These people's comments and suggestions have enhanced and endured throughout the editions of this book.

I owe a great deal of gratitude to the many staff members and students at Carnegie Mellon University who have helped me with each edition of the book. I especially appreciate the efforts of Jennifer Shin who spent countless hours helping me to find references, statistics, and Internet articles to update this book and to Abigail Kunz Vaughn for helping me obtain permissions for the figures and for countless other critical tasks that put this book together. I also greatly appreciate the work of Stephanie Boris for helping to create many of the "visuals" in this edition. I will always be indebted to Denise Deverts, who went through every page of the first volume of this book with a fine-toothed comb, asked questions about statements that were less than sensible, and provided creative ideas to bring the book to life. I also want to thank the students in the psychology of gender classes that I have taught over the last 25 years for inspiring me to write this book.

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Finally, I would like to thank my family: my mother and father for all their love and support over the years; my husband, Mark, for keeping me in touch with the "real world" outside of academia and for his patience and assistance with "life work" as I worked on this revision; and my daughter Katja for teaching me about myself, challenging my assumptions, and providing me with vivid examples of gender-role socialization.

V. S. H.

About the Author

Vicki S. Helgeson is a social/health psychologist who studies the intersection of gender, relationships, and health. She has conducted extensive research on the implications of gender-related traits, in particular unmitigated communion and unmitigated agency, for relationships and health. Her work has involved studies of children, adults, healthy populations, and people with chronic illnesses, such as cancer, heart disease, and—most recently—diabetes. She has received continuous funding from the National Institutes of Health since 1993 to support her work. Helgeson has been on the faculty at Carnegie Mellon University for 25 years and teaches social psychology as well as psychology of gender.

Chapter 1

Introduction

In 1998, my daughter was born and so was my own personal experience with the psychology of gender. As an advocate of equal opportunities and equal treatment for men and women, I thought this practice should begin with infancy. To start, my husband and I tried not to let gender be the overriding principle by which we chose Katja's toys and clothes. This proved to be far more difficult than we thought. In infancy, there are a fair number of "gender-neutral" clothes and toys. But by 1 year of age, the boys' toys and clothes are in one section, the girls' in another, and there is little common ground. I finally figured out why there are gender-neutral clothes for infants: Many parents-to-be and gift givers make purchases before the baby is born and don't know the sex of the newborn. By age 1, everyone knows.

By dressing Katja in gender-neutral clothes, I learned that the default assumption of others was she must be a boy. Any infant girl in her right mind (or her parents' right mind) would wear pink or ruffles or have bows in her hair (see Figure 1.1) or have her ears pierced!



Figure 1.1 This infant has a bow in her hair to signal to society that she is a female. *Kiley, Lee Anne "Shannon Kiley"* 2005

Because I personally dislike pink (probably not a coincidence), Katja had a lot of blue, yellow, purple, and red. (This did come back to haunt me around age 4 when pink emerged as her favorite color! However, it lasted only a year and now she hates pink. See pink frilly dress phenomenon in <u>chapter 5</u>.) When we carried her around as an infant, people in the grocery store or the shopping mall would comment on what a cute boy we had. When we mentioned he was a she, people often subtly reprimanded us for not providing the appropriate cues: the pink, the ruffles, the hair bows. Some people remarked that of course she was a girl because she had so much hair. I know of no evidence that girls are born with more hair than boys. I found it an interesting paradox that the biological default is female (i.e., at conception, the embryo is destined to become female unless exposed to male hormones), but the social default is male. When in doubt, assume the baby is a boy–unless there are strong social cues indicating the baby is a girl. It is not nearly as offensive to assume a girl is a boy as to assume a boy is a girl. But people do expect you to be offended. When someone did mistake Katja for a boy, I wasn't surprised. How can you tell at that age? But the person who made the remark was always extremely apologetic, assuming she had insulted me by assuming Katja was of the other sex.

By age 1, girls' and boys' clothes have little in common. Blue jeans that are plain in the boys' section are decorated with flowers, ruffles, or sequins in the girls' section. A

simple pair of shorts in the boys' department is elaborated with a flap in the girls' department so it looks like a skirt. Girls' clothes are covered with an amazing assortment of flowers. Girls also are expected to wear dresses. How practical is it to play in the sand, climb a tree, and run around in a dress? You can't even buy socks that are for both boys and girls; there are boy socks and girl socks. Guess which ones have ruffles.

The point I am trying to convey is that sex is a very important category to us as a society. In fact, sex is one of the first categories learned by children because (a) sex is typically considered to have only two categories, (b) the categories are mutually exclusive, and (c) we are immediately exposed to members of both categories (Zemore, Fiske, & Kim, 2000). An infant's sex is one of the first things you try to figure out about her or him and one of the first things you notice about a child or an adult. Have you ever found yourself in a situation where you didn't know the sex of a person, or mistook someone for the wrong sex? I remember being in a Victoria's Secret with my teenage daughter and having the cashier ask us who helped us. We stumbled trying to figure out a way to refer to the clerk without a pronoun because neither of us were certain whether the person was female or male. (Being in a Victoria's Secret, one might assume the person was female, but we later found out the person was male!) Why are we bothered so much by these situations? Why do we need to know the person's sex to interact with her-or him? A person's sex-really, a person's gender (I explain the distinction in the next section)-has implications for our feelings, our beliefs, and our behavior toward the person. Your own gender has implications for how others feel about you, what others think about you, and how others behave toward you—and perhaps for how you feel and think about yourself.

Gender has been the subject of scientific scrutiny for over a century. Scientists have debated the similarities as well as the differences between women and men: Are men better at math than women? Are women more emotional than men? Are men more aggressive than women? Do men and women have the same capacities to be engineers, nurses, and lawyers? Scientists have also examined the implications of being female and male for one's relationships and one's health: Are women's relationships closer than those of men? Does marriage provide more health benefits for men compared to women? Are women more depressed than men? Are men less willing than women to seek help for health problems?

You have probably thought about some of these questions. You may be fairly confident you know the answers to some of them. Gender is a topic with which we are all intimately familiar. What woman doubts that men are less likely than women to ask for directions? What man doubts that women are more likely than men to dwell on their problems? We have many experiences we bring to bear on these issues, but our anecdotal observations are not the same as observations gained from well-established scientific methods. In fact, our anecdotal observations may be biased in favor of sex differences when differences do not really exist because differences are more noticeable than similarities and our beliefs can shape what we see. When evaluating the literature that compares women and men, you will see the answer to the question of sex differences or similarities is usually fairly complicated. The appearance of sex differences depends on myriad factors: place, time, audience, and characteristics of the observer.

In this text, I evaluate the literature on the psychology of gender, paying special attention to the implications that gender has for our relationships and our health. I begin this first chapter by defining the terminology used in the study of gender. Next, I comment on how gender is construed in other cultures. Finally, I conclude the chapter by providing an overview of the various political and philosophical viewpoints that many researchers have taken when studying gender.

Definition of Terms

This textbook is called *Psychology of Gender*. Why not *Psychology of Sex*? What is the difference between sex and gender? Is *gender* simply the more politically correct term? One of our first tasks is to define these terms and other sex-related and gender-related ideas.

The first distinction to make is between sex and gender. Sex refers to the biological categories of female and male, categories distinguished by genes, chromosomes, and hormones. Culture has no influence on one's sex. Sex is a relatively stable category that is not easily changed, although technology has allowed people to change their biological sex. Gender, by contrast, is a much more fluid category. It refers to the social categories of male and female. These categories are distinguished from one another by a set of psychological features and role attributes that society has assigned to the biological category of sex. What are some of the psychological features we assign to sex in the United States? Emotionality is a trait we ascribe to women, and competitiveness is a trait we ascribe to men. These traits are features of gender rather than sex. Whereas sex is defined in the same way across cultures, gender differs because each society has its own prescriptions for how women and men ought to behave. A feature of the male sex category includes the Y chromosome; regardless of whether a male wears a baseball cap or barrettes, or is competitive or empathetic, he is of the male sex because he possesses the Y chromosome. Personality and appearance are related to the gender category. In the United States, a feature of the female gender category is nurturance; a person who is nurturant is behaving in a way consistent with the social category for women. Another feature of the female gender category in the United States is to wear a skirt; typically, if you encounter someone in this country wearing a skirt, you can assume the person is psychologically female as well as biologically female. However, in other countries, such as Scotland, wearing a skirt or a kilt is quite normal for a person of the biological male sex; thus we would not want to use wearing a skirt as a feature of the female or male gender category in Scotland. It is American culture that views a kilt as a skirt; a person from Scotland does not view a kilt as feminine attire. The content of gender categoriesbut not sex categories-is influenced by society, culture, and time.

Now that this important distinction has been made, I must point out the distinction is rarely employed in practice. Laypersons as well as scientists often use the terms interchangeably; articles in the newspaper as well as articles in scientific journals do not use the terms consistently. Even the American Psychological Association is not consistent in its employment of these terms. For example, when submitting an article to be published in a scientific journal, the editor often replaces the phrase *sex differences* with *gender differences*. There is a good chance that the author is simply referring to differences between people who are biologically male versus biologically female without any thought to their psychological attributes; that being the case, the correct term would be sex differences. However, some people believe that the phrase *sex differences* implies the basis of the difference is biological. Yet, if you conduct a study of women and men and find that women have better recall on a memory task than men or that men outperform women on a video game, do you have any evidence that the difference is biological? No. A better term to describe these differences is **sex-related behavior**. This term implies the behavior corresponds to sex, but it does not say anything about the cause or the etiology of the difference.

A term that better captures society's influence on the biologically based categories of female and male is **gender role** rather than *gender*. A **role** is a social position accompanied by a set of norms or expectations. For example, one role you most certainly possess is the role of student. What are some of the expectations that go along with this role? One expectation is that you study for class; another might be that you socialize and stay up late at night with friends. In this instance, a conflict may exist between the expectations within a given role.

Gender role refers to the expectations that go along with being male versus female. We typically expect men to be strong, independent, and competitive, and to keep their emotions hidden. These are features of the male gender role. By contrast, we typically expect women to be caring, emotionally expressive, polite, and helpful: features of the female gender role. In other words, we expect men to be **masculine** and we expect women to be **feminine**. Masculinity includes the traits, behaviors, and interests that society has assigned to the male gender role. A masculine trait is self-confidence; a masculine behavior is aggression; and a masculine interest is watching sports. Femininity includes the traits, behaviors, and interests assigned to the female gender role. A feminine trait is emotionality; a feminine behavior is helping someone; and a feminine interest is cooking. In <u>Chapter 2</u>, we discuss the content of femininity and masculinity in more detail.

When expectations within a role conflict, such as the example of the student I described, we experience **intrarole conflict**. How might women experience intrarole conflict within their gender role? Women are expected to be emotional and express their feelings but also to be sensitive to the needs of others. So, should a woman who is unhappy with her marriage express those feelings to her husband? If she expresses her feelings, she is adhering to the expectancy that she express emotion, but she is contradicting the expectancy that she not hurt someone's feelings. How might men experience intrarole conflict within their gender role? One expectation of the male gender role is to achieve; another is to be independent and not ask for help. What should a man who desires to adhere to his gender role do if he can't figure out how to put something together by himself? If he asks for help, he will further his achievement goal but at the expense of another goal: appearing independent. Just because a given role has a set of guidelines does not mean those guidelines might not conflict with one another from time to time. Gender roles are no exception.

When the expectations of one role conflict with the expectations of another role, we experience **interrole conflict**. You possess other roles besides your gender role. What

roles conflict with your gender role? At times the expectations of the role of student may conflict with both the female gender role and the male gender role. In a large lecture class, the expectation of a student is to sit quietly in the class and listen, a passive role that may conflict with the active aspects of the male gender role. In a small seminar, the expectation of a student is to participate actively in class discussion, which may include some debate; this active, assertive role may conflict with the female gender role. Think about some of your relationship roles. Does your role as a friend, son or daughter, girlfriend or boyfriend ever conflict with your gender role? A male student involved in a group project may experience conflict between the male gender role norm to be independent and the student role norm to work together with classmates on group projects. The difficulty here is that the norms for the two different roles clash.

Sometimes role conflict leads us to violate the norms associated with our roles. What are the consequences of behaving in ways that violate norms? The consequences could be minor or severe; it will depend on how central that norm is to the role and how strongly the situation calls for adherence to the role. The consequences for a male asking for help are probably minor. However, the consequences for a male wearing a dress—unless it is a costume party—are likely to be more severe. A central feature of the male gender role is not to appear feminine. What are the consequences for a female not being emotional? It will depend on the situation. A female who fails to express feelings at an emotional event, such as a funeral, may be judged quite harshly, whereas a female who fails to express emotions in the context of the classroom will not suffer any negative repercussions.

Think about the consequences for violating the norms that go along with your gender role. Examine the effects of norm violation in <u>Do Gender 1.1</u>.



Engaging in Gender-Role Incongruent Behavior

Try adopting some behavior that does not fit your gender role and see how people respond-verbally and nonverbally.

For example, if you are male, try

Wearing a dress. Wearing makeup. Calling for an escort service when you walk across campus in the dark. Going into a salon and having your fingernails painted.

If you are female, try

Chewing tobacco in public. Joining a group of guys to play football. Working on your car with a man standing by (changing the oil or changing a tire). Going into a barbershop and getting your hair cut.

How did you feel? How did others respond?

Who do you think suffers more for violating gender role norms, women or men? Many people maintain it is men who suffer more. Today, women who behave "like men" are often accepted and even applauded. It is acceptable for women to dress like men by wearing pants, suits, and even ties; it is acceptable for women to have jobs that were once traditionally held by men, such as doctor, lawyer, even construction worker. And, it is more acceptable for women to participate in sports (see Figure 1.2).

But is it acceptable for men to dress like women by wearing a dress or tights? Are men who possess jobs traditionally held by women, such as nurse or secretary, encouraged or applauded? It is interesting that a little girl who behaves like a boy is called a tomboy, but a little boy who behaves like a girl is called a sissy. *Sissy* has more negative connotations than *tomboy*. Today, parents have no problem giving their little girls trucks to play with and encouraging girls to play sports. But how do parents feel about giving their little boys dolls and encouraging them to play "dress-up"?

Most scientists believe men suffer more negative consequences for gender-role violations than women. Some have even suggested that "manhood" is a more precarious state than "womanhood," in constant need of validation. One study showed that college students were more likely to endorse proverbs that showed the tenuous nature of manhood compared to womanhood (Vandello, Bosson, Cohen, Burnaford, & Weaver, 2008). For example, both male and female college students were more likely to agree with proverbs such as "Manhood is hard won and easily lost." In one experiment, the authors showed that men felt more anxious

than women when their gender role was threatened. Students took a knowledge test and were told that they either scored very close to those of their same sex (no threat condition) or close to those of the other sex (threat condition). Men showed more anxiety following the threat than no threat condition, whereas women's anxiety was not influenced by condition.

Why do men suffer more negative repercussions for gender-role violations than women? One possibility is status. Women who take on characteristics of the male gender role are moving toward a higher status, whereas men who take on characteristics of the female gender role are moving toward a lower status. We applaud the move up but not the move down. The relation of gender to status is elaborated on later in this chapter.



Figure 1.2 Soccer, once considered a man's sport, has increased dramatically among girls.

The term *gender role* is used interchangeably with the term *sex role*. Personally, I do not know what to make of the latter term. *Sex role* really does not make sense because it confuses a biological category, sex, with a social category, role. Thus it is peculiar that one of the leading scientific journals in this area is called *Sex Roles* instead of *Gender Roles*. I prefer to use the term *sex* when referring to the biological categories of male and female, and to use the terms *gender* and *gender role* when referring to the psychological attributes and expectations we have for those categories.

Now we can ask whether people abide by the prescribed gender norms of a culture (Ehrensaft, 2011). People who are **gender nonconforming** do not accept these gender

norms and behave in ways that contradict prescribed gender roles. We can also ask whether people accept the psychological category that accompanies their biological sex. Gender identity or gender-role identity is our perception of the self as psychologically female or male. People whose gender identity matches their biological sex are referred to as cis-gender individuals, whereas people whose gender identity does not correspond to their biological sex are transgender individuals. A transgender person may be biologically female but feel psychologically like a male and choose to live life as a male. This transgender individual may dress and behave like a man, that is, take on the male gender role. Transsexuals also have a gender identity that does not correspond to their biological sex, but they have hormonal or surgical treatment to change their sex to correspond with their gender identity. There are about two to three times as many male to female transsexuals as female to male transsexuals (Lawrence, 2008). This may be due to the fact that society is less tolerant of feminine behavior exhibited by a male than masculine behavior exhibited by a female. People who are gender fluid disagree with the binary concept of gender, and people who are gender hybrids perceive themselves as a combination of male and female. Intersex persons are those who are born with ambiguous genitals; these persons typically have surgery to alter their genitals so that they can be consistent biologically.

Transgender individuals have become a much more prominent part of gender conversations. Transgender individuals used to be classified by the *Diagnostic and Statistical Manual of Mental Disorders* as having Gender Identity Disorder. There was a substantial controversy when this disorder was removed from the updated version of the manual that came out in 2013 (*DSM-5*). See <u>Sidebar 1.1</u> for a discussion of this controversy. Transgender individuals have appeared in the media, most notably in the character of Sophia on the hit Netflix series *Orange is the New Black*, and recently when Bruce Jenner, the Olympic gold medalist, became Caitlyn Jenner (see Figure 1.3). When Caitlyn Jenner made her debut on the cover of the July 2015 issue of *Vanity Fair*, Jon Stewart from *The Daily Show* congratulated her on the clip he titled "Brave New Girl" and pointed out that she had now completed the final step of the transformation of being a woman—everyone is now focused on her appearance.



Figure 1.3 Bruce Jenner, Olympic gold medalist, changed his biological sex in 2015 to become Caitlyn Jenner. Source: Photograph of Caitlyn Jenner by Disney/ ABC/ Image Group LA is licensed under Creative Commons Attribution 2.0
***** Sidebar 1.1

The Replacement of Gender Identity Disorder With Gender Dysphoria

The recent version of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* replaced Gender Identity Disorder with Gender Dysphoria. Whether to retain or remove Gender Identity Disorder was a controversial issue. Those who fought to retain Gender Identity Disorder were largely concerned with individuals being able to seek treatment for distress surrounding the incongruence between sex and gender as well as medical treatment to change one's sex to correspond with one's gender. Insurance companies would be unwilling to pay for treatment of an illness that did not have a diagnosis. Those who advocated for the removal of Gender Identity Disorder argued that classifying people whose psychological gender did not match their biological sex as mentally ill undoubtedly stigmatized such individuals, leading to discrimination and adding to their distress. Some people have suggested that this debate is reminiscent of the debate that ensued when homosexuality was removed from the *DSM* as a disorder in 1980. In the end, the issue was resolved by replacing Gender Identity Disorder with Gender Dysphoria, which is defined as the distress associated with the incongruence between psychological gender and biological sex. Thus, the focus here is on the distress rather than the identity incongruence. There are basically two requirements for a diagnosis of Gender Dysphoria:

- 1. incompatibility between psychological gender and biological sex
- 2. distress due to this incompatibility, including impairment in daily functioning.

The treatment of Gender Dysphoria is more complicated in children (Spiegel, 2008). Children and parents can delay the decision to change one's biological sex to correspond with one's preferred sex by the use of medication that delays puberty by blocking the release of hormones. It is easier to change one's biological sex prior to physical maturation. However, the child must be certain about this treatment, as once puberty is delayed and other-sex hormones are administered to change one's biological sex, the person is infertile.

Do not confuse *gender identity* with **sexual orientation**, which refers to whether people prefer to have other-sex or same-sex persons as partners for love, affection, and sex. **Heterosexuals** prefer other-sex partners; homosexuals prefer same-sex partners; and **bisexuals** are accepting of other-sex and same-sex partners.

Sex typing (which really should be referred to as gender typing) is the process by which sex-appropriate preferences, behaviors, skills, and self-concept are acquired. How does a girl become feminine? A boy masculine? We review the different theories of sex typing in <u>Chapter 5</u>. People who adhere to the gender role that society assigned them are **sex-typed**. A male who thinks, feels, and behaves in masculine ways and a female who thinks, feels, and behaves in feminine ways are each sex-typed. A male who acts feminine and a female who acts masculine are each said to be **cross-sex-typed**. Someone who incorporates both masculine and feminine qualities is not sex-typed and is often referred to as **androgynous**. Androgyny is discussed in more detail in <u>Chapters 2</u> and <u>5</u>.

Thus far, we have been discussing attributes that define a person's sense of self. Gender also comes into play when we think about other people. Our own personal view about how women and men should behave is called a **gender-role attitude**. You might believe women should be caring, be nurturant, and have primary responsibility for raising children, whereas men should be independent, be assertive, and have primary responsibility for earning money to take care of the family—regardless of whether you possess these characteristics. If you hold these beliefs, you have a traditional gender-role attitude. That is, your view fits the traditional expectations that society has for how women and men should behave. Alternatively, you might believe that both women and men should be assertive and caring and that both should be equally responsible for working inside and outside the home. In this case, you have an egalitarian gender-role attitude. Many people hold what Hochschild (1989) refers to as a "transitional attitude," which fits somewhere between traditional and egalitarian gender-role attitudes. You may believe that both men and women should participate in work inside the home and outside the home, but that women should give the home their primary attention and men should give work their primary attention. This person is striving for an egalitarian philosophy, but some residual traditional gender-role attitudes remain.

Three other terms reflect one's attitude toward the category of sex. Each term maps onto one of the three components of an attitude: affect, cognition, and behavior. The affective (feeling) component of our attitude toward the sex category is called sexism, or prejudice toward people based on their sex. Typically, we think of sexism as involving a negative attitude or negative affect, but it could entail positive affect. If you dislike the person your wife hired to take care of your children because the person is male, you are showing sexism. Likewise, if you like the person your wife hired merely because she is female, you are again showing sexism. The cognitive component of our attitude toward sex is a **sex stereotype** or **gender-role stereotype**. These terms refer to our beliefs about the features of the biological or psychological categories of male and female. If you believe the male nanny would not be competent because he lacks the required nurturant qualities, you are engaging in gender-role stereotyping. The behavioral component of our attitude toward men and women is sex discrimination, which involves the differential treatment of people based on their biological sex. If you fire the male nanny because you dislike men as nannies and you doubt his competence because he is a man, you are engaging in sex discrimination. Sex discrimination is often a result of both sexism and gender-role stereotyping. These attitudes toward sex are the focus of Chapter 3.

Finally, one last term to discuss is **feminism**. What image did that term conjure up for you? The definitions of *feminism* are vast and varied. At the most fundamental level, a feminist is someone who believes women and men should be treated equally. You are probably thinking, "Is that all there is to feminism? If so, I must be a feminist." In fact, over the years, I have had many students in class tell me they did not realize they were feminists until taking my class. And several students have told me that their parents did not realize they were feminists until the students took my course. A study of masters' level social work students showed that 42% self-identified as feminists, but another 33% agreed with all the principles of feminism but were reluctant to label themselves as

feminists (Charter, 2015).

A defining feature of feminism is a high regard for women. Most people in our society would agree women should be valued. However, even when people have a positive attitude toward women, they are typically reluctant to identify themselves as feminists (Suter & Toller, 2006). Why? First, *feminism* has negative connotations. Some people perceive feminists as women who hate men, a stereotype that has been refuted as described in <u>Chapter 3</u>. Second, feminism often includes the belief that society needs to make changes for equality to occur and can include the impetus to take action to make these changes. It is these latter ideas that are more controversial. When feminism is equated with activism, the term becomes less appealing. However, activism can take many forms, ranging from volunteering at a women's shelter to participating in a prochoice rally. See <u>Table 1.1</u> for examples of feminist activities. Do you participate in similar activities? If so, do you identify yourself as a feminist?

Table 1.1 Examples of Feminist Activities

- Volunteering at a women's shelter.
- Helping set up a day care program.
- Volunteering at a rape crisis center.
- Assisting with a women's study course.
- Participating in a women's conference.
- Donating money to a female political candidate.
- Supporting a female-owned business.
- Attending a women's sporting event.
- Using nonsexist language.
- Buying a baby gender-neutral toys and clothes.

The majority of college women believe that community effort is needed to promote equality for women in general but that their own achievements depend only on themselves rather than others' efforts. In other words, the typical college female believes that women as a group need societal help but she, herself, doesn't need any help. This set of beliefs is similar to the "denial of disadvantage" (Crosby, 1984) discussed in <u>Chapter 12</u>—the idea that most women perceive that other women suffer from discrimination but that they have not been victims of discrimination.

Thus it appears the belief in gender equality is the central feature of feminism, but activism is an important feature of feminism for some individuals. Conduct <u>Do Gender</u> <u>1.2</u> to find out how feminism is viewed at your institution.



Defining a Feminist

Ask 10 women and 10 men to describe the first things that come to mind when they think of the term *feminist*. This will tell you a couple of things: First, you will learn whether people view the term favorably or unfavorably; second, you will learn the content of this category.

Construct a frequency distribution of the features listed. The features most often listed are those central to the feminist category; the features listed least are peripheral to the category and probably more reflective of that particular individual. What percentage of features is negative versus positive? Do men or women view a feminist in more positive or negative terms? To address this question, calculate the number of positive and negative features identified by the group of men and the group of women.

Ask these same 20 people two more questions. Ask whether they believe women and men should be treated equally, the defining feature of a feminist. You could ask people to respond on a five-point scale: 1 = Definitely not, 2 = Probably not, 3 = Unsure, 4 = Probably should, 5 = Definitely should. Then ask whether each person is a feminist. Do answers to these two questions correspond?

Take Home Points

- Sex refers to the biological category; gender the psychological category. *Transgender* persons are characterized by an incongruence between their sex and gender.
- Intrarole conflict is conflict between expectations within a role; interrole conflict is conflict between expectations of different roles.
- Attitudes toward sex can be divided into the affective component (sexism), the cognitive component (gender-role stereotype), and the behavioral component (discrimination).
- The defining feature of feminism is the belief in equality for women and men. Although most people endorse this belief, feminism is perceived negatively. Women typically believe that equality for women as a group should be promoted (probably by someone else), but they do not need any group efforts to aid their own achievements.

Cultural Differences in the Construal of Gender

I have defined the terminology used in the psychology of gender. All these terms, however, are construed at least somewhat differently by people of different ethnic backgrounds in the United States and by people from other cultures. Ramet (1996) proposes the idea of a **gender culture**, which reflects "society's understanding of what is possible, proper, and perverse in gender-linked behavior" (p. 2). In other words, each society generates its own standards for gender-linked behavior.

Because the majority of research that has been conducted and examined in this book interprets gender—the roles of women and men in society—in similar terms, it might be interesting to step outside our cultural view and consider how gender is construed in a few different cultures around the world.

Cultures With Multiple Genders

One assumption about gender shared by many cultures is that there are only two of them: male and female. Did it ever occur to you that there could be more than two genders? In several Native American cultures, there are four genders. One example of multiple genders among Native Americans is the Berdache (Tafoya, 2007; Williams, 1993). Berdache is a term that was institutionalized among the Lakota Indians, who currently reside in South Dakota (Medicine, 2002). The male Berdache and female Berdache are third and fourth genders. Of the two, the male Berdache is much more common. The male Berdache is biologically male but takes on characteristics of both women and men in appearance and manner. These are men who prefer not to be warriors but to take care of children and make clothing. Historically, the Berdache was highly respected and viewed as sacred. The Berdache was believed to be endowed with spiritual powers and had the highest status among the genders. Today, however, the status and respect ascribed to the Berdache have waned. Although Berdache is a social identity rather than a sexual orientation, non-Natives infer sexual orientation from the role. This is the result of Western culture imposing its rigid gender categories on a person who does not easily fit into them.

The appearance of multiple genders also occurs in the Balkans (Ramet, 1996). In this case, people primarily take on the other gender role to serve society's needs. For example, some biological females are raised as males when the society is in need of those functions best served by men. In the Balkans, these women assume a male social identity and perform the work of men. They are not allowed to marry and are sworn to virginity. These people are highly respected.

In the city of Juchitan, Mexico, the highest status is conferred to a third gender, the *muxe*—biological males who dress like females and take on women's roles in the community (Mirandé, 2014). They do not identify as male or female, are not the subject of discrimination, and are assumed to be born with this identity. They are not only

accepted by the community, but parents are quite proud to have a muxe because they are likely to stay with parents and take care of them. Because women are expected to be virgins prior to marriage, muxes are often the first sexual partners of men—heterosexual men. Muxes are not considered by themselves or their society to be homosexual; only Westerners infer homosexuality.

In Western cultures, gender is defined by our genitals. Transgender individuals or transsexuals are not widely accepted by society, and we have no culturally defined category for people who would like to combine elements of both female and male gender roles.

Morocco

In Morocco, there are only two genders, but the two are very distinct (Hessini, 1994). The distinction between the female gender role and the male gender role manifests itself in terms of physical space. Private space, the space reserved for the family inside a home, is female space. Public space, basically everything outside of the home, is male space. The duties of men and women are distinct and take place in their separate physical spaces. The women fulfill their roles in female space, inside the home, and the men fulfill their roles in male space, outside the home. It is clear that public space is men's space because only men are found in coffee shops and theaters or other public places. If women are in public, they are usually scurrying from one place to the next.

The distinct roles of men and women are not questioned in Morocco (Hessini, 1994). The man is the leader of the family and works outside the home to provide for the family; the woman is responsible for the household, which includes the education and religious training of children. Even in modern Morocco, women are not concerned with equality. The Moroccan people believe the two sexes complement one another. Although the cultural code is for men to support the family financially, economic necessity has led to an increase in the number of women working outside the home. This is creating some tension because both women and men believe that women's primary responsibility lies inside the home and that women should not work outside the home.

One way in which women are able to work and enter into public spaces is by wearing the hijab and djellaba when they go out in public (Hessini, 1994). The hijab is a large scarf that covers a woman's head, neck, and shoulders so only her eyes are seen (see Figure 1.4). The hijab provides a sense of Muslim identity and security for women. The djellaba is a long, loose-fitting gown that hides the shape of the body. Women believe these articles of clothing protect them from men and help preserve the social order. A woman who does not wear the hijab and djellaba is viewed as naked. The thought is that other clothing shows the outline of the female body, which provokes and attracts men, leading to adultery. Women are held more responsible for adultery than men; thus, in a sense, the hijab and djellaba are viewed as avenues to freedom for women in that they allow them to go out in public.

The hijab is hardly viewed as liberating by American women. Americans view the

hijab as a sign of women's oppression and male domination and as perpetuating the stereotype of women as sexual temptresses whom men are unable to resist. However, a group of educated American Muslim women told a very different story when asked about why they wore the hijab in the United States (Droogsma, 2007). These women said that the hijab defined their Muslim identity, connecting them to other Muslims, and was a constant reminder to follow their religious values. The women also said that wearing the hijab allowed them to resist sexual objectification and freed them from the emphasis placed on appearance in America.



Figure 1.4 In this picture, a Muslim woman is dressed in the traditional hijab. Source: fulyaatalay/ iStock Editorial/ Thinkstock

The Agta Negrito

Some people maintain that women's and men's distinct social roles are rooted in biology. As evidence, they cite the distinct roles of women and men in hunter-gatherer societies. Women are biologically predisposed to gather, and men are biologically predisposed to hunt. Women cannot hunt because hunting would reduce their ability to bear and take care of children. In most hunter-gatherer societies, the division of labor is as predicted: Men hunt and women gather.

The Agta Negrito is a society in the Philippines that challenges this idea (Estioko-Griffin & Griffin, 2013). In this society, women hunt game animals, fish, and barter for goods—all alongside men. Both girls and boys start hunting around puberty. The only time that women do not hunt is during the late stages of pregnancy and the first few months of nursing. One reason that women are able to hunt is that the entire family takes care of children. There is only a modest division of labor. Men and women appear to be equally involved in decision making and have equal economic status within the family. Less is known about female-male relationships. However, rape is unheard of or at least uncommon, there is no emphasis on female virginity, and marriage appears to take place by family arrangement or mutual agreement. The structure of this culture shows that (1) there is no biological reason that women cannot hunt and (2) the division of labor between the two sexes is not carved in stone.

<u>Tahiti</u>

Evidence indicates that men's and women's roles can be similar. Tahiti is an example of a truly androgynous society (Gilmore, 1990). The social roles of women and men are very much the same. Women have the same status as men and have the same opportunities as men in domestic, occupational, and recreational spheres. Not only are women's and men's roles similar, but women and men share similar personalities. There is no pressure on men and women to behave differently or to behave in accordance with traditional gender roles. Men are not worried about proving their masculinity, for example, and do not feel the need to take risks. This similarity of women and men is even reflected in their language; there is no word for gender in the language and there are no female or male pronouns. The society is based on cooperation rather than competition. Perhaps because resources are available to people, there is no economic reason to compete. There is little aggression, no war, and no hunting; that is, there is nothing for men to defend. Thus, there is no basis for an ideology of masculinity to have evolved. The people in this society truly seem to function without thinking about gender.

Status and Culture

With the exception of Tahiti and probably a few other cultures, one commonality in the way gender is construed around the world is that men have higher status than women (Chisholm, 2000). How is this status difference manifested?

There are a number of indices of gender inequality. The higher illiteracy rates of women, less access to medical care for women, a lower earnings ratio of women compared to men, and the legitimization of physical abuse of women in some countries are all manifestations of men's higher status relative to women's (Chisholm, 2000). In 2014, Boko Haram, a Muslim terrorist group, kidnapped nearly 300 high school girls from a boarding school in Nigeria to make the point that women should not be seeking an education that might afford them some status (Kristof, 2014; see Figure 1.5). These girls are auctioned off to be wives of their militant members. The change in birthrate over the past couple of decades is another manifestation of status. Although 105 boys are born for every 100 girls, the proportion of males in the world has increased in recent decades, largely due to policies in China and other countries (Livingston, 2013). In India and

China, some female fetuses are aborted because they are less valued than males. The one-child policy in China has led to the abortion of female fetuses even though sexselective abortion is prohibited by the government. In 2004, the ratio of males to females born peaked at 121.2 males for 100 females (Larson, 2014); this narrowed to 117.6 to 100 in 2013. In India, the sex preference for sons can be observed in family size following the birth of the first child (Vlassoff, 2012). Families are less likely to have additional children if they have a son.

In the United States, Gallup Polls have shown a slight preference for boys over girls that has remained over time. Respondents are asked in these surveys which sex they would prefer if they could have only one child. In 2011, a Gallup Poll of 1,000 adults in the United States showed that women slightly preferred a girl to a boy (33% vs. 31%), but men strongly preferred a boy to a girl (49% vs. 22%; Newport, 2011). One-third had no preference. As shown in Figure 1.6, the preference has remained fairly stable over time.



Figure 1.5 The militant Muslim group, Boko Haram, kidnapped nearly 300 girls in Nigeria to keep them from pursuing an education. Source: AP Images/ Sunday Alamba, File



The dominant group in a society has rights and privileges not available to the subordinate group. In our society, we can talk about male privilege, White privilege, heterosexual privilege, class privilege, and even attractiveness privilege. People who have the privilege are often unaware of it; those who lack the privilege are aware. For example, until recently, heterosexual privilege entailed the right to marry, to have a public ceremony that entails celebration and gifts from family and friends, and to have children without being questioned. Heterosexuals do not view this as a privilege because it has come to be expected. Most homosexuals in the United States, however, recognize heterosexual privilege.

What is male privilege? Historically, women were not allowed to vote or own property. At one time, only men were allowed to serve in the military. Today, men have greater access than women to certain jobs and to political office. Until 1972, only men could run the Boston Marathon. The first two women who ran the marathon, in 1966 and 1967, disguised themselves, one by dress and one by name; upon recognition, their completion of the race was dismissed, questioned, and not officially recognized (Rosenbloom, 2000). It was not until the early 1990s that women were allowed to enter the Citadel and the Virginia Military Institute, all-male military schools. In 1993, Shannon Faulkner applied to the Citadel by omitting any reference to her gender; she was admitted, but on learning of her gender, the Citadel withdrew its offer of admission. It was not until 2012 that the Augusta National Golf Club, the club that hosts the premier

golfing event, the Masters, allowed two female members: Condoleezza Rice, former secretary of state, and Darla Moore, a businesswoman.

Today, great strides have been made in the United States toward gender equality. Obviously, women can vote, run for political office, and win elections, and they have gained in occupational status. However, women are not nearly as prevalent in government as men, and women are rarely found in the highest occupational statuses, such as chief executive officers of industry. In 1981, Sandra Day O'Connor became the first female to serve on the Supreme Court; today three of the nine justices are female. It was not until 2007 that we saw the first female Speaker of the U.S. House of Representatives, Nancy Pelosi, and there has been no female Majority Leader in the U.S. Senate. Although we have had two female candidates for vice president (Geraldine Ferraro in 1984; Sarah Palin in 2009), we have yet to see a female vice president or president. In 2008 and again in 2016, we saw the first female contender for president of the United States supported by a major political party, Hillary Clinton (see Figure 1.7).

Another way to examine status is to ask people to imagine what it would be like to wake up one day as the other sex. In my psychology of gender courses, I often ask students to write essays on this question. Women and men identify positives and negatives in considering the transformation. Women note several advantages: They would be less afraid, more adventurous, and more independent; but they also note several disadvantages: They would have more difficulty receiving support, and they would have less meaningful conversations. Some aspects of life were considered to have mixed effects. Women said having to work would be a negative, but this would be offset by more opportunities for advancement. On the positive side, women said they would be taken more seriously as men, but on the negative side, this meant more would be expected of them. Men note primarily negatives in their hypothetical transformations to women: becoming more nervous, self-conscious, and concerned about appearance; worrying about men coming on to them; and worrying about walking alone at night. One advantage men note was similar to the disadvantage women noted: As women, the men said they would have more friends and be more sociable. Conduct your own experiment on this issue with <u>Do Gender 1.3</u>.



Figure 1.7 In 2008 and in 2016, Hillary Clinton became the first serious female candidate for President of the United States.

Source: Scott Olson/ Getty Images News/ Thinkstock



Life as the Other Sex

Select an age group. Ask 10 males and 10 females to answer the following question: "Imagine that you woke up tomorrow and were the other sex. Go through your entire day and describe how your life would be different."

Read through the stories and identify themes. Construct a frequency distribution of those themes.

The similarities and differences in the treatment and behavior of men and women appear in numerous chapters throughout this book. The important point to keep in mind is whether a sex difference in behavior is due to something inherent about being female or male or to something about status.

Take Home Points

- Not all cultures have only two genders. Third genders are distinct from male and female, can be afforded high status, and are not tied to homosexuality—despite Westerners' beliefs to the contrary.
- Throughout the world, men have a higher status than women, but the status differential varies by country. Sex-selective abortion in China is a strong indication that men are regarded more favorably than women. Other indicators of status throughout the world are the number of women in powerful positions in industry and government and the education of women.
- Although great strides have been made by women in the Western world, parity has not been achieved. Women do not hold leadership positions to the extent that men do, people show some desire for male over female infants, and people view more advantages to being male than female.

Philosophical and Political Issues Surrounding Gender

The last important issue to address in this introductory chapter is the philosophical and political debates that have taken place with respect to gender. The study of gender, in particular research that compares women and men, is a politically charged topic. With gender, scientists are often in one of two camps: those who believe there are important differences between the sexes and those who believe the two sexes are fundamentally the same. There are also investigators who believe we should or should not compare women and men. I address each of these debates and then turn to the political movements that have influenced the study of gender: the women's movements and the men's movements. Finally, I conclude with a note about nonsexist language.

The Sex Difference Debate

People who believe the two sexes are fundamentally the same are known as the **minimalists**. The minimalists believe there are very few differences between women and men, and if the context was held constant, differences would vanish (Eagly, 1995; Hyde, 2005). That is, any differences in behavior observed between men and women might be due to the roles they hold or the situations in which they find themselves. Minimalists would like to de-emphasize sex differences and are concerned that people "essentialize" gender, reifying the categories of male and female (or masculine and feminine) to be mutually exclusive. Minimalists advocate equal pay for equal work, the same rights and roles for women and men and full equality under the law.

By contrast, the **maximalists** believe there are fundamental differences between men and women. However, they argue that "difference" does not mean "deficit." Theorists such as Carol Gilligan and Nancy Chodorow point out that women's views of the world and ways of relating to the world are different from but not inferior to those of men. In 1982, Gilligan published *In a Different Voice*, in which she claimed that women and men have fundamentally different ways of viewing morality, but that women's view of morality is equally valuable to the view held by men. Maximalists argue there are two very different and equally valuable ways of relating to the world. Some maximalists are **standpoint feminists**, not only recognizing that women and men are different but also advocating that women have competencies in domains that are more important than those of men and that the female perspective has advantages not provided by the male perspective (Gergen, 2010).

Whether someone is a minimalist or a maximalist also has implications for whether that person believes gender is worth studying. A maximalist would certainly find gender worth studying, whereas not all minimalists would agree. In a literature review that summarized research on sex differences in 46 domains, Hyde (2005) concluded that women and men are similar on most psychological variables. She raised the concern that our focus on differences ends up reifying stereotypes that have implications for men's and women's behavior and how people respond to their behavior. For example, as shown in <u>Chapter 6</u>, parents have different expectations about females' and males' abilities, which then influence the actual abilities of girls and boys. What is the source of parental expectations? It is our focus on differences!

You may be wondering, "Why should I care about these debates?" The reason you should care is that our political philosophy determines how we interpret a research finding. Take the sex difference in math. There is a sex difference, and the difference is statistically significant. The difference is also small. One group of researchers emphasizes that the size of the effect is small, that most women and men have similar aptitudes in math, and that only a small percentage of highly gifted men account for this difference. These people might also argue we should ignore the difference. Another group of researchers emphasizes the fact that the difference is real and that even small differences can have large effects. These investigators devote time and economic resources to understanding the cause of the difference and how to eliminate the difference.

Social Construction of Gender

Constructionists argue that it is fruitless to study gender because gender cannot be divorced from its context (Katz-Wise & Hyde, 2014; Marecek, Crawford, & Popp, 2004). Constructionists maintain that gender is created by the perceiver: Facts about gender do not exist, only interpretations do. Constructionists challenge the use of the scientific method to study gender because they maintain you cannot view the world objectively; our history, experiences, and beliefs affect what we observe. Constructivists argue that the empirical method is not untainted by social forces and that science is not as value free as some expect.

Constructionists argue that psychologists should not make sex comparisons because such studies assume gender is a static quality of an individual. They maintain that gender is a dynamic social construct that is ever changing, a social category created by society. Researchers who make sex comparisons might describe women as more empathic than men. Constructionists would focus on the empathy involved in the interaction, the factors that contributed to the empathy, and how empathy becomes linked to women more than men. Constructionists would examine the explanations as to why empathy was illustrated more in women in this particular situation.

Constructionists are concerned that the study of sex comparisons ignores the variability within women and within men. The study of sex comparisons also ignores the situations and circumstances that influence men's and women's behavior. Constructionists argue that whether women and men are similar or different is the wrong question to ask. Questions that ought to be asked revolve around how social institutions, culture, and language contribute to gender and to gendered interactions.

It is also the case that gender cannot be understood independent of other social categories, such as race, ethnicity, social class, language, and religion, a perspective referred to as **intersectionality** (Cole, 2009). Intersectionality is the idea that a focus on a

single category is limiting, in part because there is overlap among categories. For example, a focus on gender will leave much to be desired in understanding the life of a young Black woman. Intersectionality requires attendance to the diversity within social categories as well as the observation that there are commonalities across categories that are often viewed quite differently. Some of these commonalities have to do with status and power. Intersectionality has implications for our understanding of research, as studies of women often focus on female college students who are not only female but typically White and typically middle class, as well as the generalizability of psychological theories. Intersectionality also has implications for social justice (Chun, Lipsitz, & Shin, 2013), as advocates for social change by one group often implicitly exclude other groups. For example, Black women may be less likely to identify with the traditionally White feminist movement because advocating for justice for women may not advance and may even undermine rights for Black people. Thus, one framework within which gender can be examined is a social justice framework (Miville & Ferguson, 2014). Social justice pertains to power, and the categories of sex, race, and social class intersect with respect to issues of power.

In <u>Chapter 2</u>, I describe a host of research biases that can influence the study of gender, some of which is reflected in the ideas of the social constructionists. In <u>Chapter 4</u>, I review the literature that compares men and women, being careful to point out the size of the effects, the variability within sexes, and the extent to which the situation or context influences sex differences. However, the vast majority of this research does not consider the problem of intersectionality. Thus, one must keep in mind the oversimplification of many of these research findings.

Women's Movements

It is a common misconception that the women's movement in the United States first began in the 1960s. Women's movements first emerged in the 1800s (Murstein, 1974). The issues these women confronted, however, were different from those of contemporary women. These women believed men and women were fundamentally different, and they did not seek to equalize the roles of men and women. Instead, women aimed for greater respect for their domestic role. Women in the 1800s and early 1900s were concerned with abolition, temperance, and child labor laws. These issues became "women's issues" because women were the ones to raise them. But these women discovered that their lowstatus position in society kept their voices from being heard. By gaining the right to vote in 1920, women could promote their causes. Thus, the suffrage movement is often considered the first women's movement. After that time, the women's movement remained fairly silent until the 1960s.

In 1963, Betty Friedan published *The Feminine Mystique*, in which she discussed "the problem that has no name." The problem was that women's delegation to the domestic sphere of life inhibited their opportunities for personal development. Women were not active in the workforce or in the political community. Friedan organized the National

Organization for Women, or NOW, in 1966. The goal of this women's movement differed from the earlier movements. Here, women were concerned with their subordinate position in society and sought to establish equal rights for women. The purpose of NOW was to "take action to bring women into full participation in the mainstream of American society now, exercising all the privileges and responsibilities thereof, in truly equal partnership with men" (Friedan, 1963, p. 384). In the epilogue to *The Feminine Mystique*, Friedan explains that NOW stood for the National Organization *for* Women rather than the National Organization *of* Women because men must be included to accomplish these goals.

NOW is the largest women's rights organization in the United States. To date, it includes more than a half million members and is represented in all states. NOW's goal is not only to take action to ensure equality for women but to eliminate all "-isms"—truly embracing the intersectionality issue. Since its formation, NOW has successfully challenged protective labor laws that kept women from high-paying jobs as well as the sex classification of job advertisements in newspapers. Did you know that job advertisements in the newspaper used to feature a "Help Wanted—Men" column and a "Help Wanted—Women" column? See <u>Table 1.2</u> for some sample advertisements.

Can you imagine an advertisement for a receptionist today that requested an "attractive young lady"? Can you imagine an accountant position available only to men? In recognition of the work that women perform inside the home, NOW popularized the phrase "women who work outside the home." Most of us feel rightly embarrassed when we ask a woman if she works and she says, "Yes, I work at home all day taking care of two kids, a cat, a dog, and a husband." In 1967, NOW endorsed the Equal Rights Amendment (ERA), which was proposed in 1923 and passed by Congress in 1972 but fell 3 states short of the 38 (three-fourths) needed for ratification in 1982. The ERA was reintroduced to Congress in 2009 by Congress still has not voted on the bill. [The late Senator Edward Kennedy (D-MA) was a lead sponsor of the amendment.] In 1992, NOW organized a campaign to elect women and feminist persons to political office, which helped send a record-breaking number of women to Congress and to state governments.

Age 25–35 Girl Friday for busy treasurer's office. Receptionist, 5-day wk: Attractive young lady, good typist, knowledge of monitor board. Help Wanted—Male Pharmacist: To manage large chain-type indep. drug store. Refrigeration: Shop servicemen, experienced. Maintenance: Foreman, mach. shop exp. Accountant-Sr.: For medium-sized firm, heavy experience, auditing, audit program preparation, report writing, and federal and state income tax.

Source: The New York Times, June 11, 1953.

NOW also has organized marches to reduce violence against women and to promote reproductive rights. In 2004, NOW organized the largest mass action in U.S. history, the March for Women's Lives, which brought a record 1.15 million people to Washington, D.C., to advocate for women's reproductive health options, including access to abortion clinics, effective birth control, emergency contraception, and reproductive health services (Reuss & Erickson, 2006). See <u>Sidebar 1.2</u>: "The Morning After" for NOW's advocacy on behalf of Plan B. In recent years, NOW was a strong advocate for same-sex marriage. NOW also has been working to get the United States to ratify the United Nations' Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), an international treaty that would ensure human rights for women around the world. The United States is the only industrialized country in the world not to have ratified CEDAW.

***** Sidebar 1.2

The Morning After

Levonorgestrel, or Plan B, is a contraceptive that is commonly known as the "morning after pill." It is widely misconstrued as an abortifacient (American Congress of Obstetricians and Gynecologists, 2009; Reznik, 2010). It is most effective in preventing pregnancy when taken within 72 hours of intercourse. Plan B stops or delays ovulation to prevent fertilization. It does not work once the egg is fertilized, which explains why it rapidly loses its effectiveness with the passage of time. Thus Plan B is similar to a high-dose birth control pill and operates in the same way. People often confuse Plan B with Mifeprex (RU-486), an abortifacient that was widely publicized in the 1990s and approved by the Federal Drug Administration (FDA) in 2000. Plan B was approved by the FDA in 1999 with a prescription. In 2009, a federal court ordered the FDA to make Plan B available to women age 17 and older without a prescription. Although the FDA approved a request to make Plan B available to women without age restrictions in 2011, this was overruled by the Health and Human Services Secretary. Finally, in 2013, a federal judge ruled that Plan B would be available over the counter without an age restriction. However, it is not clear how accessible Plan B is. The lack of knowledge about what Plan B is and what Plan B does may make women wary of taking it. In addition, some pharmacists and emergency rooms fail to stock the drug—again, in part due to the failure to understand how Plan B operates.

Today, we are experiencing a third generation of the women's movement (Gillis, Howie, & Munford, 2007; Woodhull, 2007). It is not as cohesive as the women's movement of the 1960s and 1970s. It is more global, recognizing that that there are common concerns that face women around the world. The contemporary women's movement no longer wants to be depicted as one that characterizes White middle-class Western women. The feminist movement of the 1960s and 1970s was difficult for Black women in the United States to embrace (Cole & Zucker, 2007). How were Black women to reject traditional notions of femininity when they never had access to it? Today, there is a greater recognition of intersectionality in today's women's movement-that sex interacts with other social categories such as race and class. There is recognition that a women's movement could be threatening to Black women because it could undermine their relations with Black men with whom they are united in the race movement. There is recognition that women's movements could pose a threat to people's national identity in other countries when traditional gender roles are grounded in culture. Yet, there is a core of commonality to women's movements around the world: They are focused on improving the position of women in society.

Men's Movements

Since the women's movement of the 1960s, several men's movements have appeared. None of these movements, to date, has had the cohesion or impact on society of the women's movement. Some men's movements endorse the women's movement and share some of the concerns the women's movement raised about the harmful aspects of the male gender role. One such movement is the National Organization for Men Against Sexism (NOMAS).

This movement developed in the 1970s as the National Organization for Changing Men, but changed its name to NOMAS in 1983. It supports changing the traditional male role to reduce competitiveness, homophobia, and emotional inhibition. These men are feminists; are antiracists; support equal rights for women; want to end patriarchy; and embrace heterosexual, homosexual, and transgender individuals. They are concerned with social justice and equality for all. They have taken on issues related to child custody, sex trafficking, reproductive rights, fathering, and pornography. They requested that Rush Limbaugh be removed from the radio when he referred to the Georgetown law student, Sandra Fluke, as a slut and a prostitute because she spoke before Congress on behalf of contraception availability for women.

Other men's movements are a reaction against the women's movement and seek to restore traditional female and male roles. These have attracted more men than the profeminist movements. Two such movements are the mythopoetic movement and the Promise Keepers. Both of these movements view men and women as fundamentally different. Both encourage men to rediscover their masculinity and to reject what they have referred to as "the feminization of men." The movements are referred to as promasculinist.

The mythopoetic movement was organized by Robert Bly (1990), who wrote the national best-selling nonfiction book *Iron John: A Book About Men.* The concern of the mythopoetic movement is that the modernization of society has stripped men of the rituals of tribal society that bound men together. The movement involves rituals, ceremonies, and retreats, with the goal of reconnecting men with one another. To promote the movement, in 1992, Bly started the ManKind Project for men to get in touch with their emotions to live a more fulfilling life. The ManKind Project involves weekend retreats for men to connect with their feelings, bond with one another, and embrace a more mature masculinity centered on leadership, compassion, and multiculturalism. Today, Bly's movement is really more of an experience than a movement, which may have contributed to the waning interest among men.

The Promise Keepers is a Christian fundamentalist movement. Worship, prayer, and evangelism are central to the movement. The Bible is used to justify the differences between women and men and the natural state of men's superior position over women. The traditional nuclear family is endorsed; homosexuality and homosexual households are rejected. This organization is viewed as antifeminist because men and women are not viewed as equals. One of the promises men are to uphold is to "become warriors who honor women" (keep this in mind when we discuss benevolent sexism in <u>Chapter 3</u>). The first meeting of the Promise Keepers was held in 1990, and 72 men attended. Attendance peaked in 1996 with 1.1 million men participating in 22 cities nationwide. Since that time, participation has declined. In 2008, meetings were held in seven cities and 25,000 men attended. In more recent years, the Promise Keepers has involved more community

service efforts, such as collecting food for faith-based charities and donating blood.

A Note on Sexist Language

In 1972, an article appeared in *Ms*. magazine that began with the following story:

On the television screen, a teacher of first-graders who had just won a national award is describing her way of teaching. "You take each child where you find him," she says. "You watch to see what he's interested in, and then you build on his interests." A five-year-old looking at the program asks her mother, "Do only boys go to that school?" "No," her mother begins, "she's talking about girls too, but...."

(Miller, Swift, & Maggio, 1997, p. 50)

But what? Is it acceptable to use the male pronoun to imply male and female? One indication of men's status in our culture is the use of the generic *he* to imply both women and men. In 1983, the American Psychological Association proclaimed that scientists must refrain from using sexist language in their writing. This means that we cannot use the generic *he* to mean both men and women in our scientific writing. The statement was issued more than 30 years ago, but today you can still find the use of the generic *he* in books in many disciplines. I find that many college students use *he* to refer to men and women in their writing. When I correct students' papers (changing *he* to *he/she* or *they*), some are quite offended. Many people will say that everyone knows **he** refers to "he and she," so what's the harm? *He* is more efficient. When you write the word he or him, do you think of both women and men? The answer is clear: No. The concern with sexist language is that people do not really perceive he as representing "he or she." There is now clear evidence that the use of masculine generics leads both speakers and listeners to visualize male names, male persons, and more masculine images (Stahlberg, Braun, Irmen, & Sczesny, 2007).

Sexist language leads to feelings of exclusion (Stout & Dasgupta, 2011). When college students read a description of a work environment with gender exclusive language (e.g., he, him, guys) or gender inclusive language (e.g., he or she, his or her, employees), both females and males perceived the exclusion condition as more sexist than the inclusion condition, but only females felt more ostracized in the exclusion than inclusion condition (see Figure 1.8). Males felt similar about themselves in the two conditions. Females also expressed less interest in the job in the exclusion than inclusion condition, whereas males' interest was unaffected by condition.

One study showed that sexist language may have implications for women's opportunities. In a study of 4-year colleges and universities in nine southern states, institutions that had basketball teams with sexist names were shown to have less equal opportunities for female athletes (Pelak, 2008). A sexist name of an athletic team typically takes one of two forms. Either the name implies maleness (e.g., Rams or Knights) or there is a female qualifier to the team name (e.g., men = Panthers; women = Lady Panthers). In the latter case, the implication is that male is the standard. Just over two-thirds of schools had sexist team names. This is a correlational study—names could have led to fewer opportunities for women, fewer opportunities for women. The

take home point is that the name *does* make a difference.



Source: Adapted from Stout and Dasgupta (2011)

There is no language in which being female is indicated with less complex or shorter language than being male or in which female is the standard in language. See <u>Sidebar 1.3</u> for a discussion of gender in other languages.

***** Sidebar 1.3

A Note on Language in Other Cultures

When studying Spanish, I always wondered if there were effects of having masculine and feminine pronouns for objects. The word "the" takes one of two forms in Spanish depending on whether the object is masculine (el) or feminine (la). Many other languages employ masculine and feminine articles. Although I did not really visualize a book as male (el libro) or a window as female (la ventana), it seemed that the use of these terms must have implications for gender. Research has now supported this issue. It appears that the same object is viewed as more masculine in a culture that attaches a male pronoun than a culture that attaches a female pronoun (Prewitt-Freilino, Caswell, & Laakso, 2012). It also appears that when languages are constantly reminding people about gender with either pronouns or noun endings, people in those countries are more likely to notice differences between men and women. A study of more than 100 countries showed that those with more gendered language were less egalitarian in terms of economics, politics, and health.

Is there any reason to believe the climate is changing, that nonsexist language is becoming more acceptable and sexist language is becoming more maligned? One group of researchers examined the language used in 1.2 million books from the Google Books database between 1900 and 2008 (Twenge, Campbell, & Gentile, 2012). The ratio of male to female pronoun usage was on the order of 3.5:1 between 1900 and 1945, increased to 4.5:1 after WWII (1945 to early 1960s) and then decreased to about 2:1, which is where it is today (Figure 1.9). Across the years, a higher male to female pronoun ratio was correlated with lower levels of education for women, lower labor force participation among women, and lower assertiveness among women. A study that evaluated pronoun usage and gendered terms in *The New York Times* between 1970 and 2000 showed that there has been a significant decline in sexist language and a significant increase in gender inclusive (he or she) language (Earp, 2012). These same researchers asked a group of adults to describe a moral individual. Only 27% referred to this person with the generic masculine, showing some progress has been made. See how students at your school use language with <u>Do Gender 1.4</u>.



Figure 1.9 Male to female pronoun usage over time from Google Books database.

Source: Twenge et al. (2012)



Do College Students Use Sexist Language?

Ask 30 people to write a description of a person, but make sure that person is described in gender-neutral language. You could ask students to describe a moral person or an interesting person. Then, scan the essays for pronoun usage and gendered language. How often is the generic masculine (e.g., "he") used? If gender neutral language is used, how do student do this—with plural pronouns, with "he/she," with "one," with generic feminine (e.g., "she"). Do female and male students use the same kind of pronouns?

In recent years, the issue has been taken up by state legislatures because some states, such as Florida, North Carolina, Illinois, and Washington, have eliminated gender bias from their state laws, while other states have passed legislation to change their constitutions to use gender neutral language (Myers, 2013). Other states are considering the issue, and several states, such as Wyoming, have recently rejected the change.

How should one avoid sexist language? The easiest way to get around the *he/she* issue is to use the plural *they*. Other tips are shown in <u>Table 1.3</u>.

Table 1.3 Tips for Nonsexist Writing

1.	Replace masculine pronouns (he, his, him) with he or she.	
	The student should raise his hand.	The student should raise his or her hand.
2.	Delete masculine pronouns (he, his, hin	n) by rewriting the sentence in the plural.
	The student sits quietly at his desk.	Students sit quietly at their desks.
3.	Delete pronouns entirely from the sentence.	
	The teacher read the folder on his desk.	The teacher read the folder on the desk.
4.	Change pronouns to "you."	
	A person should wash his own	
	clothes.	You should wash your own clothes.
5.	Change pronouns to "one."	
	Tell the student that he can write a	Tell the student that one can write a
	letter.	letter.
6.	Replace "man" with "someone" or "no one."	
	No man is an island.	No one is an island.
7.	Replace "mankind" or "ancient man" with "our ancestors" or "men and women" or "humanity."	
	This is a giant step for mankind.	This is a giant step for men and women.
		This is a giant step for humanity.
	Ancient man developed the	Our ancestors developed the
8.	Replace "men" with "humans."	
	Men have always	Humans have always
9	Replace "man-made" with "artificial."	

	It is a man-made reservoir.	It is an artificial reservoir.
10.	Replace "spokesman" with "spokesperson" or "representative."	
	The spokesman for the client's family	The representative for the client's family
	has arrived.	has arrived.
11.	Replace "chairman" with "chairperson" or "chair."	
	The chairman called the meeting to	The chair called the meeting to order.
	order.	
12.	Replace "Englishmen" or "Frenchmen" with "the English" or "the French."	
	Englishmen always serve tea with	The English always serve tea with
	scones.	scones.
13.	Replace "steward" and "stewardess" with "flight attendant."	
	The stewardess served the meal.	The flight attendant served the meal.
14.	Replace "salesman" with "salesperson,"	"salespeople," "sales representative," or
	"sales clerks."	
	Mary is a traveling salesman.	Mary is a traveling salesperson.
-		

Source: Adapted from Miller and Swift (1980)

Take Home Points

- The minimalists believe that men and women are essentially the same, that differences are small, and that those that do exist are likely to be due to social forces.
- The maximalists believe that women and men are fundamentally different in important ways, but that "different" does not mean that one is better than the other. The standpoint feminists argue that some differences imply an advantage to women's perspective.
- Social constructionists argue that science cannot be applied to the study of gender because gender is not a static quality of a person but is a product of society. As the context changes, so does gender.
- Intersectionality recognizes that one social category is often confounded with other social categories and that examining only one category, such as gender, is limiting in terms of understanding research and implications for social justice.
- Today's women's movements have as their common thread a concern with improving the lives of women around the world—in terms of health, education, and opportunity.
- Today's men's movements are varied, some endorsing feminist positions and others advocating a return to traditional male and female roles.
- Research has shown that sexist language, such as the use of the generic he to imply both women and men, activates male images and is not perceived as gender neutral.

This Book's Approach to the Study of Gender

According to Deaux (1984), there are three approaches to the study of gender. First, sex is used as a subject variable. This is the most traditional approach to research and is represented in the studies of sex comparisons. The idea here is that sex is an attribute of a person; investigators compare the thoughts, feelings, and behaviors of men and women. Deaux (1984) concludes that this approach has shown that most sex differences are qualified by interactions with context; for example, sex differences in conformity appear in some situations (e.g., public) but not in others (e.g., private). A second approach has been to study the psychological differences between women and men: femininity and masculinity. This second approach is still an individual differences approach, but the subject is the social category of gender roles rather than the biological category of sex. Here, we examine how gender roles influence people's thoughts, feelings, and behaviors. Is being female associated with providing help, or is being empathic a better predictor of helping behavior? If the latter is true, both men and women who are high in empathy will be helpful. Third, sex is examined as a stimulus or target variable. Researchers examine how people respond to the categories of female and male. An example of this approach is finding that people rate pictures of infants as more attractive when the infant is thought to be a female and stronger when the infant is thought to be a male. Only with this latter approach can sex be randomly assigned.

All three of these approaches are represented in this text. I examine gender as an individual difference variable but am careful to note how the context influences behavior. I highlight both similarities and differences between women and men. Most important, I focus on the explanations for the source of any observed sex differences—for example, whether other variables that co-occur with sex, such as status or gender-related personality traits, are the causal source of the behavior. I am hoping to shift the question from "Is there a difference?" to "Why is there a difference?" and "What is the source of the difference?"

I begin this book by addressing fundamental issues in the psychology of gender, such as sexism, stereotypes, sex comparisons in cognitive and social behavior and theories thereof, and achievement. The rest of the book applies this fundamental material to two domains of behavior: relationships and health. Relationships are an important subject in their own right. Relationships contribute to the quality of our life as well as to our mental and physical health. The impact of relationships on our psychological and physical well-being, the prevalence of violence in relationships, and the high rate of relationship dissolution in the form of divorce in the United States are reasons that relationships require our attention. Health also is an important subject in and of itself. Over the past century, we have extended our life span by decades but now are more likely to live with health problems for longer periods of time. We have been made increasingly aware of the role that psychological and social factors play in our health. Gender has implications for those psychological and social forces.

Summary

First, we reviewed some important terms in the psychological study of gender. Sex, the biological category, was distinguished from gender, the psychological category. An important term is *gender role*, which refers to the expectations that society has for being female or male; we expect men to be masculine and women to be feminine—in other words, to act in accordance with their gender role. Other terms defined include *gender identity, cis-gender and transgender individuals, sexual orientation, sex or gender typing, sexism, gender-role stereotype*, and *sex discrimination*. I discussed the multiple meanings of feminism, concluding that equality for men and women was the most central component of the definition. Because each society has its own definitions of gender and ways of defining female and male roles, I also described several cultures that have alternative ways of constructing gender.

Next, I presented various political and philosophical issues in the study of gender. The minimalists, who emphasize the similarities between men and women, were distinguished from the maximalists, who emphasize the differences. A brief history of the women's movements was provided along with a description of the more recent men's movements. The chapter concluded with a discussion of sexist language.

Discussion Questions

- 1. What is the distinction between *sex* and *gender*? How do you think this distinction should be employed in practice?
- 2. Describe a personal experience of intrarole or interrole conflict with respect to gender.
- 3. How would you expect feminists to react to transgender individuals? In particular, discuss the Caitlyn Jenner cover of *Vanity Fair*.
- 4. What are some of the advantages and disadvantages of the way that gender is portrayed in other cultures?
- 5. What are the implications for research if there were more than two genders?
- 6. What are some ways to determine if one sex has a higher status than another sex in a given culture?
- 7. Discuss the advantages and disadvantages of comparing women and men.
- 8. Why hasn't any one men's movement gained the strength of the women's movement?
- 9. What do you think should be the primary concerns of today's women's movement?
- 10. How can the use of sexist language be harmful?

Suggested Reading

Cole, E. R. (2009). Intersectionality and research in psychology. American Psychologist, 64, 170-180.

Eagly, A. H., Eaton, A., Rose, S. M., Riger, S., & McHugh, M. C. (2012). Feminism and psychology: analysis of a halfcentury of research on women and gender. *American Psychologist, 67*, 211–230.

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Key Terms

Androgynous—Term describing one who incorporates both masculine and feminine qualities.

Bisexuals—Individuals who accept other-sex and same-sex individuals as sexual partners.

Cis-gender–Individuals whose gender identity corresponds to their biological sex.

Constructionists—People with the perspective that gender cannot be divorced from its context.

Cross-sex-typed—Condition of possessing the biological traits of one sex but exhibiting the psychological traits that correspond with the other sex.

Feminine–Description of trait, behavior, or interest assigned to the female gender role.

Feminism—Belief that men and women should be treated equally.

Gender—Term used to refer to the social categories of male and female.

Gender culture–Each society's or culture's conceptualization of gender roles.

Gender identity/gender-role identity—One's perception of oneself as psychologically male or female.

Gender fluid—People who perceive gender as more of a continuum and not limited to two mutually exclusive categories.

Gender hybrid—Person who considers the self to be a combination of male and female sex categories.

Gender nonconforming—People who behave in ways that contradict traditional gender roles.

Gender role—Expectations that go along with being male or female.

Gender-role attitude—One's personal view about how men and women should behave.

Heterosexuals—Individuals who prefer other-sex sexual partners.

Homosexuals—Individuals who prefer same-sex sexual partners.

Interrole conflict—Experience of conflict between expectations of two or more roles that are assumed simultaneously.

Intersex—A person who is born with ambiguous genitalia.

Intrarole conflict—Experience of conflict between expectations within a given role.

Intersectionality—The idea that a single social category, such as gender, cannot be examined independent from other social categories, such as race, ethnicity, and social class.

Masculine—Description of a trait, behavior, or interest assigned to the male gender role.

Maximalists—Persons who maintain there are important differences between the two sexes.

Minimalists—Persons who maintain the two sexes are fundamentally the same.

Role—Social position accompanied by a set of norms or expectations.

Sex—Term used to refer to the biological categories of male and female.

Sex discrimination—Behavioral component of one's attitude toward men and women that involves differential treatment of people based on their biological sex.

Sexism—Affective component of one's attitude toward sex characterized by demonstration of prejudice toward people based on their sex.

Sex-related behavior—Behavior that corresponds to sex but is not necessarily caused by sex.

Sex stereotype/gender-role stereotype—Cognitive component of one's attitude toward sex.

Sex-typed—Condition of possessing the biological traits of one sex and exhibiting the psychological traits that correspond with that sex.

Sex typing—Acquisition of sex-appropriate preferences, behaviors, skills, and self-concept (i.e., the acquisition of gender roles).

Sexual orientation—Preference to have other-sex or same-sex persons as sexual partners.

Standpoint feminist—A maximalist perspective, supporting the idea that women's competences and perspective provide advantages that are not reflected in those of men.

Transgender—Descriptive term referring to an individual whose psychological sex is not congruent with biological sex.
Transsexuals—Persons whose biological sex have been changed surgically to reflect their psychological sex.

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Chapter 2

Methods and History of Gender Research

"Poverty after Divorce"

"Disastrous Divorce Results"

"Victims of Reform"

(Mann, 1985a)

(Mann, 1985b)

(Williamson, 1985)

These were some headlines following the publication of Lenore J. Weitzman's (1985) book *The Divorce Revolution: The Unexpected Social and Economic Consequences for Women and Children in America*. Weitzman cited statistics that showed women's standard of living drops 73% after divorce, whereas men's standard of living increases by 42%. The study received a great deal of media attention, making headlines in newspapers across the nation. A social scientist and an economist were shocked by these statistics because the statistics did not match their longitudinal data from a representative sample of couples who had divorced in the United States. Their data showed that women's standard of living fell by only 30% during the first year following divorce, and even men's standard of living declined by 7% (Duncan & Hoffman, 1985). More recent data show that the decline in income following divorce for women has grown even smaller, in part due to the increase in employed women (Jenkins, 2008).

Why the discrepancy? Weitzman's data were based on a very small sample—114 men and 114 women who became divorced—and the sample was not representative. The response rate in that study was low, less than 50%. And standard of living was calculated from a fairly unreliable source: respondents' self-reports of their finances before and after divorce. The tragedy in all of this is not so much that a methodologically weak study was conducted but that the methodologically weak study attracted so much attention and the methodologically strong refutations received hardly any attention.

In this text, I review the scientific literature on gender and its implications for relationships and health. I also make reference to some of the more popular literature on gender, which is more likely to make newspaper headlines. You may already be familiar with books such as Deborah Tannen's (1990) You Just Don't Understand: Women and Men in Conversation and John Gray's (1992) Men are from Mars, Women are from Venus. You will read about sex differences in the newspaper and on the Internet and

hear about sex differences on television, especially on news shows such as 60 Minutes, 20/20, and Dateline NBC. In this text, we evaluate these popularized notions about gender and sex differences from the point of view of the scientific literature. You will be able to judge which differences are real and which are not, which differences are exaggerated, and which comparisons between men and women have not been studied adequately. You will also know what questions to ask when faced with the results of a sex comparison study. In order to do so, you need to be familiar with the scientific method. Thus, in the first section of this chapter, I review the scientific method on which the majority of the research presented in this text is based. Then I examine the unique difficulties that researchers face when studying gender. In the second half of this chapter, I provide an overview of the history of the psychology of gender. In reviewing the history of the field, I examine the different ways that people conceptualize and measure gender roles.

The Scientific Method

If you have taken a research methods course, you are familiar with the scientific method and you know that it is difficult to conduct good research. Here I introduce a number of terms; they are summarized in <u>Table 2.3</u>, which is provided later in this chapter.

The scientific method rests on **empiricism**. Empiricism means information is collected via one of our major senses, usually sight. One can touch, feel, hear, or see the information. This information, referred to as **data**, usually takes the form of thoughts, feelings, or behaviors. For example, I examine the way in which men and women think about themselves and the world, the way men and women experience and express emotions, the way men and women interact with other people, and the way men's and women's bodies respond to stress. Statements about these observations, or data, are called **facts**. A collection of facts can be used to generate a **theory**, or an abstract generalization that provides an explanation for the set of facts.

For a theory to be scientific, it must be falsifiable, meaning there must be the possibility it can be disproved. Creationism, for example, is not a scientific theory because there is no way to disprove it. Intelligent design is a new term that has been applied to the study of religion as a way to explain the origin of humankind. Although the term was developed to sound scientific, it also is not a scientific theory because it is not testable—that is, there is no observation or experiment that can be performed to support or refute religion.

A theory is used to generate a **hypothesis**, a prediction that a certain outcome will occur under a specific set of conditions. A hypothesis is tested by creating those conditions and then collecting data. The statements made from the data, or facts, may either support the hypothesis, and thus the theory, or suggest the theory needs to be modified. Each of these steps in the research process is shown in <u>Figure 2.1</u>.

Let's take an example. One theory of the origin of sex differences is social role theory. According to social role theory, any differences in behavior we observe between women and men are due to the different social roles they hold in society. We can apply this theory to the behavior of nurturance. One hypothesis would be that women are more nurturant than men because their social roles of mother and caretaker require more nurturant behavior than the social roles men possess. This hypothesis suggests that women and men who are in the same social roles will show similar levels of nurturance. We could test this hypothesis in two ways. We could compare the levels of nurturance among women and men who have similar roles in society—stay-at-home moms and stay-at-home dads. We could measure their level of nurturance by how they interact with babies in a nursery. These observations would be the data. Let's say we find that stay-at-home moms and dads spend the same amount of time holding the babies, talking to the babies, and playing with the babies. These are facts, and they would support our hypothesis that women and men who possess the same social roles behave in similar



Another way we could test our hypothesis would be to assign females and males to one of two social roles in the laboratory, a caretaker or a noncaretaker role, and observe their nurturant behavior. In the caretaker condition, we would ask participants to play with and take care of a puppy; in the noncaretaker condition, we would ask participants to teach the puppy some tricks. If both men and women show the same high level of nurturant behavior in the caretaker condition and the same low level of nurturant behavior in the noncaretaker condition, our hypothesis that social role rather than sex leads to differences in nurturance would be confirmed, and our theory would be supported. If women are observed to show greater levels of nurturance than men in both conditions, regardless of the instructions received on how to interact with the puppy, we would have to revise our theory. This observation would suggest there is something about being female, aside from the social role assigned, that leads to nurturance.

The two studies just described are quite different in design. The first is a correlational study and the second an experimental study. Most of the studies in this text are either correlational or experimental. Let's examine these two methods more closely.

Correlational Study

A correlational study is one in which you observe the relation between two variables, usually at a single point in time. For example, we could correlate job characteristics with nurturant behavior. We would probably observe that people who hold more peopleoriented jobs display more nurturance. The problem would be that we would not know if the job caused nurturance or if nurturant people were attracted to those jobs. Does being a social worker lead to nurturance, or do more nurturant people choose social work as a career? We also could correlate sex with job characteristics. We would probably find that women are more likely than men to hold people-oriented jobs. The problem here isn't exactly the same as the one previously identified. Here, we know that job characteristics do not cause someone's sex. However, we do not know if someone's sex led to a certain kind of job, or if there was a third variable responsible for the relation between sex and people-oriented jobs. That third variable could be salary. Perhaps the pay of people-oriented jobs is lower than that of other jobs and women are more likely to be hired into lower-salary positions. Thus, the primary weakness of correlational research is that a number of explanations can account for the relation between two variables.

The value of a correlation can range from -1 to +1. Both -1 and +1 are referred to as perfect correlations, which means you can perfectly predict one variable from the other variable. In the examples just cited, there will not be perfect correlations. It will not be the case that all nurturant people are in people-oriented jobs or all women are in people-oriented jobs. An example of a perfect correlation can be found in physics. There is a perfect correlation between how fast you are driving and how far your car takes you. If you drive 60 mph, you will travel 60 miles in 1 hour or 120 miles in 2 hours. For every 1 mph increase in speed, you will travel 1 mile farther in an hour. That is, you can perfectly predict distance from speed. As you might guess, we cannot perfectly predict one variable from another in psychological research. Most correlations reported in psychology will fall in the .3 to .4 range.

A **positive correlation** is one in which the levels of both variables increase or decrease at the same time. For example, you might find that women who hold more traditional gender-role attitudes are more likely to perform the majority of household chores; that is, as women's gender-role attitudes become more traditional, the amount of household chores performed increases. The left half of <u>Figure 2.2</u> depicts a hypothetical plot of these two variables. The regression line drawn through the scatterplot shows that the relation is positive.

A **negative correlation** occurs when the level of one variable increases as the level of the other decreases. An example of a negative correlation would be the amount of household chores performed by a man with traditional gender-role attitudes: The more traditional his attitude, the fewer household chores he performs. A hypothetical scatterplot of those data is depicted in the right half of Figure 2.2. Here you can see the negative slope of the regression line, indicating a negative correlation. As shown in Figure 2.2, a negative correlation is not weaker than a positive correlation; it simply reflects a difference in the direction of the relation.



Negative Correlation



Correlational studies are often conducted with surveys or by making observations of behavior. It is important how you choose the people to complete your survey or to be the subject of observation; they need to be representative of the population to whom you wish to generalize your findings. I once had a student in my class conduct an observational study to see if sex is related to touching. She conducted the study on the bus and concluded that touching is rare. This study suffered from a selection bias; people on the bus are not a representative sample, especially during the crowded morning commute to work. To ensure a representative sample, the researcher should randomly select or randomly sample participants from the population of interest. Random selection ensures that each member of the population has an equal chance of being a participant in the study. You could randomly select a sample by putting the names of all the people in the population in a hat and drawing out a sample of names. That would be cumbersome, to say the least. It would be more feasible to assign every member of the population an identification number and randomly select a set of numbers. Imagine you want a representative sample of 100 adults in your community. If every phone number in your community begins with the same first three digits, you could have a computer generate a series of four-digit random sequences and call those phone numbers with those sequences. Would this procedure result in a random sample? Close-but the sample would be biased in one way: You would not be representing the people in your area who do not have telephones. This kind of research is more difficult to conduct today because so many people have caller ID, fail to answer the phone, or have given up land lines for cell phones.

Although random selection is important for the validity of correlational research, it is difficult to achieve and is rarely employed. Often, we want to make inferences that generalize to the entire population, or at least the population of our country. It is not

feasible to place 250 million names in a hat. Instead, we approximate and randomly select from a community we believe is fairly representative of the population. The important point to keep in mind is that we should generalize our findings only to the population from which we sampled. This is particularly important in the study of gender because the vast majority of research has been conducted on White middle-class Americans, and findings may not generalize to people of other races, other classes, or other cultures.

You are probably wondering how a research participant pool at a university fits into the random selection process. The answer is, not very well. Do you have a research participant pool at your institution in which students participate in experiments for credit? Or, are there postings that request volunteers to participate in research? In either case, the people are choosing to participate in a particular experiment; that is, they were not randomly selected from the entire population of college students. Worse yet, the kinds of people who choose to participate in a certain experiment may not be representative of the entire population of students. We must keep this research limitation in mind when generalizing from the results of our studies.

Experimental Study

A second research method is the **experimental method**. In an experiment, the investigator manipulates one variable, called the **independent variable**, and observes its effect on another variable, called the **dependent variable**. To keep these two concepts clear, remember that the dependent variable "depends on" the independent variable. In the experiment described previously, the instruction on how to interact with the puppy was the independent variable (caretaker vs. noncaretaker conditions) and the behavior of nurturance was the dependent variable. <u>Table 2.1</u> lists more examples of independent variables.

· · ·		
Research Question	Independent Variable	Dependent
	variable	variable
Is employment harmful to women's health?	Employment	Health
Does testosterone increase aggression?	Testosterone	Aggression
Do African Americans have more traditional	Race	Gender-role
gender-role attitudes than Caucasians?		attitudes
Which relationships are closer—same sex or other	Relationship	Closeness
sex?	type	
Are men or women smarter?	Sex	Intelligence
Does commitment in a relationship decrease power?	Commitment	Power
Are lesbians more masculine than heterosexual	Sexual	Gender role
women?	orientation	
Is touching a function of status?	Status	Touching

Table 2.1 Examples of Independent and Dependent Variables

Is housework divided more evenly among	Egalitarian vs.	Division of
egalitarian couples?	traditional	labor
Do we smile more at male infants or at female	Infant sex	Smiling
infants?		

How do we know that other variables besides the independent variable—the caretaker instruction—aren't responsible for the effect on nurturance? Maybe the students in the caretaker condition were more nurturant with the animals than students in the noncaretaker condition because they had pets in their homes when they were growing up. This is possible, but unlikely, because participants are randomly assigned to each condition in an experiment. **Random assignment** means each participant has an equal chance of being assigned to each condition. Because of random assignment, on average, the people in one condition will be comparable to the people in the other condition, with the exception of how they are treated in regard to the independent variable. Random assignment is the key feature of the experimental method.

Random assignment can be accomplished by flipping a coin, drawing numbers out of a hat, or using a computer to randomly generate a sequence of numbers. Random assignment means there is no systematic way of assigning people to conditions. Dividing the classroom in half so people on the right are in one group and people on the left are in another group would not be random. There could be differences between the kinds of people who sit on the right versus the left side of the classroom. In the classroom in which I teach, students who sit on the left side of the seminar table can look out the window, whereas students who sit on the right side have a view of the wall, so they might as well look at me. Imagine you had asked participants to decide whether they wanted to play with the puppy or teach it tricks. If you let people choose their condition, the people in the two conditions would be different; more nurturant people are likely to choose to play with the puppy. Differences in nurturant behavior between the two conditions would be due to a selection bias because people selected their own groups and were not randomly assigned to a condition.

In a true experiment, one must be able to manipulate the independent variable to study its effects. Notice that some of the independent variables in <u>Table 2.1</u> are changeable and some are not; that is, one can manipulate employment, testosterone, and status to study their effects. Other independent variables are not changeable, such as sex, race, and ethnicity. When sex is a characteristic of a person, as in the research question "Are men or women more empathic?" sex is referred to as a **subject variable**. Studies in which sex is a subject variable are not true experiments because someone cannot be randomly assigned to be female or male. The majority of research that compares men and women—evaluating similarities and differences between men's and women's behavior—is not experimental for this reason. We observe in the laboratory or in the real world how women and men think, feel, and behave. This research is correlational because we cannot manipulate a person's sex.

Is there any way we can use an experiment to compare women and men? We can

make sex a **stimulus** or **target variable**, meaning it is the characteristic of something to which people respond. Let's take the research question "Do we smile more at female or male infants?" One way to answer that question is to compare how often adults smile at female and male infants. However, this would be a correlational study; we would be correlating infant sex with smiling, and sex would be a subject variable. We would not know if infant sex caused the smiling or something else about the infant caused the smiling; for example, infant girls are more likely to wear pink and perhaps pink causes smiling. A better way to address this research question is by conducting an experimental study in which infant sex is a target variable. We could show people pictures of the same child dressed in gender neutral clothes and randomly tell one group the infant is Samuel and the other group the infant is Samantha. Then we can look to see if people smile more at infants they perceive to be female compared to those they perceive to be male. When sex is a target variable, random assignment can take place and a true experiment can be conducted.

There are advantages and disadvantages of both correlational and experimental methods. The major ones are identified in <u>Table 2.2</u>.

The advantage of the experimental method is that cause and effect can be determined because all other variables in the experiment are held constant except for the independent variable (the cause). Thus, any differences in the dependent variable (the effect) can be attributed to the independent variable. One point on which philosophers of science agree about causality is that the cause must precede the effect. In an experiment, the cause, by definition, precedes the effect. The cause cannot always be determined in a correlational study. Thus, the strength of the experimental method is **internal validity**, that is, being confident you are measuring the true cause of the effect.

The disadvantage of the experimental method is that experiments are usually conducted in an artificial setting, such as a laboratory, so the experimenter can have control over the environment. Recall the experiment in which people were interacting with a puppy. The experiment was set up to observe nurturant behavior. Do interactions with a puppy in a laboratory where people are told how to behave generalize to how adults interact with their own pets? Or to how they interact with their children? Results from experiments conducted in the laboratory may be less likely to generalize to the real world; that is, they are low in **external validity**. In the real world, men and women may be given very different messages about how to interact with puppies, babies, and adults. In addition, in the real world, people do not think their behavior is being observed by an experimenter.

Table 2.2 Experimental Method Versus Correlational Method

	Experimental	Correlational
Strength	Internal validity	External validity
Weakness	External validity	Internal validity

By contrast, external validity is a strength of the correlational method, and internal

validity is the major weakness. With correlational research, you are often observing behavior in a real-world setting. You could unobtrusively observe nurturant behavior by studying mothers and fathers with their children at school or during a doctor's visit, or you could administer a survey in which people report their nurturant behavior. The major disadvantage of the correlational method is that one cannot determine cause and effect because the variables are measured simultaneously. If I find that mothers behave in a more nurturant way toward their children than fathers, I do not know if parent sex caused the difference in behavior or if something else associated with being a mother or a father is responsible for the difference—such as the way children themselves respond to mothers and fathers. The correlational method lacks internal validity.

Field Experiment

On rare occasions, the experimental method is taken into the real world, or the *field* where the behavior under investigation naturally occurs. These are field experiments, which attempt to maximize both internal and external validity. An example of a field experiment on gender and support is randomly assigning men and women teachers to interact with students in one of two ways: either to provide information about how to study (informational support) or to listen to their concerns and provide understanding and empathy (emotional support). The experiment has internal validity because teachers are randomly assigned to condition. On average, the only difference between the two groups of teachers is the instructions they received on how to interact with students. The experiment has external validity because we are observing different kinds of support in a real-world setting: the classroom. We could measure instrumental support in terms of offers to help the student and emotional support in terms of time spent talking with the student about problems. Now, imagine how likely a school would be to let you randomly assign its teachers to have different kinds of interactions with students. In addition, imagine how difficult it would be to ensure that only the independent variable differs between the two groups. Many other variables could influence teachers' behavior that would be difficult to control: the subject matter that is being taught (math vs. writing), the size of the classroom, and whether other students are making demands on the teacher. Would you be able to randomly assign a teacher to focus on instrumental support with one student but focus on providing emotional support to another student? Because field experiments do not have the same kind of controls over behavior that laboratory experiments do, they are more difficult to conduct and more likely to pose threats to internal validity.

Cross-Sectional Versus Longitudinal Designs

Aside from conducting a field study, there is another way to enhance the internal validity of correlational studies. Recall that a correlational study usually measures the relation between two variables at a single point in time. This is not always the case.

When a single time point is used, we say the study is **cross sectional**. However, we may measure the independent variable at one time and the dependent variable at multiple times; this is a **longitudinal study**. In a longitudinal study, there are multiple time points of study. Can we discern cause and effect with a longitudinal study? Remember, a key principle to establishing causality is that the cause precedes the effect. A longitudinal study helps establish causality but does not ensure it. Let's take an example.

We could survey a group of women from the community to see if employment is related to health. If we conduct one survey at a single point in time, we are conducting a cross-sectional study. Let's say we find a correlation: Employment is associated with better health. The problem is that we do not know if employment leads to better health or if healthier people are more likely to be employed. (In <u>Chapter 12</u>, we will learn that both are true!) A longitudinal study may help to solve this problem. We could measure both employment and health at one time (Time 1) and then again 6 months later (Time 2), as shown in Figure 2.3. Here the dependent variables are *changes* in employment and *changes* in health, depicted by the dashed lines. If employment at Time 1 is associated with a change in health between Time 1 and Time 2 (depicted by line a), employment is likely to have caused better health. We can be even more confident of this relation if health at Time 1 does not predict change in employment between Time 1 and Time 2 (depicted by line b).

Longitudinal studies help establish causality and also help distinguish **age effects** from **cohort effects**. A *cohort* refers to a group of people of similar age, such as a generation. Let's say that we conduct a cross-sectional study of adult women in which we find that age is negatively associated with hours worked outside the home. Can we conclude that women decrease the amount of hours they spend in paid employment as they get older? If so, this would be an age effect. Or, is it the case that older women work fewer hours outside the home because they have more traditional gender-role attitudes than younger women? If so, this finding is a cohort effect, an effect due to the generation of the people. In a cross-sectional design, we cannot distinguish age effects from cohort effects. With a longitudinal design, we would take a single cohort of women (ages 20 to 25) and follow them for many years to see if they reduce the number of hours they work outside the home over time. If this is the case, the finding would be an age effect.



Figure 2.3 Depiction of a longitudinal design in which one can disentangle the causal relation between employment and health.

Meta-Analysis

Because the question of whether one sex differs from the other sex on a host of variables is so interesting to people and such an easy question to ask in research, there are hundreds and hundreds of sex comparison studies. In the 1980s, a statistical tool called meta-analysis was applied to these studies to help researchers synthesize the findings. **Meta-analysis** quantifies the results of a group of studies. In a meta-analysis, we take into consideration not only whether a significant difference is found in a study but also the size of the difference. In this way, a meta-analysis can average across the studies and produce an overall effect that can be judged in terms of its significance as well as its magnitude. Meta-analysis will be reviewed in more depth in <u>Chapter 4</u> when the results of sex comparison studies are presented.

Take Home Points

- The scientific method rests on empiricism, and a key determinant of whether a theory is scientific is whether it is falsifiable.
- The key feature of the experimental method is random assignment, which helps to isolate the independent variable as the true cause of the effect.
- Correlational research is often easier to conduct than experimental research and has high external validity but low internal validity.
- Experiments are often high in internal validity but may lack external validity if conducted in the laboratory.
- Most research in the area of sex comparisons is correlational because sex is a subject variable; the experimental method can be used when sex is a target variable.
- Field experiments—though difficult to conduct—maximize both internal and external validity.
- Longitudinal studies can help to enhance the internal validity of correlational research.
- Meta-analysis is a statistical tool that was developed to summarize the results of studies. In the area of gender, meta-analyses have been conducted on sex comparison studies in a wide variety of domains.

Difficulties in Conducting Research on Gender

Now that you understand the basic components of the research process, we can examine the difficulties that arise when applying this process to the study of gender. The study of gender has some unique difficulties that other research domains do not face. Other difficulties inherent in scientific research are particularly problematic in the study of gender. At each stage of the research process, the researcher, who is sometimes the experimenter, can intentionally or unintentionally influence the outcome. Biases may be detected in the question asked, the way the study is designed, how the data are collected, how the data are interpreted, and how the results are communicated. Participants in experiments also can influence the outcome by their awareness of gender-role stereotypes, their desire to fit or reject gender-role norms, and their concerns with selfpresentation. That is, participants care about how they appear to the experimenter and to other participants. In this section, I review the ways the experimenter and the participant can influence study outcomes.



Figure 2.4 Stages of the research process that can be influenced by the experimenter.

Experimenter Effects

Experimenter effects refer to the ways the experimenter, or the person conducting the research, can influence the results of a study. A review of studies on sex differences in leadership style showed that the sex of the author influenced the results (van Engen & Willemsen, 2004). It turned out that male authors were more likely than female authors to report that women used a more conventional style of leadership that involved monitoring subordinates and rewarding behavior. How can this be? One explanation is that people published studies that fit their expectations. Another explanation is that women experimenters and men experimenters designed different kinds of studies, with one design showing a sex difference and one not.

The experimenter can influence the outcome of a study at many levels. Each of these is described next and shown in Figure 2.4.

Question Asked and Study Design

First, the experimenter can influence the outcome of a study by the nature of the

question asked and the subsequent design of the study. For example, a researcher could be interested in determining the effects of women's paid employment on children's wellbeing. One researcher may believe it is harmful for women to work outside the home while they have small children. To test this hypothesis, the researcher could design a study in which children in day care are compared to children at home in terms of the number of days they are sick in a year. Because the children at day care will be exposed to more germs, they will experience more sick days the first year than children at home. In this case, the experimenter's theory about mothers' paid employment being harmful to children will be supported. However, another experimenter may believe mothers' paid employment is beneficial to children. This experimenter examines the reading level of kindergartners and finds that children whose mothers worked outside the home have higher reading levels than children whose mothers did not work outside the home. The problem here: The mothers who worked outside the home were more highly educated than the mothers who worked inside the home, and this education may have been transmitted to the children. In both cases, the experimenter's preexisting beliefs influenced the way the study was designed to answer the question.

Most scientists are very interested in the phenomenon they study and have expectations about the results of their work. In an area as controversial as gender, it is difficult to find a scientist who does not have a belief about the outcome of the study. It is all right to have an expectation, or hypothesis, based on scientific theory, but we must be cautious about hunches based on personal experiences and desires. The best situation is one in which the scientist conducting the research does not care about the outcome of the study and has little invested in it. Perhaps scientists should be randomly assigned to topics! However, most of us do care about the outcomes of studies and are invested in those outcomes. As the social constructionists point out, science is not always as "valuefree" as one would like it to be. As a mother who works outside the home, what would I do if I conducted a study and found that children whose mothers worked outside the home suffered? The task that the scientist must confront is to set aside preexisting beliefs and biases to conduct a study in as objective of a way as possible. Replication, or the repeating of a study, by different investigators with different measures of the independent variable and the dependent variable helps enhance our confidence in a finding. We are rightly suspicious when a finding cannot be replicated or has only been replicated by the same team of investigators.

Study Design: Participants

The experimenter can influence the outcome of the study by the participants who are studied. Obviously, experimenters who limit their studies to all males or all females should question whether their findings generalize to the other sex. Experimenters who study both women and men should also be sensitive to other variables besides sex that could distinguish the two groups. For example, decades ago, an experimenter who compared the mental health of men and women might have compared employed men to nonemployed women because many more men than women worked outside the home. If such a study showed women to be more depressed than men, we might wonder whether this finding was attributable to being female or to not having a job outside the home. Today, any studies conducted of men and women would take into consideration employment status. There are other variables that may co-occur with sex and influence the results of sex comparisons, such as income, occupational status, and even health. Investigators should make sure they are studying comparable groups of women and men.

Study Design: Variables Manipulated and Measured

The experimenter can influence the outcome of a study by the variables that are manipulated and measured. Dependent measures can be biased in favor of males or females. A study that compares female and male mathematical ability by asking children to calculate baseball averages is biased against females to the extent that girls and boys have different experiences with baseball. A study that compares women's and men's helping behavior by measuring how quickly a person responds to an infant's cries is biased against men to the extent that men and women have different experiences with children. A helping situation biased in the direction of males is assisting someone with a flat tire on the side of the road. Here, you may find that men are more likely than women to provide assistance because men may have more experience changing tires than women. It is unlikely that men have a "tire-changing" gene and that women have a "diaper-changing" gene that the other sex does not possess. Men are provided with more opportunities to change tires just as women are provided with more opportunities to console a crying infant. Thus, in generalizing across studies, we have to ensure that the different ways a dependent variable is measured do not account for the findings.

Data Collection

The experimenter can influence the outcome of a study by how the data are collected. The experimenter may treat women and men differently in a way that supports the hypothesis. In a now classic study, Rosenthal (1966) found that male and female experimenters smiled more and glanced more at same-sex participants than other-sex participants while giving the experimental instructions. He concluded that men and women are not in the same experiment when the experimenter is aware of their sex. More recently, researchers found that the sex of the target influenced how an emotion is interpreted. When preschoolers were shown a picture of a face that was ambiguous with respect to its emotion, children thought the target was angry if it was a boy but sad if it was a girl (Parmley & Cunningham, 2008).

The experimenter can influence participants' behavior by giving subtle cues like nodding of the head to indicate the correct response is being given. An experimenter who believes that women self-disclose more than men might unintentionally elicit differences in self-disclosure by revealing more personal information to female than to male participants. The experimenter might provide subtle nonverbal cues that encourage female disclosure (e.g., head nodding, smiling) and subtle cues that discourage male disclosure (e.g., looking bored, not paying attention, shifting around anxiously in one's seat).

The experimenter's beliefs can influence her or his own behavior, which then encourages participants to respond in a way that confirms the experimenter's beliefs. That is, the experimenter's beliefs lead to a **self-fulfilling prophecy**. In these cases, experimenters are probably not intentionally influencing the outcome, but their beliefs are subtly influencing their own behavior and, consequently, the participant's behavior. It may be difficult for experimenters to treat female and male participants the same because most experimenters are aware of gender-role stereotypes and the norms for female and male behavior. One way to minimize this bias is for the investigator to hire an experimenter who is blind to the purpose of the study, especially the hypotheses. In this situation, your only concern is that the experimenter brings to the study her or his lay perceptions of how women and men differ. A better solution is to have the experimenter blind to the participant's sex. One way to accomplish this, although not always feasible, is to provide standardized instructions or questions to participants via an audiotape or intercom, so the experimenter cannot see the participant.

Data Interpretation

The experimenter can influence the outcome of the study by the way he or she interprets the data. One problem in the area of gender is that we might interpret the same behavior differently depending on whether the person is male or female. In one study, college students read a professor's lecture on sex discrimination at work and thought the facts were more accurate and the essay was of a higher quality if the author was male than female (Abel & Meltzer, 2007). The lecture was viewed as more sexist if they thought the author was female than male. Other research has shown that people perceive the same behavior to be more aggressive if enacted by a male than a female and that male observers are especially likely to perceive male behavior as aggressive (Pellegrini et al., 2011). In many cases, it is difficult to be blind to the participant's sex, especially if you are observing a behavior. Researchers rarely examine how the sex of the observer or rater influences the judgments made. Recall the study of preschoolers that showed they were more likely to infer sadness in a female and anger in a male (Parmley & Cunningham, 2008). Imagine how you might respond to someone who is sad versus angry!

Communication of Results

Finally, the experimenter can influence the impact of a study by how the findings are communicated. Experimenters may report only results that support their hypotheses. That is, experimenters who believe there are sex differences may conduct a dozen studies until a difference appears and then report that one difference. Experimenters who believe there are no differences between men and women may conduct a dozen studies, slightly altering the situation in each one, until no difference appears and then report that study. This is a problem for the study of gender because, as noted in <u>Chapter 1</u>, there are different political philosophies about whether there are a few small sex differences or major sex differences that pervade our lives.

Another problem with the communication of results is that sex differences are inherently more interesting than sex similarities; therefore, studies of differences are more likely to be published. A researcher who designs a study that does not involve issues of gender may routinely compare men's and women's behavior in the hope that no differences are found. In this case, the investigator considers sex to be a nuisance variable. If no differences are found, gender is not mentioned in the article or is buried in a single sentence in the method section, so there is no record of the similarity! If differences are found, gender may become the focus of the study. The scientific bias of publishing differences is perpetuated by the media, which are not likely to pick up a story on a study that shows sex similarities. A study that shows differences is going to gather the attention of the media and will be placed in a prominent place in the newspaper.

This problem was highlighted in Susan Faludi's (1991) book, *Backlash: The Undeclared* War Against American Women. She describes somewhat questionable research findings that were published by the media even when refuted by other scientific research. (The divorce statistic example at the beginning of this chapter was discussed in her book.) According to Faludi, the results of studies that support the culture of the time are more likely to attract headlines. For example, in 1986, a story in the newspaper showed that the chance of a single college-educated woman getting married was 20% at age 30, 5% at age 35, and 1.3% at age 40. The study made front-page news, despite questionable methods and a small sample size. A follow-up study that used actual census data showed quite different statistics: at age 30, 58% to 66%; at age 35, 32% to 41%, and at age 40, 17% to 23%. The follow-up study, however, was not picked up by the media. Faludi reports another example having to do with age and infertility. A 1982 study of infertility widely noted in newspapers and on radio and television talk shows showed that women between the ages of 31 and 35 had a 40% chance of becoming infertile. Reporters did not note, however, that this study was based on a very unique sample: women receiving artificial insemination because their husbands were sterile. A subsequent study based on a more representative sample showed that the infertility rate for women between the ages of 30 and 34 was 14%, only 3% more than women in their early 20s.

Faludi's position is that research findings showing adverse effects of the women's movement on women's economics, fertility, and relationships were being highlighted in the 1980s, whereas research findings showing positive effects of the women's movement were stifled. These examples show that the media are more likely to sensationalize the more outrageous research findings and are less likely to highlight findings of sex similarities. Sex differences are interesting; sex similarities are not. The media can also distort the explanations for findings of differences between men and women. One study

showed that the political orientation of a newspaper (as defined by the most recent presidential candidate endorsed) was associated with the explanations provided for sex differences (Brescoll & LaFrance, 2004). More conservative newspapers were more likely to emphasize biological explanations. This is important, as a follow-up experimental study showed that providing people with biological explanations compared to social explanations for sex differences increase sex-stereotypical thinking. One of the skills you will gain from reading this text is being able to evaluate reports about sex differences you read in the popular press. Start now with <u>Do Gender 2.1</u>.



Comparing Media Reports to Scientific Reports

Find a news article on gender, most likely one that compares women and men on some variable, in a newspaper or a news magazine. Find one that refers to the original source of the study; that is, it gives the reference to a scientific journal. Compare the news version of the study to the scientific report of the study. Answer the following questions:

- 1. Did the news article accurately reflect the findings of the scientific study?
- 2. What did the news article leave out, if anything?
- 3. What did the news article exaggerate, if anything?
- 4. Was there anything in the news article that was misleading?
- 5. What did you learn by reading the scientific article that you would not have learned by reading the news article?
- 6. Why did this particular study appear in the news? Was it important? Was the finding "catchy"?

In summary, we need to be alert to how experimenter expectancies can shape studies. One remedy is to have a team of scientists with opposing beliefs conduct research on a topic. Why do you think this does not happen very often? Social psychologists have shown that we are attracted to people who share our beliefs and values—people who are like us. Therefore, it is more likely that we will find ourselves collaborating with people who share our beliefs about the outcome of a study. Replication is one strategy we have built into science as a check on the influence experimenters have on research findings. Before taking a finding seriously, we have to make sure it has been repeated with different samples, with different measures of both the independent and dependent variables, and by different investigators. We can be more confident of similarities or differences between male and female behavior when we see them emerge repeatedly and across a wide variety of contexts. As shown in <u>Chapter 5</u>, however, changing the context usually alters how men and women behave.

Participant Effects

The ways in which participants of an experiment can influence the outcome of a study are referred to as **demand characteristics**. There are certain demands or expectations about how to behave as a participant in an experiment. Participants often conform to or react against these demands. The **social desirability response bias** is one example of a demand characteristic. That is, people want to behave in socially desirable ways, ways in which they appear normal and likable. In our society, it is socially desirable for men to appear masculine and women to appear feminine. On self-report inventories of masculinity and femininity, men typically rate themselves as high on the term "masculinity" and women rate themselves as high on the term "femininity" regardless of how they score on traits that define those concepts. That is, regardless of whether a man rates himself as independent or self-confident (traits we ascribe to masculinity), most men rate themselves as masculine. Thus, participants may behave in ways that fit their gender role, especially if they realize the purpose of the experiment.

If I asked the students in my class for a show of hands as to who is emotional, more women than men would raise their hands. If I asked the students for a show of hands as to who is aggressive, more men than women would raise their hands. Does this mean men are more aggressive than women and women more emotional than men? Certainly not—on the basis of that showing of hands. It is socially desirable for men to say they are aggressive and women to say they are emotional. The design of the study is poor because the public behavior increases the chance of introducing a social desirability response bias.

One way in which demand characteristics are observed is via the sex of the experimenter. Men and women may respond differently to male and female experimenters, yet the effect of experimenter sex is rarely taken into consideration. One study showed that both female and male test-takers perceived that they had more knowledge when the experimenter was female than male (Ortner & Vormittag, 2011). Another study showed that college men reported more sexual partners when the experimenter was female than male (Fisher, 2007). One way to evaluate demand characteristics is to administer a measure of socially desirable responding. For example, a study that showed women report more ethical behavior than men found that this difference disappeared when socially desirable responding was taken into consideration (Dalton & Ortegren, 2011).

One way to reduce demand characteristics is to have responses be private anonymous and confidential—rather than public. Another precaution is to disguise the purpose of the experiment. A third precaution is to examine actual behavior rather than self-reports of behavior. A review of the literature on parents' treatment of children concluded that parents treat sons and daughters the same (Lytton & Romney, 1991). However, a closer inspection of the studies revealed that parents *said* they treated sons and daughters the same, but observational studies showed differences.

The Setting: Laboratory Versus Field

Much of our research on gender is conducted in the laboratory rather than the field, or the real world. A number of problems emerge in applying the conclusions from research on gender conducted in the laboratory to our everyday lives, specifically problems with external validity. In the laboratory, everything is held constant except the independent variable, which is usually participant's sex. Thus, men and women come into the laboratory and face equal treatment and equal conditions. The problem is that women and men do not face equal conditions in the real world. Thus, we might be more likely to find similar behavior in the laboratory than in the real world. If that is the case, sex differences in behavior observed in the real world might be due to the different situations in which women and men find themselves.

For example, if you bring men and women into the laboratory and provoke them, they may display similar levels of anger. However, in the real world, women are more likely than men to hold low-status positions where displays of anger are inappropriate and often punished. In addition, in the real world, men are more often provoked than women. Thus, men may display more anger than women in the real world because men are more likely to be provoked and women are more likely to be punished for displays of anger.

Another difficulty with laboratory research is that it is often conducted on college students. College students differ from the general population in a number of ways. They are more likely to be White, upper to middle class, higher in education, and homogeneous on a number of dimensions. The college experience is one in which the roles of men and women and the statuses of men and women are more similar compared to their situations before and after college. Thus, it is questionable whether we can generalize the similarities observed among college students to the general population.

Variables Confounded With Sex

A fundamental problem for the study of gender is that we cannot randomly assign a person to be male or female. As mentioned earlier, sex is usually a subject variable rather than a true independent variable that can be manipulated. You can manipulate sex when you are leading respondents to believe a target person is female or male. Here, sex is a target variable. However, when comparing men's and women's feelings, thoughts, and behavior, we cannot be certain any differences found are due to sex alone; men and women come into the laboratory with their own values, histories, and experiences. Most important, sex is confounded with status.

We cannot separate the effects of sex from status. Do women smile more than men, or do low-status people smile more than high-status people? We will see in <u>Chapter 7</u> that many of the sex differences observed in verbal and nonverbal communication seem to be due to status. When men and women are randomly assigned to a high-status or lowstatus position in the laboratory, high-status persons of both sexes typically display "male" behavior and low-status persons of both sexes typically display "female" behavior.

Another variable besides status that is confounded with sex is gender role. When we observe a sex difference in a behavior, is it due to the biological category of male or female, or is it due to the psychological category of gender? Too often, we fail to examine the variability within males and within females to see if the difference is due to sex or to gender role. One area of research where there is substantial agreement as to whether a sex difference exists is aggression. Even aggression, however, may be partly due to biological sex and partly due to gender role, that is, our encouragement of aggression among males and discouragement of aggression among females. Features of the male gender role have been linked to aggression. Throughout this book, I have been attentive to the impact that gender roles have in areas of sex differences.

Situational Influences

Even if we examine personality traits in addition to participants' sex, we often find that in some situations we observe a difference and in some situations we do not observe a difference. Some situations are high in behavioral constraints, meaning the behavior required in the situation is clear and not very flexible; in this case, sex may have little to do with behavior. A graduation ceremony is such a situation. Men and women are usually dressed alike in robes, march into the ceremony together, and sit throughout the ceremony quietly until their name is called to receive their diplomas. The behavior in this situation is determined more by the situation than by characteristics of the people, including their sex. Other situations low in behavioral constraints would allow the opportunity for men and women to display different behaviors; informal social gatherings are an example of such a situation.

Some situations that are high in behavioral constraints make gender especially salient. As shown in Figure 2.5, a heterosexual wedding is such a situation. Traditions make sex salient. Here, the norms for men's and women's attire are very different; no one expects men and women to dress the same at a wedding. The dress is formal; it would be highly unusual for a man to attend a wedding in a dress or a woman to attend a wedding in a tuxedo. The bride does not throw the bouquet to the entire crowd, only to eligible women; likewise, the groom throws the garter to eligible men. This is an occasion that may make differences in the behavior of women and men more likely to appear.



Figure 2.5 Wedding picture, illustrating a situation with high behavioral constraints and a situation in which gender and gender-based norms are salient.

There also may be specific situational pressures to behave in accordance with or in opposition to one's gender role. Being raised in a traditional family, I have often found myself behaving in ways more consistent with the female gender role when I am with my extended family than when I am at home with my husband and daughter. When I was growing up, it was customary during large family gatherings for women to tend to the dishes and men to tend to football. Did I help with the dishes? Of course. It would have been rude not to help. Besides, I don't really like football. Would my dad help with the dishes? Probably not. He likes football and would be chased out of the kitchen.

There may be other situations in which behaving in opposition to gender roles is attractive. I remember the first time I went to look for a car by myself. The salesperson guided me to the cars with automatic transmissions and made some remark about women not being able to drive cars with a manual transmission. The worst part was that he was right; I had tried and could not drive a stick shift. But that incident inspired me. I was determined to learn to drive a stick shift and to buy a car with a manual transmission—to do my part in disconfirming the stereotype. To this day, I continue to drive a car with a manual transmission (despite such cars' increasingly limited availability), perhaps in part because of that salesperson's remark. I also insisted my daughter learn to drive a car with a manual transmission. In this case, the situation made gender roles salient, but the effect was to create behavior inconsistent with gender roles.

The situational forces that shape behavior are a dominant theme in this book. We cannot study gender outside of the context in which it occurs, the situations in which men and women find themselves, and the people with whom they interact. This is the social-psychological perspective, which is emphasized throughout this book.

Take Home Points

- The experimenter can influence the outcome of a study by the way it is designed and by the way the data are collected, interpreted, and reported. This is one reason that we are more confident in findings that have been replicated by a number of researchers who have used different methods and different measures.
- Participants can influence the outcome of the study. Especially when the behavior is public, demand characteristics are likely to operate. Ensuring confidentiality, disguising the nature of the research, and observing behavior instead of relying solely on self-report will minimize demand characteristics.
- Differences between men and women are less likely to be found in the laboratory, where men and women face equal conditions, than in the real world, where they do not.
- When finding that women and men differ on some outcome, one must be careful to determine whether the difference is due to sex, status, gender role, or something else.

Table 2.3 Key Terms Used in Scientific Method

Age effect: Effect due to the age of the respondent.

Cohort effect: Effect due to the cohort or generation of the respondent.

Correlational study: Study in which one observes the relation between two variables, often at a single point in time.

Cross-sectional study: Study in which the data are collected at one point in time. **Data**: Information (e.g., thoughts, feelings, behaviors) collected for the purpose of scientific examination.

Demand characteristics: The ways participants of an experiment can influence the outcome of a study.

Dependent variable: Variable that is expected to be influenced by manipulation of the independent variable; the effect.

Empiricism: Basis of scientific method that involves the collection of information via one of the major senses (usually sight).

Experimenter effects: Ways in which the experimenter can intentionally or unintentionally influence the results of a study.

Experimental method: Research method in which the investigator manipulates one variable and observes its effect on another variable.

External validity: The confidence that the results from an experiment generalize to the real world.

Facts: Statements made about data.

Field experiments: Experiments in which the investigation is taken into the environment where the behavior to be studied naturally occurs.

Hypothesis: Prediction that a certain outcome will occur under a specific set of conditions.

Independent variable: Variable manipulated during an experiment; the cause. **Internal validity**: The confidence that the true cause of the effect is being studied.

Longitudinal study: Study in which data are collected at multiple time points.

Meta-analysis: A statistical tool used to synthesize the results of studies.

Negative correlation: Correlation in which the level of one variable increases and the level of the other variable decreases.

Positive correlation: Correlation in which the levels of both variables increase or decrease at the same time.

Random assignment: Method of assignment in which each participant has an equal chance of being assigned to each condition.

Random selection/random sampling: Method of selecting a sample in which each member of the population has an equal chance of being a participant in the study. Replication: Repetition of a study, often with different measures of the independent variable and the dependent variable.

Selection bias: Result of participants not being randomly sampled or not being randomly assigned to condition.

Social desirability response bias: A demand characteristic; ways in which participants behave in experiments to give socially desirable answers.

Stimulus/target variable: Variable that can be manipulated in an experiment. Subject variable: Variable that is a permanent characteristic of the person (subject) and may affect the person's response to another variable.

Theory: Abstract generalization that provides an explanation for a set of facts.

History of the Psychology of Gender

In <u>Chapter 1</u>, I provided a very abstract definition of gender roles. Where did this concept come from? What did it mean 100 years ago, and what does it mean today? Is it better to be masculine or feminine? Or does it depend on whether you are male or female? Here, I provide a brief review of the history of the psychology of gender. I examine the different ways that people conceptualized and measured gender roles. I have divided the history of the field into four periods that approximate those identified by Richard Ashmore (1990). Each time period is marked by one or more key figures in the field.

<u>1894–1936: Sex Differences in Intelligence</u>

The first period focused on the differences between men and women and was marked by the publication of a book by Ellis (1894) entitled *Man and Woman*, which called for a scientific approach to the study of the similarities and differences between men and women. No consideration was yet given to personality traits or roles associated with sex. Thus, gender-related roles were not part of the picture. The primary goal of this era was to examine if (really, to establish that) men were intellectually superior to women. To accomplish this goal, scientists turned to the anatomy of the brain (Shields, 1975).

First, scientists focused on the size of the human brain. Because women's heads and brains are smaller than those of men, there seemed to be conclusive evidence that women were intellectually inferior. However, men were also taller and weighed more than women; when body size was taken into account, the evidence for sex differences in intelligence became less clear. If one computed a ratio of the weight of the brain to the weight of the body, women appeared to have relatively larger brains. If one computed the ratio of the surface area of the brain to the surface area of the brain. Thus, brain size alone could not settle the question of sex differences in intelligence.

Next, researchers turned to specific areas of the brain that could be responsible for higher levels of intellectual functioning. The frontal cortex was first thought to control higher levels of mental functioning, and men were observed to have larger frontal lobes than women. Then it appeared men did not have larger frontal lobes; instead, men had larger parietal lobes. Thus, thinking shifted to the parietal lobe as the seat of intellectual functioning. All this research came under sharp methodological criticism because the scientists observing the anatomy of the brain were not blind to the sex associated with the particular brain; that is, the people evaluating the brain knew whether it belonged to a male or a female! This situation was ripe for the kinds of experimenter biases described earlier in the chapter.

The period ended with the seminal work of *Sex and Personality* published by Lewis Terman and Catherine Cox Miles in 1936. They concluded there are no sex differences in

intellect: "Intelligence tests, for example, have demonstrated for all time the falsity of the once widely prevalent belief that women as a class are appreciably or at all inferior to men in the major aspects of intellect" (p. 1).

Take Home Points

- Initial research in the area of gender focused on trying to establish that men were smarter than women by examining the size of the brain.
- The research was unsuccessful. It was not clear that one could link brain size to intellect.

1936–1954: Masculinity–Femininity as a Global Personality Trait

During this next period, researchers shifted their focus from sex differences alone to consider gender-related traits. The construct of masculinity–femininity, or M/F, was introduced during this period. Because men and women did not differ in intelligence, Terman concluded that the real mental differences between men and women could be captured by measuring masculinity and femininity.

Researchers developed a 456-item instrument to measure M/F. It was called the Attitude Interest Analysis Survey (AIAS; Terman & Miles, 1936) to disguise the true purpose of the test. The AIAS was the first published M/F scale. The items chosen were based on statistical sex differences observed in elementary, junior high, and high school children. This meant that items on which the average female scored higher than the average male were labeled feminine, and items on which the average male scored higher than the average female were labeled masculine, regardless of the content of those items. The M/F scale was also bipolar, which meant that masculinity and femininity were viewed as opposite ends of a single continuum. The sum of the feminine items was subtracted from the sum of the masculine items to yield a total M/F score.

The instrument was composed of seven subject areas: (1) word association, (2) inkblot interpretation, (3) information, (4) emotional and ethical response, (5) interests (likes and dislikes), (6) admired persons and opinions, and (7) introversion–extroversion, which really measured superiority–subordination. Sample items from some of the subject areas are shown in Table 2.4.

Several of these subscales are quite interesting. The information scale was based on the assumption that men have greater knowledge than women about some areas of life, such as sports and politics, and women have greater knowledge about other areas of life, such as gardening and sewing. Thus, giving a correct response to an item about which women are supposed to know more than men would be scored as feminine; conversely, giving a correct response to an item about which men are supposed to know more than women would be scored as masculine. For example, the first item on the information subscale shown in <u>Table 2.4</u> shows that answering that a marigold is a flower would be scored as feminine and answering that a marigold is a stone would be scored as masculine. The personalities and opinion subscale is scored such that liking Daniel Boone is scored as masculine and liking Christopher Columbus is scored as feminine. Responses with a (+) are indicative of masculinity; responses with a (-) are indicative of femininity; responses with a 0 are neutral and not scored as either.

Word Association

Look at the word in capital letters, then look at the four words that follow it. Draw a line under the word that goes best or most naturally with the one in capitals; the word it tends most to make you think of.

1.	POLE	barber (0)	cat (+)	North (-)	telephone (+)
2.	DATE	appointment (–)	dance (+)	fruit (+)	history (+)
Info	rmation				

In each sentence, draw a line under the word that makes the sentence true.

1.	Marigold is a kind of	fabric (+)	flower (-)	grain (–)	stone (+)
2.	Tokyo is a city of	China (-)	India (–)	Japan (+)	Russia (0)
3.	A loom is used for	cooking (+)	embroidering (+)	sewing (+)	weaving (-)
4.	The number of players on a baseball team is	7 (-)	9 (+)	11 (-)	13 (0)

Interests

For each occupation below, ask yourself: Would I like that work or not? If you would like it, draw a circle around L. If you would dislike it, draw a circle around D. If you would neither like nor dislike it, draw a circle around N. In deciding on your answer, think only of the kind of work. Don't consider the pay. Imagine that you have the ability to do the work, that you are the right age for it, and that it is equally open to men and women.

L means LIKE; D means DISLIKE; N means NEITHER LIKE NOR DISLIKE.

Pers	onalities and Opinion	- (/	- (1)	
2.	Florist	L (-)	D(+)	N(+)
1.	Forest ranger	L (+)	D (-)	N (0)

Below is a list of famous characters. After each name draw a circle around L, D, or N to indicate whether you like that character.

L means LIKE; D means DISLIKE; N means NEITHER LIKE NOR DISLIKE.

1.	Daniel Boone	L (+)	D (-)	N (-)
2.	Christopher Columbus	L (-)	D (+)	N (+)
3.	Florence Nightingale	L (-)	D (+)	N (+)

Read each statement and consider whether it is mostly true or mostly false. If it is mostly TRUE, draw a circle around T. If it is mostly FALSE, draw a circle around F.

1.	The world was created in 6 days of 24 hours each.	T (+)	F (0)
2.	Love "at first sight" is usually the truest love.	T (+)	F (-)

Source: Terman and Miles (1936)

There were no assumptions about the basis of these sex differences. Terman and Miles (1936) left the cause of the sex differences—biological, psychological, or cultural—

unspecified.

A few years later, Hathaway and McKinley (1940) developed the Minnesota Multiphasic Personality Inventory (MMPI). It eventually included an M/F scale that consisted of items reflecting altruism, emotional sensitivity, sexual preference, preference for certain occupations, and gender identity questions. The most notable feature in the development of this scale is that the femininity items were validated on 13 homosexuals. Homosexual men were compared to heterosexual male soldiers; at that time, heterosexual male soldiers epitomized masculinity and homosexual men were considered feminine. In fact, feminine traits were considered to be a predisposing factor to homosexuality in men (Terman & Miles, 1936). Women were not even involved in research to evaluate femininity. Thus, we can see at least two major problems with this instrument: First, women were not involved in the conceptualization of the female gender-related traits; second, only 13 homosexual men were involved in the study, which is hardly sufficient to validate an instrument even if they had been the appropriate population.

Some researchers became concerned about the self-report methodology used to assess M/F. The purpose of the tests might have been obvious, which could lead men and women to give socially desirable rather than truthful responses. The concern focused on demand characteristics. Thus several projective tests of M/F were developed, including one by Franck and Rosen (1949). They developed a test that consisted of incomplete drawings, like the stimuli shown in the first column of <u>Figure 2.6</u>.



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Figure 2.6 Examples of the kinds of incomplete drawings that appeared on Franck and Rosen's (1949) projective test of masculinity/femininity. How the drawings were completed was taken as an indication of masculinity or femininity. The second column represents masculine ways of completing the drawings, and the third column represents feminine ways of completing the drawings. *Source:* Adapted from Franck and Rosen (1949)

Franck and Rosen began with 60 stimuli, asked men and women to complete the drawings, and found sex differences in the way that 36 of the 60 were completed. These 36 stimuli then comprised the test. How did men and women differ in their drawings? Men were found to be more likely to close off the stimuli, make sharper edges, include angles, and focus on unifying objects rather than keeping them separate. Women were found to leave a stimulus open, to make round or blunt edges, and to make lines that pointed inward. The content of the objects men and women drew also was found to differ: Men drew nude women, skyscrapers, and dynamic objects, whereas women drew animals, flowers, houses, and static objects.

Interestingly, Franck and Rosen (1949) did not conclude that a male and a female who receive the same score on the test are the same in terms of masculinity and femininity. In fact, they argued that the drawings of a male who receives a feminine score are quite bizarre and very different from the drawings of a female who receives a feminine score. They applied the same logic to a female who receives a masculine score. If the instrument does not measure psychological masculinity and femininity among both men and women, we have to wonder about the purpose of the test. Franck and Rosen suggested their instrument measures acceptance of one's gender role rather than the degree of masculinity and femininity. Males who scored masculine and females who scored feminine were considered to have accepted their gender roles.
Take Home Points

- During this period, the concept of M/F was introduced. However, it was defined merely by sex differences.
- Because women were rarely included in research, one scale of femininity, from the MMPI, was validated on homosexual men. Homosexuality was thought to be equivalent to femininity.
- Projective tests of M/F were developed to reduce demand characteristics. However, these tests were flawed in that sex differences in drawings were taken to be evidence of masculinity and femininity.
- All the M/F scales developed during this period suffered from a number of conceptual weaknesses:
 - The tests did not distinguish between more or less masculine people, nor did they distinguish between more or less feminine people.
 - They merely distinguished men from women, a distinction that did not need to be made.
 - Any item that revealed sex differences was taken as evidence of masculinity and femininity, regardless
 of its relevance to these constructs (e.g., thinking Tokyo is a city in India is an indicator of femininity).
 - All the scales were bipolar, such that masculinity represented one end and femininity represented the other.
 - Homosexual men were equated with feminine women.
- There seemed to be some confusion among masculinity, femininity, and sexual orientation. An assumption at the time was that psychologically healthy men were masculine and psychologically healthy women were feminine.

1954–1982: Sex Typing and Androgyny

This period was marked by Eleanor Maccoby's (1966) publication of *The Development of Sex Differences*, which reviewed important theories of sex typing, that is, how boys and girls developed sex-appropriate preferences, personality traits, and behaviors. Many of these theories are reviewed in detail in <u>Chapter 5</u>.

In addition, in 1973, Anne Constantinople published a major critique of the existing M/F instruments. She questioned the use of sex differences as the basis for defining masculinity and femininity; she also questioned whether M/F was really a unidimensional construct that could be captured by a single bipolar scale. The latter assumption, in particular, was addressed during this period by the publication of instruments that distinguished masculinity and femininity and femininity and femininity.

Instrumental Versus Expressive Distinction

A distinction brought to the study of gender roles that helped conceptualize masculinity and femininity as separate dimensions was the distinction between an instrumental and an expressive orientation. In 1955, Parsons, a sociologist, and Bales, a social psychologist, distinguished between instrumental or goal-oriented behavior and expressive or emotional behavior in their studies of male group interactions. The instrumental leader focuses on getting the job done and the expressive leader focuses on maintaining group harmony.

Parsons and Bales (1955) extended the instrumental/expressive distinction to gender.

They saw a relation between superior power and instrumentality and a relation between inferior power and expressivity. They believed the distinction between the husband role and the wife role was both an instrumental/expressive distinction as well as a superior/inferior power distinction. The instrumental orientation became linked to the male gender role and the expressive orientation became linked to the female gender role.

Two instruments were developed during this period that linked the instrumental versus expressive orientation to gender role. In 1974, Sandra Bem published the Bem Sex Role Inventory (BSRI) and Spence, Helmreich, and Stapp published the Personal Attributes Questionnaire (PAQ). The BSRI and the PAQ are still the most commonly used inventories to measure masculinity and femininity today. The innovative feature of both instruments is that masculinity and femininity are conceptualized as two independent dimensions rather than a single bipolar scale; thus, a person receives a masculinity score and a femininity score. Masculinity and femininity were no longer viewed as opposites.

The BSRI (Bem, 1974) was developed by having undergraduates rate how desirable it is for a man and a woman to possess each of 400 attributes. Items that students rated as more desirable for a male to possess were indicators of masculinity, and items that students rated as more desirable for a female to possess were indicators of femininity. Items were not based on respondents' views of how likely men and women are to have these traits but on their views of how *desirable* it is for men and women to have the traits. The final BSRI consisted of 60 items: 20 masculine, 20 feminine, and 20 neutral items. The neutral items are included in the instrument to disguise the purpose of the scale.

In contrast to the BSRI, the PAQ (Spence, Helmreich, & Stapp, 1974) was developed by focusing on the perception of how *likely* men and women are to possess certain traits. College students were asked to rate the typical adult male and female, the typical college male and female, and the ideal male and female. The items on this instrument are shown in <u>Table 2.5</u>. The masculinity scale included items that students viewed as more characteristic of men than women but also as ideal for both men and women to possess. "Independence" was a masculinity item; the typical college male was viewed as more independent than the typical college female, but independence was perceived as equally desirable in both men and women. The femininity scale included items that were more characteristic of women than men but viewed as ideal in both women and men. "Understanding of others" was a femininity item; the typical college female was rated as more understanding of others as a socially desirable trait for both women and men.

Table 2.5 Personal Attributes Questionnaire

Masculinity/Agency	Femininity/Communion	Unmitigated Agency
Independent	Emotional	Arrogant
Active	Able to devote self to others	Boastful
Competitive	Gentle	Cynical

Can make decisions	Helpful to others	Dictatorial
Never gives up	Kind	Egotistical
Self-confident	Aware of others' feelings	Greedy
Feels superior	Understanding of others	Hostile
Stands up well under pressure	Warm in relations to others	Looks out for self

Source: Spence et al. (1974); Spence, Helmreich, and Holahan (1979)

The items on the masculinity scales of the BSRI and PAQ were thought to reflect an instrumental or agentic orientation, and the items on the femininity scales were thought to reflect an expressive or communal orientation. Scores on the masculinity and femininity scales are generally uncorrelated, reflecting the fact that they are two independent dimensions. When these scales were developed, consistent sex differences appeared. Men scored higher than women on the masculinity scales, and women scored higher than men on the femininity scales. But the scales were developed 40 years ago. Do sex differences still appear today? Sex differences on these instruments do persist today. However, women's masculinity scores have increased over time, which has reduced the size of that sex difference (Spence & Buckner, 2000) and people view masculine characteristics as more desirable in women today than they did in 1972 (Auster & Ohm, 2000). People's views of what is desirable in men have not changed. These findings reflect the greater changes in the female than the male gender role over the past several decades. There has been more encouragement for women to become agentic than for men to become communal. There also is some evidence from longitudinal studies that men's communion scores increase with age and women's agency scores increase with age, narrowing the sex difference even further (Jones, Peskin, & Livson, 2011).

Because reports of femininity and masculinity could be influenced by demand characteristics, implicit measures of masculinity and femininity have been developed, the most popular of which is the Implicit Association Test (IAT; Greenwald & Farnham, 2000). The IAT is based on reaction times. Individuals see a series of agentic and communal attributes flashed on a screen, one at a time, and have to indicate whether the attribute reflects a self-related term or an other-related term as well as whether the attribute characterizes themselves or not. The measure correlates with self-report measures of agency and communion and reveals larger sex differences, perhaps because the implicit measure reduces demand characteristics. To date, it is not known whether these measures predict behavior (Wood & Eagly, 2009).

Androgyny

One outgrowth of these two M/F inventories (the BSRI and the PAQ) was the conceptualization of and research on **androgyny**. Androgyny emerged from the operationalization of masculinity and femininity as unipolar, independent dimensions. The androgynous person was someone who displayed both masculine and feminine traits. Researchers could now divide the scores on the masculinity and femininity scales

in half to create the four groups shown in Figure 2.7. Someone who possessed a high number of masculine features and a low number of feminine features was designated masculine; someone who possessed a high number of feminine and a low number of masculine features was designated feminine. These people were referred to as **sex-typed** if their sex corresponded to their gender role group, and **cross sex-typed** if their sex did not. The androgynous person was someone who possessed a high number of both masculine and feminine features. A person who had few masculine or feminine traits was referred to as undifferentiated. To this day, most researchers still do not know the meaning of this last category, yet they often create these four categories when using either the PAQ or the BSRI.

Androgyny was put forth by Bem (1974, 1975) as an ideal: The androgynous person was one who embodied the socially desirable features of both masculinity and femininity. It was no longer believed the most psychologically healthy people were masculine men and feminine women; instead, the healthiest people were thought to be those who possessed both attributes. Androgynous people were supposed to have the best of both worlds and to demonstrate the greatest behavioral flexibility and the best psychological adjustment. Unfortunately, subsequent research revealed that the masculinity scale alone predicts behavioral flexibility and psychological adjustment as well as, and sometimes better than, the androgyny score (e.g., Woo & Oei, 2006). In hindsight, this finding is not so surprising because the traits included on the BSRI and PAQ masculinity scales are those valued by American society. Bem actually conceptualized androgyny to be much more than the sum of masculine and feminine traits. Androgyny had implications for how one thought about the world. This is elaborated on in <u>Chapter 5</u> in the discussion of her gender-schema theory.

Undesirable Aspects of Masculinity and Femininity

One criticism of the PAQ and the BSRI is that a majority of attributes are socially desirable. In 1979, Spence, Helmreich, and Holahan set out to develop scales that paralleled the original M/F scales in content but differed in social desirability. Conceptually, the masculinity scale was thought to reflect a positive instrumental or agentic orientation, whereas the femininity scale was thought to reflect a positive expressive or communal orientation. Spence and colleagues were looking to develop scales that measured socially undesirable aspects of agentic and communal orientations.



Figure 2.7 This is a sex-typing typology based on people's scores on masculinity and femininity.

Spence and colleagues turned to the work of David Bakan (1966), who richly developed the ideas of agency and communion. Bakan argued there are two principles of human existence: an agentic one that focuses on the self and separation, and a communal one that focuses on others and connection. Bakan also suggested that agency is the male principle and communion the female. Bakan argued that it is important for agency to be mitigated by communion and that unmitigated agency would be destructive to the self and society. **Unmitigated agency** reflected a focus on the self to the neglect of others. Drawing on this work, Spence and colleagues (1979) developed an unmitigated agency in their Extended Personal Attributes Questionnaire (EPAQ). The items on this scale are shown in <u>Table 2.5</u>.

The unmitigated agency scale is agentic like the earlier positive masculinity scale, more common in men than women, and socially undesirable in both men and women. Most important, it conceptually reflects the construct of unmitigated agency: a focus on the self to the exclusion of others. It includes a hostile attitude toward others and selfabsorption. The scale is positively correlated with the masculinity/agency scale, reflecting the focus on the self. and negatively correlated with the femininity/communion scale, reflecting the absence of a focus on others (Helgeson & Fritz, 1999).

Spence and colleagues (1979) also wanted to capture socially undesirable aspects of femininity. Turning to Bakan (1966) again, they noted that communion also ought to be mitigated by agency. Although Bakan never used the term **unmitigated communion**, he noted it would be unhealthy to focus on others to the exclusion of the self. Spence and colleagues had more difficulty coming up with traits that conceptually reflected unmitigated communion. They developed two negative femininity scales, but neither conceptually captured the construct of unmitigated communion (Spence et al., 1979). Later, I developed an unmitigated communion scale (Helgeson, 1993; Helgeson & Fritz, 1998), shown in <u>Table 2.6</u>.

Table 2.6 Unmitigated Communion Scale

Instructions: Using the following scale, place a number in the blank beside each

statement that indicates the extent to which you agree or disagree. Think of the people close to you—friends or family—in responding to each statement.

		Agree 5	Agree 4	3	Disagree 2	1
Strongly Slightly Neither Agree nor Slightly Strongly	у	Strongly Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Strongly Disagree

1. I always place the needs of others above my own.

2. I never find myself getting overly involved in others' problems.*

3. For me to be happy, I need others to be happy.

4. I worry about how other people get along without me when I am not there.

5. I have no trouble getting to sleep at night when other people are upset.*

6. It is impossible for me to satisfy my own needs when they interfere with the needs of others.

7. I can't say no when someone asks me for help.

8. Even when exhausted, I will always help other people.

9. I often worry about others' problems.

* Items are reverse scored

Source: Helgeson and Fritz (1998)

The unmitigated communion scale has two components: overinvolvement with others and neglect of the self. It is positively correlated with the femininity/communion scale, reflecting the focus on others, and negatively correlated with masculinity/agency scale, reflecting the absence of a focus on the self (Helgeson & Fritz, 1999).

Both unmitigated communion and unmitigated agency have been shown to be important constructs in the area of gender and health and account for a number of sex differences in health. This research is discussed in later chapters of this book that focus on health.

Take Home Points

- The period between 1954 and 1982 brought with it major innovations in the conceptualization and measurement of gender roles and gender-related traits.
- The distinction between the instrumental and expressive orientation was made and then linked to gender. This led to the development of two instruments, the PAQ and the BSRI, which are the most widely used instruments to measure psychological masculinity and femininity today; these constructs are now referred to as agency and communion.
- These two instruments differed from previous instruments in that masculinity and femininity were established as two independent dimensions rather than bipolar ends of a single continuum.
- The use of independent M/F scales led to the development of the androgyny construct. Initially, androgyny was captured by similar scores on masculinity and femininity and later by high scores on masculinity and femininity.
- The most recent advance during this period was the idea that there are socially undesirable aspects of gender roles that ought to be considered and measured. This led to the concepts of unmitigated agency and unmitigated communion.

1982-Present: Gender as a Social Category

Over the past three decades, research on sex and gender has proliferated. There have been three recent trends. The first has been to view gender as a multifaceted or multidimensional construct, meaning that the two-dimensional view of masculinity and femininity is not sufficient to capture gender roles. The development of the unmitigated agency and unmitigated communion scales was a first step in this direction. Researchers also began to realize that lay conceptions of masculinity and femininity included more diverse content, such as physical characteristics and role behaviors, in addition to personality traits (Helgeson, 1994) and that existing research on masculinity and femininity reflects the conceptions of White middle-class Americans. (Try Do Gender 2.2 to see if you can broaden your understanding of people's views of masculinity and femininity.) In 1985, Spence and Sawin called for the renaming of the PAQ masculinity and femininity scales. They stated that these scales reflect only one aspect of masculinity and femininity-instrumentality or agency and expressiveness or communion-and that the names of the scales should reflect these aspects. They argued that masculinity and femininity are multidimensional constructs that cannot be captured by a single trait instrument.



Conceptions of Masculinity and Femininity

Construct your own categories of masculinity and femininity by asking 20 people, 10 women and 10 men, to describe a masculine person and a feminine person and consider the following questions in their descriptions.

- 1. What does a masculine (feminine) man (woman) look like?
- 2. What personality traits does a masculine (feminine) man (woman) possess?
- 3. How does a masculine (feminine) man (woman) behave?
- 4. What is a masculine (feminine) man (woman) interested in?
- 5. What does a masculine (feminine) man (woman) think about?

List all the features mentioned, and construct a frequency distribution for each feature. Identify the most frequently named features and indicate what percentage of your respondents named each feature.

To make your study more interesting, focus on a specific group of people you think are underrepresented in this research. You might choose the elderly, sexual minorities, non-Caucasians, or people of a unique occupation. How are these features similar to or differ from those described in the text?

The second research direction has been to emphasize the social context in which gender occurs. Social psychologists, in particular Kay Deaux and Brenda Major (1987), examined gender as a social category by emphasizing the situational forces that influence whether sex differences in behavior are observed. Their model of sex differences is discussed in more detail in <u>Chapter 5</u>. Social constructionists (described in <u>Chapter 1</u>) also emphasize the social context by arguing that gender does not reside inside a person but instead resides in our interactions with people. Social constructionists emphasize the diversity of human experience and view gender as the effect of an interaction rather than the cause of the interaction. We, the perceivers, create gender by our expectations, by our behavior, and by what we decide to include in this category. As you will see, there is support for the social constructionist viewpoint. The studies reviewed in <u>Chapter 4</u> that compare men and women on a number of domains lead to the conclusion that the situation, the context, has a large influence on the size of any differences that appear between women and men.

The final direction has to been to shift from a focus on sex of target effects (i.e., the sex differences research) to sex of perceiver effects (Biernat & Deaux, 2012). In conceptualizing sex as a social category, researchers have begun to examine the implications of this social category for men and women themselves and for how others treat women and men. The implications of sex as a social category for the perceiver have been examined in research on gender-role strain, an area of research we review here. The implications of sex as a social category for how others treat men and women is the subject matter of <u>Chapter 3</u>.

Gender-Role StrainBy viewing gender as a social category, researchers paid greater attention to the influence of society's conceptualization of gender roles for men and women themselves. **Gender-role strain occurs when** gender-role expectations have negative consequences for the individual. Gender-role strain is likely to occur when gender-role expectations conflict with naturally occurring tendencies or personal desires. An uncoordinated male or an athletic female may experience gender-role strain in physical education classes. A male who wants to pursue dance or a woman who does not want to have children also may suffer some gender-role strain.

Joseph Pleck (1995) describes two theories of gender-role strain. **Self-role discrepancy theory** suggests that strain arises when you fail to live up to the gender role that society has constructed. This describes the man who is not athletic, the man who is unemployed, the woman who is not attractive, and the woman who does not have children. **Socialized dysfunctional characteristic theory** states that strain arises because the gender roles that society instills contain inherently dysfunctional personality characteristics. For example, the male gender role includes the inhibition of emotional expression, which is not healthy; similarly, the female gender role includes dependency, which also may not be adaptive. Examine sources of gender-role strain at your college in Do Gender 2.3. The first four questions assess self-role discrepancies, and the last four questions assess socialized dysfunctional characteristics. See <u>Sidebar 2.1</u> for another view of male gender-role strain in the form of hegemonic masculinity.



Gender-Role Strain

Interview 10 women and 10 men at your college. Identify common sources of gender-role strain.

- 1. Think about how men (women) are expected to behave. How does your behavior differ from how men (women) are expected to behave?
- 2. Think about how men (women) are expected to look. How does your appearance differ from how men (women) are expected to look?
- 3. Think about the personality characteristics that men (women) are expected to have. How does your personality differ from the personality men (women) are expected to have?
- 4. Think about the things that are supposed to interest men (women). How do your interests differ from the interests that men (women) are expected to have?
- 5. Think about the ways in which your behavior matches the behavior that society expects of men (women). Do you feel any of these behaviors are harmful?
- 6. Think about the ways in which your physical appearance matches the way society expects men (women) to look. Do you feel any of these expectations are harmful?
- 7. Think about the ways in which your personality matches the personality society expects men (women) to have. Do you feel any of these personality traits are harmful?
- 8. Think about the interests you have that correspond to the interests society expects men (women) to have. Do you feel it is harmful to have any of these interests?



Multiple Masculinities

Robert Connell argues that there are multiple versions of masculinity—a masculinity for men of color, a masculinity for gay men, and a masculinity for working-class men. The dominant form of masculinity, however, is aggressive, not emotional, heterosexual, and not feminine. This is referred to as hegemonic masculinity (Connell & Messerschmidt, 2005; Peralta, 2007). The main goal of hegemonic masculinity is to legitimize male dominance or patriarchy. Hegemonic masculinity may not be the most common masculinity, but it is still depicted as the ideal masculinity in our culture. It involves physical and intellectual strength, supremacy, and denigrates any masculinity that does not conform to these standards. Evidence of hegemonic masculinity can be found among white-collar crime involving men, the media's representation of men in sports, the military, male risk-taking behavior, excessive alcohol use, and the gender-based hierarchy of most organizations. In each of these cases, hegemonic masculinity appears to be advantageous to men but is linked to mental and physical health hazards.

Male Gender-Role Strain

The concept of gender-role strain was originally developed from studies of men, inspired by popular books on men that appeared in the 1970s and the 1980s, such as Goldberg's (1976) The Hazards of Being Male and Naifeh and Smith's (1984) Why Can't Men Open Up?, and in the late 1990s by Pollack's (1998) Real Boys: Rescuing Our Sons From the Myths of Boyhood. These books, based largely on anecdotal evidence collected by men interviewing men or men observing boys, outline how some of the features of the male gender role limit men's relationships and are potentially harmful to men's health. In his examination of young boys, Pollack (1998, 2006) suggests that gender roles are much more rigid for boys than girls in our society. He describes a *male code* by which boys are not to express any form of vulnerability for fear it will be perceived as feminine, and femininity is equated with being gay, which is strongly derogated by boys. Gender-role strain also was explored in an interview study about friendship with 15- to 16-year-old (largely Caucasian) boys (Oransky & Maracek, 2009). The major theme that emerged from these interviews is that boys avoid self-disclosure and displays of emotion or physical pain, for fear of being viewed as gay and as lacking masculinity, and for fear of being taunted by peers. Even when friends share emotions or disclose feelings, boys feel that the best thing they can do as a friend is to ignore or avoid the disclosure to help the friend keep his masculinity intact. Boys talked about making fun of friends as a way to demonstrate their own masculinity and as a way to help other boys learn to stand up for themselves.

A variety of instruments measure sources of male gender-role strain, one of which is the Male Role Norms Inventory-Revised (Levant, Rankin, Williams, Hasan, & Smalley, 2010). It measures strain from seven male role norms: avoidance of appearing feminine, negativity toward sexual minorities, self-reliance, aggression, seeking achievement and status, restricting emotionality, and endorsement of nonrelational sexuality. Part of the social constructionist view of gender is that different social forces affect different groups of men—not only men in different cultures, but also men of different age groups and men of different racial backgrounds. Thus, the nature of gender-role strain will differ. African-American men score higher on this inventory than White men, with Latino men falling between the two groups (Levant & Richmond, 2007). Men from other cultures such as China, Japan, Pakistan, and Russia score higher than American men. Scores on this gender-role strain measure are associated with multiple maladaptive relational and health outcomes—less relationship satisfaction, less involvement with children, more sexual aggression, more negative attitudes to racial diversity, and less positive attitudes toward using a condom (Levant & Richmond, 2007).

One source of gender-role strain for some men is being a member of a category that does not have access to the high status associated with being male (Coston & Kimmel, 2012). For example, men who are disabled, men who are of a lower class, and men who are homosexuals are not afforded the same level of "male privilege." This issue reflects the idea of intersectionality, brought up in <u>Chapter 1</u>, but here we apply it to the study of men. Not all men are the same; being male in and of itself is difficult to understand without attention to membership in other social groups. According to Coston and Kimmel (2012), there are several ways that men in marginalized groups might respond to threats to status. Men might exaggerate their masculinity as a way to cope with the threat to masculinity this marginalization poses. For example, gay men could respond by being hypermasculine-even sexist-and derogate women. Lower-class men might overcompensate by emphasizing their bravery, physical strength, and aggression. A laboratory study showed that threats to masculinity were associated with attempts to validate masculinity by behaving in more aggressive ways (Bosson, Vandello, Burnaford, Weaver, & Wasti, 2009). How are men who are disabled able to assert their masculinity? Disabled men could continue to emphasize the athletic aspect of masculinity by participating in the Special Olympics. Disabled men also could exaggerate their masculinity by asserting their right to sexual access of women through prostitution, a mission supported by some organizations such as the Sexual Freedom Coalition in the United Kingdom (Jeffreys, 2008). Thus, men who are deprived of the privileges of status by being members of low-status groups may respond by asserting their status to affirm masculinity. Recall from Chapter 1 the research that showed people view manhood as more precarious than womanhood and in greater need of validation.

This issue is especially relevant to African-American men. African-American men face a dilemma because the male gender role is associated with high power and high status in the United States, but the African-American race is associated with a lack of power and low status in the United States. Because American culture does not provide African-American men with legitimate pathways to validate their masculinity, they face some unique gender-role strains. The central features of the masculine gender role are achievement and success, but racism and poverty make it difficult for African-American men to be economically successful, underscoring the intersectionality issue of sex, race,

and economic status. African-American men are more likely to be unemployed and are less educated than Caucasian men. Compared to White males, African-American males are more likely to get in trouble for the same misbehavior at school, more likely to have overall negative experiences in school, less likely to graduate from high school, less likely to achieve every level of education, and less likely to be hired with the same criminal record (Royster, 2007). Thus, gender-role strain arises among African-American men in part due to self-role discrepancy theory, the idea that African-American men are not given the opportunity to achieve the male gender-role ideal as articulated by American culture.

One avenue that African-American men are encouraged to pursue to validate masculinity is athletics. A focus on athletics can be healthy, but African-American men who prioritize athletics over education might suffer. The reality is that few people will be able to make a living as successful athletes. However, participating in sports as an activity rather than a livelihood can provide a healthy way to validate masculinity for African-American boys. Basketball, in particular, is a strong component of African-American culture—especially for males (Atencio & Wright, 2008). African-American males see basketball not as a means to become famous but as a means to connect with other males, to do well in school, and to avoid gangs.

Female Gender-Role Strain

Gender-role strain in women has not received the same attention that it has in men. In 1992, Gillespie and Eisler identified five areas of strain for women: (1) fear of unemotional relationships (e.g., feeling pressured to engage in sexual activity); (2) fear of physical unattractiveness (e.g., being perceived by others as overweight); (3) fear of victimization (e.g., having your car break down on the road); (4) fear of behaving assertively (e.g., bargaining with a salesperson when buying a car); and (5) fear of not being nurturant (e.g., a very close friend stops speaking to you). This female gender-role strain scale was associated with depression and was independent from the PAQ femininity scale. More recently, the Conformity to Feminine Norms Inventory was developed (Parent & Moradi, 2010). There are nine feminine norms: (1) niceness, (2) importance of relationships, (3) thinness, (4) modesty, (5) being domestic, (6) caring for children, (7) romantic relationships, (8) sexual fidelity, and (9) investment in appearance. The implications of these norms beyond mostly middle-class White college women.

The main points of each historical period are summarized in <u>Table 2.7</u>.

Take Home Points

- Three shifts occurred in the most recent thinking about gender roles: (1) the realization that gender roles are multifaceted constructs that cannot be fully captured by single trait measures of agency and communion; (2) the idea that gender roles are influenced by the social context, time, place, and culture; and (3) a shift in focus from sex of target effects to sex of perceiver effects.
- The third shift led to the consideration of the strains people face from the gender roles society imposes. Strains arise when our behavior is discrepant from the role that society has set forth and when the behaviors required of the role are not compatible with mental and physical health.
- Gender-role strain among men includes homophobia, competitiveness, emotional inhibition, aggression, and a reluctance to seek help.
- Gender-role strain among women, less studied, includes fear of physical unattractiveness, fear of victimization, difficulties with assertion, uncertainty about how to behave in traditionally masculine settings, and centrality of relationships and children to self-definition.
- The nature of gender-role strain is likely to differ across race, ethnicity, and culture.

	1894–1936	1936–1954	1954–1982	1982 to date
Themes	Show men are more intelligent than women	Introduction of gender-role concept	Instrumental- expressive distinction	Masculine personality = agency Feminine personality = communion
		Gender role = sex differences	Sex-typing	Gender roles are multifaceted
		Masculine/feminine bipolar		Consider social context
		Homosexuality = feminine		Role strain
Key figures	Terman & Miles	Terman & Miles Franck & Rosen	Maccoby, Parson, & Bales; Bem, Spence	Spence, Deaux, & Major; Pleck
Measures		456-item Attitude Interest Analysis Survey	Bem Sex Role Inventory	Male Role Norms Inventory
		Projective tests	Personal Attributes Questionnaire (and Extended Version)	
Conclusions	No sex difference in intelligence	Masculine men and feminine women are healthy	Androgynous = healthy	Norms associated with gender roles are

Table 2.7 Key Features of Each Historical Period

associated with
 strain

Summary

In the first half of the chapter, the scientific method that is used to study gender was reviewed. The scientific method rests on empiricism; it includes the collection of data that are then used to make statements, develop theories, and generate hypotheses. The correlational method, the experimental method, and field experiments were presented. The advantage of the experimental method is internal validity, and the advantage of the correlational method is external validity. The importance of random selection and random assignment was explained. I also described the differences between crosssectional and longitudinal studies; longitudinal designs may provide stronger tests of causality and are able to distinguish cohort effects from age effects.

We face a number of difficulties in the scientific study of gender. The experimenter can be a source of bias by influencing the question asked, the way a study is designed (including the participants chosen and the way variables are manipulated and measured), the way the data are collected, how the data are interpreted, and whether the data are reported. Participants also can influence the outcome of a study, in particular by demand characteristics and concerns with self-presentation. Other difficulties that researchers encounter when studying gender include the problem of generalizing from the laboratory to the real world, isolating the effects of participants' sex from variables that are confounded with sex such as status and gender role, and considering how the context influences behavior.

In the second half of the chapter, I reviewed the history of the psychology of gender. The field began by addressing the question of whether women were intellectually inferior to men. When there was insufficient evidence to support this claim, the field shifted to focus on the mental or psychological differences between men and women, that is, masculinity and femininity. The first comprehensive measure of masculinity and femininity was the AIAS, but numerous other inventories soon followed. A major shift in the conceptualization and measurement of masculinity and femininity occurred in 1974 with the development of the BSRI and the PAQ. These two instruments challenged the bipolar assumption that masculinity and femininity are opposites and the view that the healthiest people are masculine men and feminine women. Instead, the model of mental health was embodied in the androgynous person, someone who incorporates both feminine and masculine traits.

The most recent approaches to the conceptualization of femininity and masculinity have emphasized their multiple components. We now realize that femininity and masculinity consist of behaviors, roles, and physical characteristics as well as personality traits. Researchers have also emphasized how the social context influences the display of sex differences and the meaning of gender. An area of research that emphasizes the role society plays in shaping gender-role norms is gender-role strain. Gender-role strain is experienced when the norms for our gender role conflict with our naturally occurring tendencies or with what would be psychologically adaptive. This area of research has largely been applied to men.

Discussion Questions

- 1. Describe a scientific theory with which you are familiar. It does not have to be from psychology; it could be from biology or physics, for example. Go through the stages of the research process shown in <u>Figure 2.1</u>.
- 2. What is the difference between random assignment and random sampling? How is each related to internal and external validity?
- 3. Identify behaviors you think might be interpreted differently when displayed by a female versus a male. For each one, explain why.
- 4. If you have ever been in an experiment, discuss some of the ways that knowing you were in an experiment influenced your behavior.
- 5. Describe the greatest difficulty you believe researchers face when studying gender. What is the best precaution to take against this difficulty?
- 6. What are some of the weaknesses and strengths of the instruments that have been used to measure masculinity and femininity?
- 7. Discuss the concepts of agency, communion, unmitigated agency, and unmitigated communion. How would you expect these constructs to be related to one another?
- 8. What are some areas of gender-role strain for men and women today?

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Key Terms

Androgyny–Displaying both masculine and feminine traits.

Cross-sex-typed—Exhibiting gender-role characteristics that correspond with the other sex.

Gender-role strain—Tension that develops when the expectations that accompany one's gender role have negative consequences for the individual.

Self-fulfilling prophecy—When people's beliefs influence their actions toward a target in a way such that the target comes to confirm their beliefs.

Self-role discrepancy theory—The strain that arises when we fail to live up to the gender role society has constructed.

Sex-typed—Exhibiting the gender-role characteristics that correspond with our sex.

Social constructionists—People who believe that masculinity and femininity are categories constructed by society and that each society may have a different definition of masculinity and femininity.

Socialized dysfunctional characteristics theory—Inherently dysfunctional personality characteristics that are fundamental to the gender roles instilled by society.

Unmitigated agency—Personality orientation characterized by a focus on the self to the exclusion of others.

Unmitigated communion—Personality orientation characterized by a focus on others to the exclusion of the self.

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Chapter 3

Gender-Role Attitudes

In 1977, a group of college men were induced to talk on the phone to either an attractive female or an unattractive female. Not surprisingly, men liked the attractive female more than the unattractive female. However, there's a twist—all of the men were talking to the same female—only half were shown a picture of an attractive person and half were shown a picture of an unattractive person. Clearly, the halo effect surrounding attractive people was operating. The fact that these men's beliefs were influenced by the picture is not surprising. What is more interesting is the fact that the woman behaved differently toward the men who thought she was attractive versus unattractive. When a set of judges who were blind to condition (i.e., did not know which picture the men saw) listened to the audiotaped phone calls, they rated the woman as warmer and friendlier when she was talking to a male who *thought* she was attractive than unattractive (Snyder, Tanke, & Berscheid, 1977).

The woman's behavior is an example of the self-fulfilling prophecy. That is, she came to fulfill the expectations that the men had—that attractive women are nicer and more likeable than unattractive women. This study illustrates the dangers of our expectancies. It is not only that our expectations influence our own behavior, but they also influence the behavior of others so that they confirm our expectations. Now, imagine what could happen in the case of gender. We have strong expectancies about the differences between men and women. There is clearly an opportunity for those expectations to affect our behavior toward men and women so that they produce the stereotypes we hold.

In <u>Chapter 2</u>, I provided a brief history of how gender roles have been conceptualized and measured. This research was devoted to identifying the features of gender roles. In this chapter, I investigate people's attitudes toward gender roles. First, I examine research on people's general attitudes toward gender roles; that is, whether you believe women and men should have distinct and separate roles or whether you believe they should have similar and equal roles. Then I review the literature on the three components of attitudes toward the category gender: affect (feelings), cognition (beliefs), and behavior. People's feelings toward gender are described by the term *sexism*; people's beliefs about gender are referred to as *sex-role* or *gender-role stereotypes*; and people's behavior toward others based on gender is known as *sex discrimination*.

Attitudes Toward Men's and Women's Roles

Do you find it acceptable for women to work outside the home? To be construction workers (see Figure 3.1)? To serve in the military? Is it acceptable for men to take the same amount of time off from work as women when a child is born? To stay home and take care of children? If you find all these ideas acceptable, then you have an egalitarian view of gender roles. Most people find they agree with some of these ideas, but not all, or they only partly agree with each of the ideas. For example, most people find it acceptable for women to work outside the home—which is a good thing because most women do. Fewer people find it acceptable for a woman to work outside the home when she has a 3-month-old child and there is no financial need for her to work.

Attitudes toward men's and women's roles have been referred to as gender ideologies (Hochschild, 1989). A traditional gender ideology maintains that men's sphere is work and women's sphere is the home. The implicit assumption is that men have greater power than women. An egalitarian gender ideology maintains that power is distributed equally between women and men, which could mean that women and men identify equally with the same spheres. There could be an equal emphasis on home, on work, or on some combination of the two. However, what if a man identifies with home and a woman identifies with work? Are they egalitarian or gender nontraditional? The key here is choice. Are women and men truly choosing their roles, or are social norms and status dictating role? Most people's attitudes toward men's and women's roles lie somewhere between traditional and egalitarian. Thus, Hochschild identified a third gender ideology, transitional. A typical transitional attitude toward gender roles is that it is acceptable for women to devote energy to both work and family domains, but women should hold proportionally more responsibility for the home, and men should focus proportionally more of their energy on work.



Figure 3.1 A woman is using a compound miter saw to cut wood for the interior of a house. Source: Photo courtesy of Pamela Snyder

National survey data have shown that gender role attitudes became more egalitarian between 1974 and 1994 but then leveled off (Cotter, Hermsen, & Vanneman, 2011). These early changes were largely due to cohort effects rather than age effects, as younger cohorts had more egalitarian attitudes than older cohorts. The most widely used instrument to measure attitudes toward gender roles is the Attitudes Toward Women Scale (ATWS; Spence & Helmreich, 1972). The ATWS was developed during the women's movement of the 1960s and assessed beliefs about the behavior of women and men in domains that have traditionally been divided between them, such as raising children, education, and paid employment. Although the scale's title specifies attitudes toward women, many of the items really measure attitudes toward both women's and men's roles. Here are some sample items from the 15-item scale (Spence & Helmreich, 1972):

- Swearing and obscenity are more
- repulsive in the speech of a woman than a man.
- Women should worry less about their rights and more about becoming good wives and mothers.
- It is ridiculous for a woman to run a locomotive and for a man to darn socks.
- Sons in a family should be given more encouragement to go to college than daughters.
- There are many jobs in which men should be given preference over women in being hired or promoted.

You probably noticed that these items are quite outdated. Today, more daughters go to college than sons, and it is certainly acceptable for daughters to go to college and "run a locomotive." Thus, the ATWS may no longer discriminate among people who have varying attitudes toward gender. A more contemporary scale, the Feminist Perspectives Scale, measures a broad array of feminist attitudes (Henley, Meng, O'Brien, McCarthy, & Sockloskie, 1998). This scale, shown in Table 3.1, has several subscales: (1) conservatism, which reflects the idea that men and women should retain their traditional roles because differences are rooted in biology; (2) liberal feminism, which reflects the idea that women and men are essentially the same and should have equal opportunities; (3) radical feminism, which emphasizes the oppression of women by men; (4) socialist feminism, which takes the idea of intersectionality seriously, emphasizing the inability to separate oppression due to sex, race, and class; (5) cultural feminism, which reflects the belief that masculine values are destructive and advocates for a society based more on female values; and (6) women of color (womanist), which recognizes that poverty, racism, and sexism are intertwined and criticizes the earlier women's movement for focusing on the value of White women. You can see that the "liberal feminism" subscale reflects a minimalist philosophy, whereas the "cultural feminism" subscale reflects a maximalist, if not a standpoint feminist, philosophy described in Chapter 1.

Whereas the ATWS is not a good measure of contemporary gender-role attitudes, the Feminist Perspectives Scale fails to capture some of the specific contemporary concerns about men's and women's roles, such as what roles women should serve in the military, whether women and men should participate equally in child care, whether women have the right to an abortion, and whether women should take their husband's last name upon marriage. See if you can come up with some other domains that reflect contemporary gender-role attitudes in <u>Do Gender 3.1</u>.

Table 3.1 Sample Items From the Feminist Perspectives Scale

Conservatism:

- Women should not be assertive like men because men are the natural leaders on Earth.
- Homosexuals need to be rehabilitated into normal members of society.

Liberal Feminism:

- People should define their marriage and family roles in ways that make them feel most comfortable.
- Men need to be liberated from oppressive sex-role stereotypes as much as women do.

Radical Feminism:

- The workplace is organized around men's physical, economic, and sexual oppression of women.
- Men's control over women forces women to be the primary caretakers of children. **Socialist Feminism**:
- Making women economically dependent on men is capitalism's subtle way of encouraging heterosexual relationships.

• The way to eliminate prostitution is to make women economically equal to men.

Cultural Feminism:

- Putting women in positions of political power would bring about new systems of government that promote peace.
- Rape is best stopped by replacing the current male-oriented culture of violence with an alternative culture based on more gentle, womanly qualities.

Women of Color/Womanist:

- Women of color are oppressed by White standards of beauty.
- Being put on a pedestal, which White women have protested, is a luxury that women of color have not had.

Source: Henley et al. (1998)



Creating a Contemporary Gender-Role Attitudes Scale

Decide on some ways in which women and men are not treated equally—at your institution, in your town, in your culture. Create a scale to assess people's beliefs about whether the treatment should be equal. Identify more subtle ways in which differential treatment exists and is often accepted (e.g., If there were a draft, women should be just as likely to men to serve in the military; mothers are better than fathers at caring for a sick child.)

After you have created the scale, decide on some variables—both personality and situational—that you believe might be related to scores on your scale. What personality characteristics do you think might be associated with more liberal gender-role attitudes? What situational variables (perhaps features of the home environment in which the participant was raised) might contribute to more liberal gender-role attitudes?

There are ethnic and cultural differences in attitudes toward men's and women's roles. Black women seem to have less traditional gender-role attitudes than Black men or White women and men (Carter, Corra, & Carter, 2009). Whereas Black and White men have similar attitudes toward women's involvement in politics, Black men have a more favorable view than White men toward women working outside the home. The fact that Black women have been employed outside the home for a longer period of time than White women due to economic necessity may account for some of these differences. Black women are more likely than White women to perceive themselves as feminists but also to place greater importance on wearing feminine clothing, underscoring the idea that there are multiple aspects of gender-role attitudes (Cole & Zucker, 2007).

Attitudes toward gender roles are more traditional in other cultures compared to the United States. For example, historically, women and men in China have held very traditional roles. The Confucian doctrine of the Chinese culture emphasizes the lower status of women compared to men; one doctrine is "The virtue of a woman lies in three obediences: obedience to the father, husband, and son" (cited in Chia, Allred, & Jerzak, 1997, p. 138). Even when Asian women work outside the home, this is not necessarily evidence of what Western cultures would perceive as nontraditional attitudes toward gender. A study of Asian immigrant women showed that those who worked outside the home did not perceive employment as a distinct role but as an extension of their domestic role, which is to place the family's welfare above that of the individual (Suh, 2007). Even though education is greatly valued in Asian cultures, the value for women and men is not the same. The value of education for women is to make them suitable partners and mothers (Hall, 2009).

Take Home Points

- One's attitudes toward gender can be classified as traditional, egalitarian, or transitional.
- Although gender-role attitudes have become less traditional over time, most people fit into the transitional category, not fully embracing equality for women and men across all domains.
- Contemporary gender-role attitudes reflect people's positions on maternity and paternity leave, changing name upon marriage, opportunities in the military, and abortion, to name a few.
- To understand cultural differences in gender-role attitudes, one needs to understand what the expectations for men and women are in the particular culture.

Affective Component: Sexism

Sexism is one's attitude or feeling toward people based on their sex alone. Disliking a doctor because she is female or a nurse because he is male are examples of sexism. Instruments that measure sexism often consist of people's beliefs about men and women but contain an affective component to these beliefs. That is, the beliefs reflect either a high or low regard for someone because of his or her sex.

Traditional Versus Modern Sexism

You might expect that sexism has declined over the past several decades, and perhaps it has. But today, there is a more subtle version of sexism. Swim and colleagues (Swim, Aikin, Hall, & Hunter, 1995) distinguished between traditional and modern sexism. Traditional sexism includes endorsement of traditional roles for women and men, differential treatment of women and men, and the belief that women are less competent than men. Traditional sexism reflects an open disregard for the value of women. Few people today would publicly express such feelings (Donald Trump may be an exception!). Modern sexism, by contrast, includes the denial of any existing discrimination toward women, an antagonism to women's demands, and a resentment of any preferential treatment for women. In short, modern sexism implies that one is not sympathetic to women's issues and indirectly endorses the unequal treatment of men and women. The two sexism scales are positively correlated, meaning that people who score high on one scale are likely to score high on the other scale.

Modern sexism is associated with underestimating women's difficulties in obtaining jobs traditionally held by men. Swim and colleagues (1995) found that modern sexism was correlated with overestimating the percentage of women who hold male-dominated jobs. Modern sexism is also associated with the use of sexist language and with the inability (or unwillingness) to detect sexist language when asked to do so (Swim, Mallett, & Stangor, 2004). When people were divided into three groups on the modern sexism scale, those who scored highest used the most sexist language and the least nonsexist language when writing a response to a moral dilemma.

Hostile Versus Benevolent Sexism

You are probably thinking of sexism as a *negative* feeling toward women. But sexism, like any other affective attitude, can consist of negative or positive feelings. This is reflected in the distinction that Glick and Fiske (1996) made between hostile sexism and benevolent sexism in their Ambivalent Sexism Inventory. Hostile sexism is just as it sounds: feelings of hostility toward women. It is a negative attitude toward women, in particular those who challenge the traditional female role. Benevolent sexism, by contrast, reflects positive feelings toward women, including a prosocial orientation

toward women (e.g., the desire to help women). Both hostile sexism and benevolent sexism are rooted in patriarchy (i.e., justifying the superiority of the dominant group), gender differentiation (i.e., exaggerating the differences between men and women), and sexual reproduction, as indicated by the items shown in <u>Table 3.2</u> (Glick & Fiske, 2001). In the 2016 presidential campaign, Donald Trump embodied both hostile and benevolent sexism. When a female moderator asked him about his history of offensive comments toward women during a debate, he later remarked, "She starts asking me all sorts of ridiculous questions. You know, you could see there was blood coming out of her eyes, blood coming out of her wherever" (Beckwith, 2015). After being reprimanded for implying that the moderator's remarks were off base because she was menstruating and being subsequently excluded from a subsequent Republican event, he later remarked to CNN, "I cherish women."

Although hostile sexism and benevolent sexism are positively correlated, there are some differences. A country's hostile sexism score is associated with lower life satisfaction, whereas a country's benevolent sexism score is associated with higher life satisfaction (Napier, Thorisdottir, & Jost, 2010). Hostile sexism, but not benevolent sexism, is associated with a social dominance orientation—maintaining a position of dominance and superiority over others. In a study of 57 countries around the world, hostile sexism predicted an increase in gender inequality several years later (Brandt, 2011). Hostile sexism also is associated with the endorsement of rape myths (e.g., women can resist rape if they want to; Chapleau, Oswald, & Russell, 2007). And observational research has shown that hostile sexism in men has been associated with interacting in a less friendly manner with women (Goh & Hall, 2015). Men who score high on hostile sexism view women as challenging their superiority, which is why they endorse the negative attitudes toward women shown in Table 3.2.

Table 3.2 Sample Items From Ambivalent Sexism Inventory

Hostile Sexism

Patriarchy

Women seek to gain power by getting control over men.

Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for "equality."

Gender Differentiation

Women are too easily offended.

Sexual Reproduction

Many women get a kick out of teasing men by seeming sexually available and then refusing male advances.

Benevolent Sexism

Patriarchy

In a disaster, women ought to be rescued before men.

Women should be cherished and protected by men.

Gender Differentiation

Many women have a quality of purity that few men possess. Women, as compared to men, tend to have a more refined sense of culture and good taste.

Sexual Reproduction

Every man ought to have a woman he adores.

No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.

Source: Glick and Fiske (1996, 2001)

By contrast, there is evidence that preservation of the status quo, or **gender system justification**, underlies benevolent sexism. Benevolent sexism is associated with rightwing authoritarianism—the desire to preserve social cohesion and maintain social order. Thus, people who score high on benevolent sexism are more concerned with maintaining the traditional male and female roles, which include men as protectors of women. Two studies, one of college students (Connelly & Heesacker, 2012) and one of a nationally representative sample of adults in New Zealand (Hammond & Sibley, 2011), showed that benevolent sexism was related to greater life satisfaction and that the mechanism was increased system justification. Thus, the reason that people who score high on benevolent sexism are happier is that they view traditional gender roles as fair and just.

Compared to hostile sexism, the items on the benevolent sexism scale are more palatable to people. Benevolent sexism also is related to observable positive behavior, as one study showed that men who scored high on benevolent sexism were friendlier toward women (Goh & Hall, 2015). However, the negative implications of benevolent sexism are clear. Benevolent sexism is a harmful attitude because it is rooted in the belief that women are less competent than men and are in need of men's help. This idea was supported in an experiment in which college women simulated interviewing for a job under three conditions—benevolent sexism, hostile sexism, control condition (Dumont, Sarlet, & Dardenne, 2010). After the interview, students performed a reading span test and then rated the extent to which they experienced intrusive thoughts about their competence during this test. As shown in Figure 3.2, women in the benevolent sexism condition reported more intrusive thoughts about their competence than either the hostile sexism or control conditions. Thus, even though benevolent sexism is more difficult to detect than hostile sexism, it can undermine women's feelings about their competence.

According to Jackman (1994), benevolent sexism provides a powerful justification for the high-status group to exploit the low-status group: "[T]he agenda for dominant groups is to create an ideological cocoon whereby they can define their discriminatory actions as benevolent" (p. 14). That is, dominant groups need to develop an ideology that justifies their superior position and is supported by the subordinate group. Benevolent sexism fills this prescription. Benevolent sexism justifies the behavior of the high-status group by casting it in positive terms that the low-status group can endorse: Women need men to take care of them. According to Jackman (1994), benevolence is more effective than hostility in exploiting someone.

Perhaps because hostile sexism is easier than benevolent sexism to detect, hostile sexism is more likely to motivate women to advocate for social change (Becker & Wright, 2011). In an experimental study, women who were exposed to hostile sexism were more likely to respond by participating in collective action, in this case signing a petition to hire more female professors, whereas women who were exposed to benevolent sexism were less likely to sign the petition. Gender system justification was the explanation for these effects; that is, women who were exposed to hostile sexism decreased their gender system justification score, whereas women who were exposed to benevolent sexism increased their gender system justification score.



Figure 3.2 Women reported more intrusive thoughts about incompetence in the benevolent sexism condition compared to the hostile sexism and control conditions.

Source: Adapted from Dumont et al., 2010.

Not surprisingly, men score higher than women on hostile sexism around the world (Napier et al., 2010). The sex difference in benevolent sexism is less reliable. Why would women support benevolent sexism? In general, women support benevolent sexism because (1) it does not seem like prejudice because of the "appearance" of positive attributes and (2) women receive rewards from benevolent sexism (i.e., male protection). These rewards may be especially important in sexist countries, where women are most likely to be victims of violence. As stated by Glick and Fiske (2001), "The irony is that women are forced to seek protection from members of the very group that threatens them, and the greater the threat, the stronger the incentive to accept benevolent sexism's protective ideology" (p. 115).

Benevolent sexism is viewed most favorably under circumstances when it appears that women need protection. Vulnerability to crime is one such situation. Women are more afraid than men are of becoming a victim of crime, and these fears are associated with benevolent sexism among women (Phelan, Sanchez, & Broccoli, 2010). When undergraduate women were randomly assigned to a condition in which crime on campus was made salient or not, the crime salience group was more likely to endorse benevolent sexism. There are other circumstances in which women endorse benevolent sexism. One such context is romantic relationships. In several studies of college students in Belgium, women viewed benevolent sexism favorably in the context of romantic relationships but viewed benevolent sexism as discrimination in the context of work (Sarlet, Dumont, Delacollette, & Dardenne, 2012). These students viewed benevolent sexism as a way of increasing intimacy in romantic relationships but as ambiguous in intent in the context of work.

A related construct is benevolent discrimination, or men providing more help to women than men (Glick & Fiske, 1999a). What is the harm in men holding a door open for a woman? Paying for dinner at a restaurant? Again, the implicit message is that women need help and protection. The behavior appears prosocial but really legitimizes women's inferior position. It is difficult to reject benevolent discrimination because (1) the behavior provides a direct benefit to the recipient, (2) the help provider will be insulted, (3) social norms dictate that one should accept help graciously, and (4) it is difficult to explain why help is being rejected. If you are male on a date with a female, try offering benevolent discrimination as a reason for splitting the bill. If you are female on a date with a male, try remarking that your date paying the bill is an act of discrimination. Neither situation will be comfortable. See <u>Sidebar 3.1</u> for a discussion of benevolent sexism toward women in the criminal justice system.

***** Sidebar 3.1

Benevolent Sexism and Female Criminals

Are women and men treated equally within the criminal justice system? Some believe that women are treated more leniently than men partly because women are viewed as less of a threat to society than men (weaker) and partly because of a paternalistic need to help and care for women. However, when women commit crimes that violate the female stereotype, they could be treated more harshly. In a study of a local newspaper in Bloomington, Indiana, women who committed violent crimes were treated more harshly than men by the media, whereas women who committed nonviolent crimes were treated more leniently by the media (Grabe, Trager, Lear, & Rauch, 2006). In another study where registered voters posed as mock jurors, women received a lighter sentence than men for a heinous crime unless there was testimony from the victim's family—in which case, the female received a more severe sentence than the male (Forsterlee, Fox, Forsterlee, & Ho, 2004). Forsterlee and colleagues argue that the testimony made the incongruence between such extreme violence and the female gender role salient.

One example of an extreme violation of the female gender role is killing children. In 1966, Myra Hindley tortured and murdered five children. She was not declared mentally ill and was sentenced to life in prison. When a group of young adults, mostly college students, were presented with this information, those who scored high on benevolent sexism judged Myra more harshly than those who scored lower on the scale (Viki, Massey, & Masser, 2005). Those who scored higher on benevolent sexism also were more likely to say that Myra violated the female gender role, and this gender-role violation explained the link between benevolent sexism and the negative evaluation of Myra. Neither sex nor hostile sexism was related to evaluations of Myra. Thus, in this case, benevolent sexism was related to a negative judgment rather than a positive judgment of a woman.

Although the benevolent and hostile sexism scales reflect two very different affective states in regard to women, the two are positively correlated, meaning that people who endorse items on one scale also endorse items on the other. Perceiving women in both negative and positive terms seems contradictory. The ambivalence in attitudes toward women stems from the paradox that women hold a lower status than men, but that the female stereotype is more positive than the male stereotype. This positive correlation underscores the idea that both hostile sexism and benevolent sexism are based on a belief that women are inferior to men. The positive correlation of the benevolent and hostile sexism scales has been shown to exist in 19 countries (Glick et al., 2000). Among those countries, nations that scored higher in hostile and benevolent sexism also scored higher in gender inequality, as measured by the presence of women in politics, the number of women in the workforce, and female literacy rates.

Sexism Toward Men

Although sexism can be exhibited toward both women and men, it is typically studied and measured as feelings toward women. Jokes about female drivers and "dumb blondes" are regularly perceived as examples of sexism. But aren't jokes about men's
incompetence at being fathers or men not asking for directions also examples of sexism? I came across the following cartoon in *The New Yorker* (June 5, 2000; see Figure 3.3). Now, imagine that the sex of the characters was reversed: The joke wouldn't be funny, and the cartoon wouldn't be published.

One group of men who might be victims of sexism is gender egalitarian men. Researchers found that women liked gender egalitarian men more than men did, but that both women and men perceived gender egalitarian men to be weak, feminine, and gay (Rudman, Mescher, & Moss-Racusin, 2012). The primary reason for these findings was that gender egalitarian men were perceived to have more friends and colleagues who were women, and the time spent with women was the source of the stigma.

Feelings toward the male sex have been explored in the Ambivalence Toward Men Inventory, which, paralleling the Ambivalence Toward Women Inventory, was developed to distinguish feelings of hostility and benevolence toward men (Glick & Fiske, 1999b). This ambivalence also is rooted in patriarchy, gender differentiation, and sexual reproduction. Sample items are shown in <u>Table 3.3</u>. The hostility toward men scale consists of negative attitudes surrounding the resentment of patriarchy, a perception of negative attributes in men, and beliefs that men are sexually aggressive. The benevolence scale reflects positive views of men, including the benefits of patriarchy, the positive attributes of men, and women's fulfillment through connections with men.



"There's an article in here that explains why you're such an idiot." Figure 3.3 People do not always recognize this kind of cartoon as sexism, but if the sexes were reversed, it would

easily be labeled as sexism. All rights reserved.

Source: © *The New Yorker collection*, 2000, William Haefeli from <u>cartoonbank.com</u>. "There's an article in here that explains why you're such an idiot."

The Ambivalence Toward Men Inventory was examined in a study of 16 nations (Glick et al., 2004). Like the sexism toward women scales, the benevolent and hostile scales are positively correlated. In addition, hostile and benevolent sexism toward men were higher among nations with greater gender inequality, as assessed by women's education and the representation of women in government and high-status occupations. In 15 of the 16 nations, women scored higher than men on hostile sexism toward men. This sex difference was larger in nations where men endorsed more hostile sexism toward women. Thus, it appears that women are more hostile toward men in situations where men are hostile toward women.

Men scored higher than women on benevolent sexism toward men in 11 of the 16 nations. Why would men endorse benevolent sexism toward men? Benevolent sexism toward men portrays a positive view of men while maintaining their higher status over women. This is unlike women's endorsement of benevolent sexism toward women, which is mixed in its effects—on the one hand, it reflects a positive view of women, but on the other hand, it promotes the idea that women have lower status than men.

Table 3.3 Sample Items From Ambivalence Toward Men Inventory
Hostile Sexism
Patriarchy
Men will always fight for greater control in society.
Gender Differentiation
Most men are really like children.
Sexual Reproduction
Men have no morals in what they will do to get sex.
Benevolent Sexism
Patriarchy
Even if both work, the woman should take care of the man at home.
Gender Differentiation
Men are less likely to fall apart in emergencies.
Sexual Reproduction
Every woman ought to have a man she adores.
Source: Glick and Fiske (1999b)

Attitudes Toward Lesbian, Gay, Bisexual, and Transgender Persons

Attitudes toward homosexuals have become more positive over the past decade. In the United States, 60% of Americans said they were accepting of homosexuality in 2013

compared to 49% in 2007 (Pew Research Center, 2013). Acceptability is particularly high in many European nations, such as Spain (88%), Germany (87%), and the Czech Republic (80%), and also in Canada (80%). When U.S. citizens were asked if they would vote for a presidential candidate who is gay or lesbian, 68% said they would in 2012 compared to 59% in 1999 and 26% in 1978 (Jones, 2012). Attitudes seem to remain negative in conservative religious groups (McDermott, Schwartz, Lindley, & Proietti, 2014). Predominantly Muslim countries have particularly low rates of acceptability (Pew Research Center, 2013). Not surprisingly, one of the best predictors of having a positive attitude toward homosexuals is having contact with or having a friend who is homosexual (Collier, Bos, & Sandfort, 2012). Given the increases in public proclamations of homosexuality in the political, athletic, and religious spheres of life, it is increasingly harder for people to say that they do not know anyone who is homosexual.

Homophobia is the term used to describe negative attitudes toward homosexuals. It is a fear of homosexuals or a fear of associating with homosexuals. Homophobia is most prominent among men during the teen years. Longitudinal research has shown that attitudes toward homosexuality become more positive from adolescence to early adulthood (Hooghe & Meeusen, 2012; Marcell, Eftim, Sonenstein, & Pleck, 2011). In addition, the greatest gains in positive attitudes are among those who were most homophobic as adolescents.

Gender-related traits and gender-role attitudes are associated with attitudes toward homosexuality. People who score high on instrumental traits have more favorable attitudes toward homosexuality, whereas people who scored high on hypermasculinity (extreme masculinity) have more negative attitudes toward homosexuality (Whitley, 2001). People who have traditional gender-role attitudes and score high on modern sexism and benevolent sexism possess the most negative attitudes toward homosexuality. Again, this is not surprising because homosexual behavior is a threat to traditional beliefs about women's and men's roles. Men also are less tolerant of homosexuality compared to women because the male gender role is more narrowly defined than the female gender role. Violation of the male gender role may be viewed as having more negative consequences than violation of the female gender role because the male gender role has a higher status in our society.

Social dominance orientation is also linked to negative attitudes toward homosexuals (Whitley & Egisdottir, 2000). Social dominance orientation reflects the desire for the ingroup to dominate and be superior to the out-group (e.g., It's okay if some groups have more of a chance in life than others). As shown in Figure 3.4, men are higher than women in social dominance orientation; social dominance orientation is related to having more traditional gender-role beliefs; and traditional gender-role beliefs are associated with negative attitudes toward homosexuals.



Figure 3.4 A pathway by which male sex leads to negative attitudes toward homosexuality.

Participation in sports also has been connected to homophobia, but the connection differs for females and males. Male athletes might be expected to be the most homophobic because athletics is viewed as a way to validate masculinity and homosexuals are viewed as a threat to masculinity. As a testament to this, it was not until 2013 that the first openly gay professional player, Jason Collins, came out in a major men's sport—the NBA. Fortunately, the response to this announcement was quite positive from both sports and nonsports figures. For females, however, participation in athletics is sometimes stigmatized by its connection to lesbianism. One study examined the connection between sports participation and homophobia among high school students (Osborne & Wagner, 2007). For males, participation in core sports (i.e., the sports most strongly connected to masculinity like football, basketball, and soccer) was strongly related to homophobia but participation in sports in general was not. For females, sports participation was unrelated to homophobia.

Homophobic attitudes can manifest themselves in terms of behavior—specifically, what are known as *heterosexual hassles*—that is, jokes, insults, and antigay comments or behaviors by others. Heterosexual hassles are particular potent during middle school and high school (Tharinger, 2008). In 2009, a special issue of the *Journal of Youth and Adolescence* was devoted to studying the lives of LGBT youth (Horn, Kosciw, & Russell, 2009). The authors of the articles note the high prevalence of harassment and victimization in schools and the lack of a response on the part of schools to address this problem. In a study of seventh and eighth graders, LGBT youth had more depressive symptoms and greater drug usage than their heterosexual counterparts, *only* when they perceived the school as unsupportive and only when they were teased about being gay (Birkett, Espelage, & Koenig, 2009). National survey data of LGBT youth show that males face more harassment than females and younger youth face more harassment than older youth (Kosciw, Greytak, & Diaz, 2009). LGBT persons who live in rural areas and in communities with lower levels of education achievement also face more hostility.

A meta-analysis of victimization by lesbian, gay, and bisexuals showed that they sustained elevated victimization on a variety of dimensions compared to heterosexuals (Katz-Wise & Hyde, 2012), with some of the largest differences being for discrimination, verbal harassment, and sexual harassment. LGB males reported higher rates of victimization than LGB females, but the sex difference seems to be getting smaller over time. More severe than heterosexual hassles are heterosexual hate crimes. Homosexuals and bisexuals comprise 20% of the victims of hate crime (Federal Bureau of Investigation,

2011).

Transphobia is defined as a revulsion and irrational fear of transgender and transsexual persons, cross-dressers, and feminine men and masculine women. Although transphobia is positively correlated with homophobia (Tebbe & Moradi, 2012), it is a negative attitude toward a broader group of people based on gender concerns rather than only sexual orientation. A scale to measure transphobia is shown in <u>Table 3.4</u>.

Transgender persons have become more prominent in the news. One of the most famous is Bruce Jenner, the former 1976 Olympic gold medalist for the men's decathlon, who announced in 2015 his gender identity transformation to a woman, now Caitlyn. His appearance in a corset on the cover of Vanity Fair in 2015 was greeted by feminists and traditionalists alike with hostility. In 2012, Jenna Talackova was a Canadian model who was initially disqualified (later overruled) from competing in the Miss Universe Canada Pageant because she was a transwoman. Negative attitudes toward transgender people are higher than negative attitudes toward gay men, lesbians, and bisexuals (Norton & Herek, 2013). Thus, not surprisingly, transgender people face high rates of physical assault, sexual assault, and harassment-and not only from strangers but also from people they know (Stotzer, 2009). Men exhibit higher rates of transphobia than women (Norton & Herek, 2013; Tebbe & Moradi, 2012). Like homophobia, transphobia is associated with higher authoritarianism, conservativism, religiosity, and lack of contact with sexual minorities. Male to female transgender persons are much more likely to be victims of crime than female to male transgender persons. The psychological and physical abuse received by transgender persons is associated with depression and suicide, the relation being stronger during adolescence and young adulthood than later years (Nuttbrock et al., 2010). Rates of depression and anxiety are higher in transgender persons than the general population, but people who are further along in transitioning to living their lives in accordance with their gender identity are less distressed (Budge, Adelson, & Howard, 2013). Conduct Do Gender 3.2 to examine transphobia and its correlates at your school.

Table 3.4 Transphobia Scale

- 1. I don't like it when someone is flirting with me, and I can't tell if that person is a man or a woman.
- 2. I think there is something wrong with a person who says that he or she is neither a man nor a woman.
- 3. I would be upset if someone I'd known a long time revealed to me that he or she used to be another gender.
- 4. I avoid people on the street whose gender is unclear to me.
- 5. When I meet someone, it is important for me to be able to identify that person as a man or as a woman.
- 6. I believe that the male/female dichotomy is natural.
- 7. I am uncomfortable around people who don't conform to traditional gender roles (e.g., aggressive women or emotional men).
- 8. I believe that a person can never change his or her gender.

Source: Nagoshi et al. (2008)



Transphobia Among College Students

Administer the Transphobia scale shown in <u>Table 3.4</u> to a group of female and male college students. Do males score higher than females? Consider some of the correlates of transphobia and examine those relations. Some possibilities might be demographic variables such as parent education and income, or personality characteristics such as the gender-related traits you studied in <u>Chapter 2</u>, a measure of conservative/liberal ideology, or a measure of cognitive complexity.

Take Home Points

- Traditional sexism is a blatant disregard for women, whereas modern sexism is a more subtle indicator of devaluing women, for example, by denying that women have any disadvantages in society compared to men.
- Hostile sexism reflects a negative feeling toward women, whereas benevolent sexism reflects a positive feeling toward women based on their sex.
- Hostile and benevolent sexism are positively correlated, reflecting the fact that both are rooted in the belief that women are less competent than men.
- Benevolent sexism is less likely to be regarded as sexist because it focuses on positive beliefs about women and results in prosocial behavior (i.e., men helping women). However, benevolent sexism can undermine women's feelings of competence and is rooted in system justification beliefs.
- Sexism toward men is less well studied compared to sexism toward women and is more accepted in some sense. Women score higher than men on hostile sexism toward men, whereas men score higher than women on benevolent sexism toward men.
- Homophobia and transphobia reflect negative attitudes toward LGBT persons. These negative feelings are
 particularly potent for LGBT youth. When negative attitudes are translated into heterosexual hassles and
 possibly hate crimes, results include problems at school, psychological distress, alcohol and drug
 problems, and increased risk of suicide.

Cognitive Component: Gender-Role Stereotyping

The following is a description of a famous person:

This powerful figure is an Ivy-league trained lawyer, often referred to as the enforcer—because the person can get the job done. This person is principled, candid, and opinionated. This person was the mentor to a future United States president.

Who do you think this person is? Can you picture the person? Now read the next description of a famous person:

This parent of two children put the spouse's career first, worked at a nonprofit organization training leaders, and is said to be very protective of family. This person has a personal trainer and a stylist.

Who do you think this person is? Can you picture the person? Does this description bring to mind a different image than the first one? Are the traits described in the second passage incompatible with those described in the first passage? You might be surprised to know that both passages refer to the same person—the person depicted in Figure 3.5, the First Lady of the United States, Michelle Obama. Gender-role stereotypes may have led you to picture the first person as a man and the second person as a woman.



Figure 3.5 First Lady of the United States, Michelle Obama. Source: Alex Wong/ Getty Images News/ Thinkstock

What Is a Gender-Role Stereotype?

A stereotype is a schema or a set of beliefs about a certain group of people. Gender-role stereotypes are the features we assign to women and men in our society, features not assigned due to biological sex but due to the social roles that men and women hold. Thus I refer to these stereotypes as gender-role stereotypes rather than sex stereotypes. One reason that it may not have occurred to you that the descriptions in the previous paragraph were of the same person is that the first description fits our male gender-role stereotype and the second fits our female gender-role stereotype.

Stereotypes have descriptive and prescriptive components (Fiske & Stevens, 1993). The descriptive component identifies the features of the stereotype. The trait features of the female and male stereotypes are likely to be those found on the PAQ (Personal Attributes Questionnaire) and BSRI (Bem Sex Role Inventory) femininity and masculinity inventories. The descriptive aspect of stereotypes is limiting, as we judge feminine women as less competent for leadership positions and masculine men as less capable of nurturing children.

The prescriptive component of a stereotype is how we think people ought to behave due to their sex. The prescriptive component of gender-role stereotypes says that men should be masculine and women should be feminine. Other people enforce the prescriptive component of a stereotype. If you are a man who does not want a career but would prefer to stay home and take care of a family, how will other people react? If you are a female who wants a career and does not want to have children, how will others react? There is a great deal of pressure from other people to adhere to gender roles.

Gender-role stereotypes differ from many other stereotypes because gender is a category that is activated immediately upon meeting someone. One of the first things that you notice about a person is her or his sex. Imagine you see a baby, such as the one in Figure 3.6. The baby has long hair, so it must be a she. If the baby is dressed in blue, it must be a he. You might become extremely uncomfortable because you do not know which pronoun to use. Most people are greatly concerned about referring to a baby by the wrong sex.

However, once you acquire information about a person other than his or her sex, you may rely more on this individuating information than the gender-role stereotype. That is, category-based expectancies occur when you do not know much about a person except the category to which he or she belongs—in this case, sex. In the absence of any other information aside from sex, you might assume sex-related traits and sex-related preferences. Target-based expectancies are the perceptions you have about a person based on individuating information. Once you acquire more information about a specific target, besides the person's sex, you will use that information to make judgments. As evidence of this, Chang and Hitchon (2004) had college students read about either a male or a female political candidate in which information on competence about traditionally masculine issues (e.g., economy, national security) or traditionally feminine issues (e.g., education, health care) was present or absent. In the absence of information, people

relied on category-based expectancies and judged the female candidate as more competent on feminine issues and the male candidate as more competent on masculine issues. However, when information was provided about their competence on issues, target-based expectancies took over; female and male candidates were judged as equally competent on all issues regardless of whether they were feminine or masculine.



Figure 3.6 Photograph of a baby dressed in blue with a lot of hair. Is it a boy or a girl?

Components of Gender-Role Stereotypes

What are the features of the male and female gender-role stereotypes? In 1972, Broverman and colleagues developed a questionnaire to assess people's perceptions of masculine and feminine behavior. They administered this questionnaire to more than 1,000 people and concluded there was a strong consensus as to the characteristics of women and men across age, sex, religion, marital status, and education.

Broverman and colleagues defined a stereotypical feature as one in which 75% of both females and males agreed the trait described one sex more than the other. This definition rule led to the 41 items shown in <u>Table 3.5</u>. The male characteristics (listed in the right

column) focused on competence, rationality, and assertion. The female characteristics (listed in the left column) focused on warmth and expressiveness. These traits are similar to the ones found on conventional M/F (masculinity–femininity) inventories.

Broverman and colleagues (1972) also found that the male characteristics were more highly valued than the female characteristics. You can see in <u>Table 3.5</u> that more masculine characteristics are socially desirable (right column in the top half) than feminine characteristics (left column in the bottom half). When the investigators asked women and men to indicate which of these traits are most desirable in an adult, without specifying the adult's sex, more masculine than feminine items were endorsed. Mental health professionals also rated the masculine items as healthier than the feminine items for an adult to possess. In fact, when mental health professionals were asked to identify which items fit a healthy female, a healthy male, and a healthy adult, their ratings of the healthy adult and the healthy male did not significantly differ, but their ratings of the healthy adult and healthy female did. That is, the stereotype of the healthy adult more closely approximated the stereotype of an adult male than an adult female. These findings suggest that characteristics of the male gender role are more highly valued than characteristics of the female gender role. Is this still true today? Answer this question by conducting the experiment in <u>Do Gender 3.3</u>.

Competency Cluster: Masculine Pole Is More Desirable				
Feminine	Masculine			
Not at all aggressive	Very aggressive			
Not at all independent	Very independent			
Very emotional	Not at all emotional			
Does not hide emotions at all	Almost always hides emotions			
Very subjective	Very objective			
Very easily influenced	Not at all easily influenced			
Very submissive	Very dominant			
Dislikes math and science very much	Likes math and science very much			
Very excitable in a minor crisis	Not at all excitable in a minor crisis			
Very passive	Very active			
Not at all competitive	Very competitive			
Very illogical	Very logical			
Very home oriented	Very worldly			
Not at all skilled in business	Very skilled in business			
Very sneaky	Very direct			
Does not know the way of the world	Knows the way of the world			
Feelings easily hurt	Feelings not easily hurt			
Not at all adventurous	Very adventurous			
Has difficulty making decisions	Can make decisions easily			
Cries very easily	Never cries			

Table 3.5 Stereotypic Sex-Role Items

Almost never acts as a leader	Almost always acts as a leader
Not at all self-confident	Verv self-confident
Very uncomfortable about being	Not at all uncomfortable about being
aggressive	aggressive
Not at all ambitious	Very ambitious
Unable to separate feelings from ideas	Easily able to separate feelings from ideas
Very dependent	Not at all dependent
Very conceited about appearance	Never conceited about appearance
Thinks women are always superior to	Thinks men are always superior to women
men	
Does not talk freely about sex with	Talks freely about sex with men
men	

Feminine	Masculine			
Doesn't use harsh language at all	Uses very harsh language			
Very talkative	Not at all talkative			
Very tactful	Very blunt			
Very gentle	Very rough			
Very aware of feelings of others	Not at all aware of feelings of others			
Very religious	Not at all religious			
Very interested in own appearance	Not at all interested in own appearance			
Very neat in habits	Very sloppy in habits			
Very quiet	Very loud			
Very strong need for security	Very little need for security			
Enjoys art and literature	Does not enjoy art and literature at all			
Easily expresses tender feelings	Does not express tender feelings at all easily			

Warmth-Expressiveness Cluster: Feminine Pole Is More Desirable

Source: Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz (1972)



Comparisons of Ideal Adult With Ideal Male and Ideal Female

List the stereotypical sex-role items in Table 3.5. Place each feature on a five-point scale, such as:

Not at all caring 1 2 3 4 5 Very caring

Ask a sample of your friends to rate the ideal person on each of these features. On the next page, ask the same friends to rate the ideal male on each of these features. On the third page, ask the same friends to rate the ideal female on each of these features. Always make sure the "ideal person" is the first page so as to disguise the nature of the research. Counterbalance the order of the second and third pages. That is, ask half of your participants to rate the ideal male second and the other half to rate the ideal female second.

For each item, examine the mean response for the ideal person, the ideal male, and the ideal female. Does the ideal person more closely resemble the ideal male, the ideal female, or both equally?

One concern with the gender-role stereotypes that were elicited is that they reflected the stereotypes of White middle-class males and females. Gender-role stereotypes depend on the ethnic group to which the person belongs, as evidenced by Ghavami and Peplau (2012). They asked college students to identify 10 descriptors of men, of women, of five ethnic groups (Asian Americans, Blacks, Latinos, Middle Eastern Americans, Whites), and of 10 sex by ethnic subgroups (e.g., Asian-American women). Their findings confirmed the idea of intersectionality in that specific sex by ethnicity stereotypes contained features that could not be captured by the respective sex or ethnicity categories (see Table 3.6 for the five most frequently identified features for White, Black, and Latino women and men). For example, Black women were described as confident and overweight, yet neither of these attributes was identified for the woman category or Black person category. Latino men were described as promiscuous, and Latino women were described as feisty-again, neither attribute was listed as a descriptor of Latinos, men, or women. Like the earlier work by Broverman et al. (1972), the authors found that the ethnic stereotypes more closely resembled the ethnic stereotypes of males than females. As expected, the stereotypes of men and women in general most closely approximated the stereotypes of White men and White women.

This work was based on stereotypes of ethnicities within the United States. Gender stereotypes of men and women in Eastern cultures, such as China, differ from those in Western cultures. Communal traits that are typically viewed as feminine traits in Western cultures are part of both male and female stereotypes in China (Yu & Xie, 2008). Whereas the traditional male in the United States is viewed as independent and athletic, the traditional male in China is viewed as interdependent; cooperative; and valuing poetry, rituals, and music (Chia, Moore, Lam, Chuang, & Cheng, 1994). The Westerner's stereotype of the Asian male is of one who lacks masculine traits—passive and

ineffectual (Iwamoto & Liu, 2009), and the stereotype of the Asian female ranges from the exotic to the subservient (Hall, 2009).

Women	White Women	Black Women	Latina Women
Emotional	Arrogant	Have an attitude	Feisty
Caring	Blond	Loud	Curvy
Soft	Rich	Big butt	Loud
Care about appearance	Attractive	Overweight	Attractive
Talkative	Small build/petite	Confident	Good cooks
Men	White Men	Black Men	Latino Men
Tall	Rich	Athletic	Macho
Physically strong	Tall	Dark-skinned	Poor
Respected	Intelligent	Loud	Dark-skinned
Intelligent	Assertive	Quick to anger	Day laborers
Have high status	Arrogant	Tall	Promiscuous

Table 3.6 Most Frequent Features Named in Response to Each Category

Source: Adapted from Ghavami & Peplau (2012)

The primary stereotype of homosexuals is that they possess gender-role characteristics associated with the other sex, and despite people's more positive attitudes toward homosexuals, this stereotype has not changed (Felmlee, Hilton, & Orzechowicz, 2012). In a study of mostly White undergraduates, participants observed two White men playing a game, one of whom identified himself as gay and one of whom did not (Mitchell & Ellis, 2011). Both women and men rated the man as less masculine and more feminine when labeled as gay than not. However, participants rated the target man as equally likeable, regardless of whether he was labeled as gay or not. Thus, although the stereotype persists, it does not appear to detract from liking. Homosexuals are also stereotyped as being hypersexual and as having the same social roles in relationships as do heterosexuals (Felmlee et al., 2012). That is, heterosexuals assume homosexual relationships are characterized by male and female roles.

The media is one source of information about prevailing stereotypes. The media depiction of homosexuals has changed dramatically. Whereas homosexual characters in television shows were almost nonexistent 25 years ago, homosexual characters are fairly common today. The first prominent examples of homosexuals in television were Ellen DeGeneres from the show *Ellen* and the two gay men on *Will & Grace*. When gay characters were first introduced to television, they played typically minor roles, such as Oscar on *The Office*. However, today, gay characters have become much more mainstream; for example, two of the lead characters on *Modern Family* are two gay dads with an adopted girl.

The increased exposure to homosexuals on television has the potential to reduce negative stereotypes. In one study, college students were asked to recall a positive gay character from television or movies, a negative gay character, or did not recall a character (control condition), and then they completed a homosexual attitudes scale (Bonds-Raacke, Cady, Schlegel, Harris, & Firebaugh, 2007). The recalled image affected students' attitudes, such that attitudes were more positive if they recalled a positive gay character compared to a negative gay character or no character. There was no difference in people's attitudes between the negative gay character and control conditions, suggesting that people's attitudes toward homosexuals are negative from the start. The results of this kind of study suggest that positive images of homosexuals have the potential to alter people's attitudes.

Children's Stereotypes

There appear to be three phases of stereotype development in children (Trautner et al., 2005). First, prior to age 5, children acquire information about gender-related characteristics. There is some evidence that by 18 months of age, children show a greater preference for gender-stereotyped toys (Serbin, Poulin-Dubois, Colburne, Sen, & Eichstedt, 2001). By 18 to 24 months, girls are able to link masculine toys and activities with males and feminine toys and activities with females, whereas boys do not make these associations until 31 months of age (Poulin-Dubois, Serbin, Eichstedt, & Sen, 2002; Serbin et al., 2001). Three-year-old girls are more knowledgeable about stereotypes than same-age boys (O'Brien et al., 2000).

Second, by ages 5–6, children consolidate the information that they have acquired and apply it rigidly to sex. Young children are more likely than adults to rely on target sex than individuating information when making a judgment about a person. That is, children learn that girls play with dolls and girls play with cooking sets, but girls do not yet understand that if someone plays with dolls, the person might also enjoy cooking sets. Martin and Ruble (2009) refer to these as vertical rather than horizontal associations stemming from biological sex. That is, children rely more on category-based expectancies than target-based expectancies in comparison with adults. Attention to individuating information appears to increase with age.

Third, by ages 7–8, children utilize the individuating information rather than sex alone. This may make it seem that increased age leads to a decrease in the use of gender-role stereotypes. However, the use of individuating information can also be viewed as utilizing gender-role stereotypes. That is, older children will infer that Hannah would like to climb trees rather than play with dolls because they see that Hannah dresses in jeans and a t-shirt. That is, older children may be less likely to rely on target sex to infer behavior, but they use their knowledge of gender-role stereotypes to generalize from one aspect of gender-role behavior to another. Older students take into consideration the individuating information but that individuating information comes from gender-role stereotypes. Beliefs about gender roles—masculinity and femininity—may be more rigid than beliefs about sex.

When the nature of children's gender stereotypes were examined among elementary school children, descriptors of boys and girls fell into three categories: activity/toy,

appearance, and trait (Miller, Lurye, Zosuls, & Ruble, 2009). Female targets were characterized by more appearance descriptors than activity or trait descriptors. By contrast, male targets were characterized by more activity and trait descriptors than appearance descriptors. The authors concluded that girls are viewed in terms of how they look and boys are viewed in terms of what they do.

Subcategories of Gender-Role Stereotypes

As women's and men's roles changed, we created multiple categories for women and men. That is, there are subcategories of gender-role stereotypes. For example, our stereotype of a male businessman is not the same as our stereotype of a male construction worker; likewise, our stereotype of a female homemaker is not the same as our stereotype of a female doctor. Is having subcategories within one general stereotype helpful? It may seem that subtyping is beneficial because it detracts from the power of the overall stereotype. However, subtyping is merely a way to create an exception and leave the overall stereotype intact (Fiske & Stevens, 1993). How many of you know someone who is prejudiced against African Americans but manages to adore Michael Jordan or Serena and Venus Williams? They are viewed as exceptions to the African-American stereotype and members of the subtype "successful African-American athlete" or "successful athlete." Thus, subtyping does not necessarily reduce the power of stereotypes.

One subtype of the female stereotype is that of feminist. One of the reasons that few women identify themselves as feminists is that there are a number of negative stereotypes surrounding this group of women. One such stereotype is that feminists hate men. Interestingly, it is not that feminists dislike men, but men dislike feminists (Haddock & Zanna, 1994). Another stereotype is that feminists are perceived to have problems in relationships, but there is no evidence that this is the case either (Rudman & Phelan, 2007). Having a feminist partner has been related to healthier relationships and greater relationship stability.

Two other feminist stereotypes are that feminists are unattractive and are likely to be lesbian. And those two stereotypes are related. When college women were shown four attractive and four plain high school graduation pictures, the attractive female targets were rated by both males and females as less likely to be feminist and less likely to be lesbian than the plain female targets as shown in Figure 3.7 (Rudman & Fairchild, 2007). The study also showed that the relation between unattractiveness and feminism was accounted for by perceived lesbianism. That is, the reason that unattractive targets were perceived to be feminists is that they were perceived to be lesbian.

Effects of Gender-Role Stereotypes

A stereotype is a belief about someone based on her or his membership in a category. Categorizing people and objects simplifies our world. Think about when you first meet someone. You place that person into a number of categories, each of which leads you to draw a number of inferences. You notice whether the person is male or female, a student or a professor, religious or not, athletic or nonathletic. You then use these categories to make certain inferences. For example, you might feel more comfortable swearing in front of an atheist than someone who is religious because expletives often have religious connotations. But who is to say the atheist would not be offended or the religious person does not have a foul mouth? You may assume the student is about 20 years old and the professor about 50. There are exceptions here, too, as you may find a 50-year-old return-to-school student and a 30-year-old professor. Although there are exceptions, categories generally simplify information processing.

Self-Fulfilling ProphecyOne danger of stereotyping is that it influences our perceptions of and behavior toward others. Stereotyping can influence our behavior toward others in such a way that others confirm the stereotype. This is known as a selffulfilling prophecy, illustrated in the chapter's opening. For example, if you believe boys are not good at reading and do not like to read, you might not give your male preschooler as many books to read as your female preschooler. If he doesn't have the same opportunities to read as his sister, will it be a surprise that he has more difficulty reading than she does? No, your stereotype will have created a situation that then confirms the stereotype.



lesbian and (b) a feminist.

Source: Adapted from Rudman and Fairchild (2007)

An example of this self-fulfilling prophecy was demonstrated with respect to females' performance on an intelligence test. Undergraduate and graduate students were simulating a job interview and asked questions by a male experimenter who behaved in

either a sexist or nonsexist way toward them (Koch, Konigorski, & Sieverding, 2014). Participants then solved math and language problems from an intelligence test. Female participants performed worse on the math items in the sexist than the nonsexist condition, whereas males' math performance was unaffected by condition (see Figure 3.8). In addition, there was no effect of sexism on males' or females' language performance. The sexism no doubt activated the stereotype that women have difficulties with math. The idea that the activation of a stereotype interfered with performance is referred to as stereotype threat, a concept that will be elaborated on in <u>Chapter 6</u>.

On a global level, a self-fulfilling prophecy can be observed in a study of 34 nations that linked stereotypes about women and science with women's test scores in science (Nosek et al., 2009). In this study, people's "implicit" attitudes toward women and science were measured because few people will explicitly endorse the stereotype that women have less aptitude than men for science. Implicit attitudes toward sensitive subjects are measured through the Implicit Association Test (IAT). With the IAT, respondents are shown a set of words and asked to assign the words to a category. On some trials, the categories are connected in a stereotypical way (i.e., men and science) and on some trials, the categories are measured in terms of response times, with the inference being that respondents will be quicker to categorize words that reflect their beliefs. (See Figure 3.9 for an example and try this yourself by going to https://implicit.harvard.edu/implicit/.)



Figure 3.8 Females' math performance was hindered in the sexist compared to nonsexist condition; males' math performance was unaffected by condition. Source: Adapted from Koch et al. (2014)



Figure 3.9 Example of the Implicit Association Test. The target words (shown in the center of the screen) are flashed one at a time and the respondent is to choose the correct category from the right or left on the top of the screen. The respondent is said to hold stereotypical beliefs when their response times to the stereotype screen are shorter than their response times to the counterstereotype screen.

Using a web-based IAT, the investigators found that stronger implicit connections of men to science were associated with sex differences in eighth-grade science scores across 34 nations. Respondents' explicit stereotypes—endorsement of men as better than women at science—also were associated with sex differences in math and science scores, but the relation was substantially smaller than the relation to implicit attitudes. That is, countries in which people had the strongest implicit stereotypes about sex differences in science were the countries in which the sex differences in test scores were largest. A more recent study of 66 nations showed that nations that had stronger explicit and implicit stereotypes of science as a masculine field had lower representations of females in science fields (Miller, Eagly, & Linn, 2014).

Up to this point, the impact of the self-fulfilling prophecy on stereotypes has sounded mostly negative. Can the self-fulfilling prophecy ever help performance? If I believe boys are quite skilled at reading and give a boy a lot of books to read, will he develop superior reading skills? Quite possibly. Shih, Pittinsky, and Ambady (1999) investigated whether stereotypes can help as well as hinder performance. They studied quantitative skills among Asian women because these women face contradictory stereotypes: Females are depicted as having inferior quantitative skills, whereas Asians are depicted as having superior quantitative skills. The investigators found that Asian women's performance on a math test improved when their racial identity was made salient but deteriorated when their gender identity was made salient. Thus, it appears that stereotypes can influence performance in both positive and negative ways.

Stereotypes can be harmful by restricting our behavior. We feel pressure to conform to society's gender-role stereotypes. It appears that boys—White, Black, Hispanic, and Chinese—feel greater pressure than girls (Corby, Hodges, & Perry, 2007; Yu & Xie, 2010). Stereotypes also can be internalized in a way that restricts opportunities for both women and men. One study showed that when young adult (ages 20–30) men and women were

asked to identify their career preferences, men identified masculine careers and women identified feminine careers (Gadassi & Gati, 2009). In essence, they relied on gender-role stereotypes. However, when stereotypes were made less salient by providing men and women with a list of career possibilities, men's career preferences were slightly less masculine and women's career preferences were much less feminine.

Backlash

One consequence of violating gender stereotypes is the backlash effect. When people display counterstereotypical behavior, they may be penalized. In a laboratory study, college students competed against a confederate who either outperformed them in a stereotypical domain (e.g., women categorizing pictures of toddlers) or a counterstereotypical domain (e.g., women categorizing pictures of football players; Rudman & Fairchild, 2004). When losing to someone who succeeded in a counterstereotypical domain, both female and male participants sabotaged the confederate's future performance by providing unhelpful assistance. When losing to someone who succeeded in a stereotypical domain, there was no sabotage. Female targets faced greater backlash than male targets. In another study, college students were presented with a person who was to be promoted to professor of English (Rudman, Moss-Racusin, Phelan, & Nauts, 2012). The candidate was either described as agentic (brutally honest) or communal (overly polite). The agentic woman was viewed as less likeable and less likely to be hired than the agentic man. The effect on hiring was completely accounted for by liking, meaning that the reason the agentic woman was not hired was because she was not liked. There were no effects of communion on the liking or hireability of the target.

It appears that people are well aware of the backlash effect, as one experiment showed that participants who succeeded in a counterstereotypical domain tried to conceal their performance (Rudman & Fairchild, 2004). Thus, the backlash effect serves to maintain stereotypes by penalizing people for counterstereotypical behavior, discouraging them from publicizing counterstereotypical behavior, and by undermining performance in counterstereotypical domains.

There is less research on backlash against men for violating gender stereotypes, but some studies have shown that men face backlash when they take on traditional female roles (Moss-Racusin, 2014). One study showed that men in the traditional female occupation of employee relations counselor were viewed as less effective and less respected than women in the same position or men in the traditional male occupation of financial advisor (Heilman & Wallen, 2010). In another study, the granting of men's requests for more flexible work schedules depended on the status of men's job and whether the request was for career advancement or family reasons (Brescoll, Glass, & Sedlovskaya, 2013). The request was less likely to be granted to men in high-status jobs when the reason was child care as opposed to career advancement. High-status men who put family before career were viewed negatively and penalized. What are the underlying reasons for backlash? Gender system justification appears to be one motivation. People who endorse gender system justification are more likely to engage in backlash and penalize agentic women (Rudman, Moss-Racusin et al., 2012). Threat also appears to motivate backlash. In an experimental study, participants who read an article about America being on the decline were more likely to penalize agentic women (Rudman, Moss-Racusin et al., 2012). The authors suggested that when people are threatened, they are motivated to defend their worldviews. Backlash also appears to be rewarding. In a study that showed women were sabotaged if they succeeded on a masculine task and men were sabotaged if they succeeded on a feminine task, the extent of sabotage was associated with an increase in self-esteem (Rudman & Fairchild, 2004).

The backlash against gender-incongruent behavior could be due to either violations of status or violations of gender roles. For example, a female in a leadership position may be penalized for her aspirations of a higher status or for a perceived lack of communality due to the presence of agency. It appears that status and gender roles both play a role in backlash. One study showed that agentic women were penalized because they were perceived as dominant and violating status (Rudman, Moss-Racusin et al., 2012). However, other research suggests backlash stems from the violation of communality. In an online study of adults who were presented with a description of a politician who was described as either male or female, there was no difference in voting preference based on target sex but the perception that the person was seeking power reduced the likelihood of voting for the female candidate (Okimoto & Brescoll, 2010). Seeking power was viewed negatively in women because it implied a lack of communality. In a follow-up study, an online sample of adults were presented with a description of a politician who was described as either female or male and as seeking power or not. As shown in Figure 3.10a, power seeking reduced voting for the female candidate but enhanced voting for the male candidate. Differences in perceived communality explained this relation. As shown in Figure 3.10b, the power-seeking female candidate was perceived as less communal than the non-power-seeking female candidate, whereas the male candidate's communality was not perceived to differ by power-seeking condition.



Figure 3.10 (a) Participants were less likely to vote for a power-seeking female than a non-power-seeking female but more likely to vote for a power-seeking male than a non-power-seeking male; (b) Participants rated a power-seeking female as lower on communality than a non-power-seeking female; males' communality was unaffected by condition.

Source: Adapted from Okimoto and Brescoll (2010)

<u>Altering Gender-Role Stereotypes</u>

If we make exceptions for cases that do not fit our stereotypes and treat people in ways that will confirm our stereotypes, how can stereotypes ever be altered? Stereotypes are difficult to change. We tend to notice information that confirms our stereotype and ignore information that disconfirms it, or we create a special subtype for those disconfirming instances. People with strong stereotypes tend to have poorer recall for stereotype-inconsistent information and tend to misremember inconsistent information as consistent with the stereotype (Rudman, Glick, & Phelan, 2008). We also make dispositional or trait attributions for behavior that confirms the stereotype but situational attributions for behavior that disconfirms the stereotype. Let's take an example. We expect women to show an interest in children. Therefore, if we see a woman playing with a baby, we are likely to make the dispositional attribution that she is nurturant rather than the situational attribution that she is bored and looking for a way to distract herself. Conversely, if we see a man playing with a baby, we are more likely to decide that situational forces constrained his behavior (e.g., someone told him to play with the baby) because attentiveness to children is not consistent with the male gender-role stereotype. Test this idea yourself in <u>Do Gender 3.4</u> by coming up with stereotype-consistent and stereotype-inconsistent behaviors and asking people to make attributions for those behaviors.



Attributions for Stereotype-Consistent and Stereotype-Inconsistent Behavior

Identify a set of five behaviors that are stereotype consistent for men and five behaviors that are stereotype inconsistent for men. An example of a stereotype-consistent behavior is "Joe watches football on television." An example of a stereotype-inconsistent behavior is "Joe is washing the dishes." Now, do the same for women. An example of a stereotype-consistent behavior is "Maria is sewing a shirt." An example of a stereotype-inconsistent behavior is "Maria is changing the oil in her car."

Ask 10 men and 10 women to explain each of the behaviors. Categorize each explanation as dispositional (due to something about the person; a trait) or situational (due to something about the environment, such as luck, chance, or the force of an external agent). It is best to be blind to the sex of the person who gave you the response.

Sometimes, when we cannot ignore stereotype-inconsistent information, we instead view the behavior as more extreme. For example, assertiveness may be viewed as more extreme when displayed by a woman than by a man. Correspondent inference theory (Jones & Davis, 1965) can explain why this happens. According to this theory, we are more likely to make dispositional attributions for behavior that is not normative but unique. For example, we are more likely to infer that a person is emotional if he or she cries during a comedy than during a sad movie. Because many people cry during sad movies, this behavior is considered normative, so crying during a sad movie does not say anything about an individual's personality. Crying during a comedy, however, is not normative and leads to stronger trait attributions for behavior. Thus, we are also more likely to infer aggression in a woman who uses power in her speech than in a man who uses power in his speech because the woman's behavior is more unique.

There are circumstances in which stereotypes can be changed. First, it is easier to disconfirm stereotypical traits when the behavior that reflects the trait is clear rather than ambiguous (Rothbart & John, 1985). For example, it would be easier to disconfirm the stereotype that a woman is talkative rather than the stereotype that a woman is emotional because it is easier to observe talking or not talking than emotionality. It is also easier to disconfirm positive traits than negative traits (Rothbart & John, 1985). Thus, your favorable impressions of people are more easily changed than your unfavorable impressions; it is easier to change people's beliefs that a woman is kind than to change people's beliefs that a woman nags. Rothbart and John (1985) remark, "Favorable traits are difficult to acquire but easy to lose, whereas unfavorable traits are easy to acquire but difficult to lose" (p. 85).

The prototype approach has been applied to stereotyping to understand how stereotypes can be altered (Rothbart & John, 1985). The likelihood of a target being associated with a category depends on how well the target fits the category overall. When faced with a target person, we try to find the closest match between the target person's features and the features of a specific category, or stereotype. How good the match is depends on how prototypical, or how good an example, the target is of the category. Disconfirmation of a feature of a stereotype is more likely to occur if the target person otherwise closely matches the category. That is, we are more likely to change a feature of a stereotype if the disconfirming behavior is in the context of other behavior that fits the stereotype. Let's take an example. The feature "not emotional" is part of the male stereotype. How might we decide that being emotional is acceptable for men? We will be more persuaded by an emotional male who watches football than by an emotional male who reads poetry; similarly, we will be more persuaded by a successful competitive businessman who is emotional than an emotional male hair stylist. What would have to happen for us to view the traditionally masculine occupations, such as lawyer and doctor, as acceptable for women? We will be more convinced by a female doctor who is married and has a family than by a single female doctor with no family in the area. We are more likely to view disconfirming behavior as acceptable if it is displayed by someone who otherwise fits the gender-role stereotype.

Sometimes, we do not have to alter our stereotype because a target person calls to mind more than one stereotype; then, we can choose which stereotype to invoke. When thinking of Ellen DeGeneres, do you apply the category "lesbian" or "comedian"? People who like DeGeneres, but have a negative stereotype of lesbians, recall the stereotype of successful comedian. For those people, she does not represent a disconfirming instance of the stereotype of lesbians; instead, she is an example of the stereotype for "successful comedian."

Do Stereotypes Reflect Reality?

Stereotypes reflect society's beliefs about the features that women and men possess. But do stereotypes reflect reality? Gender-role stereotypes are an exaggeration in that they do not take into consideration any overlap between women and men. It is certainly not the case that all men are independent and all women are emotional. Some women are more independent than the average man, and some men are more emotional than the average woman.

Some research suggests that our gender-role stereotypes are accurate. Hall and Carter (1999) conducted a study examining 77 traits and behaviors among five samples of college students. Students' perceptions of the magnitude of sex differences were compared to the research findings. On the whole, students were quite accurate. However, there was some variability in accuracy—the students who viewed themselves as more stereotypical were less accurate in their beliefs about women and men.

One problem with this area of research is that it is difficult to test the accuracy of many components of gender-role stereotypes because we do not have objective measures of many traits and behavior. For example, we can determine objectively that men, on average, are taller than women, but how would we determine whether men are more independent than women? This is a difficult task because of the shifting standard

(Biernat, 2003). The shifting standard is the idea that we might have one standard for defining a behavior for one group but another standard for defining the behavior in another group. Have you ever heard the phrase (or, dare I say, used the phrase) "she hits well, for a girl"? The idea is that you hold the same behavior to different standards for females and males. A certain level of skill at baseball may be regarded as good if the person with the bat is female but only average if the person with the bat is male. Just as the standards for female and male athletes may not be the same, the standards for female and male nurturance may not be the same. You might have regarded a man as a "great dad" because he spends some of his leisure time playing with his kids and taking them shopping. That same behavior may not signify a "great mom," however. Thus, it is very difficult to compare men and women on a dimension if different standards are used.

Research supports the shifting standard. For example, men who cry are viewed as more emotional than women who cry (Fischer, Eagly, & Oosterwijk, 2013). In one study, college students were shown the same favorable letter of recommendation ("good student") written by a male physics professor and were told (a) nothing about the professor, (b) that the professor was sexist, or (c) that the professor was antisexist (i.e., promotes women; Biernat & Eidelman, 2007). Students were asked to indicate what they think the letter writer *really* thinks of the student's academic ability. In the sexist and control conditions, students rated the male's ability higher than the female's ability, whereas there were no differences in the nonsexist condition. The authors concluded that "good" means less good for females than males in the absence of information and when the person was explicitly stated to be sexist. In this case, females are held to a lower standard than males.

The shifting standard makes it difficult to compare women's and men's behavior. Behavior that is similar may appear to be different because of shifting standards, as in the study just described. A real-life example of the shifting standard is the media attention that was devoted to a couple of cases of aggressive behavior in women's sports. In 2009, Serena Williams's angry outburst (see Figure 3.11) with a lineswoman led to a penalty at match point, causing her to lose the semifinals at the U.S. Open tennis tournament (Telegraph, 2009). In 2010, Elizabeth Lambert, a soccer player from the University of New Mexico, was suspended indefinitely for shoving, punching, tripping, and pulling an opponent down to the ground by her ponytail (Longman, 2009). It is not that these aggressive behaviors are acceptable or that they should go unpunished. The point is that they were viewed as especially aggressive because they were displayed by women and inconsistent with the female gender role. The former coach of the U.S. men's national soccer team, Bruce Arena, seemed to recognize this. He said, "Let's be fair, there have been worse incidents in games than that. I think we are somewhat sexist in our opinion of the sport. I think maybe people are alarmed to see a woman do that, but men do a hell of a lot worse things. Was it good behavior? No, but because it's coming from a woman, they made it a headline" (Longman, 2009).

Behavior that actually differs between women and men also may appear similar because of shifting standards. For example, you might believe men are helpful because

they stop and help someone with a flat tire. You might also believe women are helpful because people are more likely to seek support from a woman than a man. But the behaviors are different and not necessarily comparable.

Taken collectively, these studies show it is difficult to assess the accuracy of stereotypes. We may perceive men and women to behave differently because sex differences in behavior truly exist. Or it may be that our stereotypes about men and women affect our interpretation of the behavior.



Figure 3.11 Serena Williams, a world-class tennis player. Her anger may be viewed as extreme because it is

inconsistent with female gender-role norms. Source: AP Images/ Kathy Willens

What Is the Status of Stereotypes Today?

Have stereotypes changed over time? Lueptow, Garovich-Szabo, and Lueptow (2001) examined college students' perceptions of the typical female and typical male from seven separate samples collected over 23 years—1974 through 1997. They found little evidence that stereotyping of women and men had decreased over time and even found some evidence of an increase. A study of adolescents showed that the vast majority assumed that men and women were clearly different from one another and specified traits of the typical woman and typical man that are consistent with gender-role stereotypes (Nunner-Winkler, Meyer-Nikele, & Wohlrab, 2007). A study of young adults from the United States, Brazil, and Chile showed that stereotypes of women became more masculine and less feminine over time—especially so in the case of Brazil and Chile (Diekman, Eagly, Mladinic, & Ferreira, 2005). Diekman and colleagues concluded that the political changes that had taken place in Brazil and Chile in the past decade had led to greater participation of women in the public spheres, which accounts for the greater increase in masculine traits. There was little change in stereotypes.

There is also evidence that the differential status between men and women can account for gender-role stereotypes (Gerber, 2009). If status accounts for gender-role stereotypes, then the stereotype that men are agentic and women are communal ought to disappear when men and women are in the same status. Studies show that high-status people (men and women) are perceived as more instrumental and assertive, and that low-status people (men and women) are perceived as more expressive and submissive. Status also affects men's and women's perceptions of themselves. When men and women hold the same high-status positions in organizations, they rate their own behavior as more instrumental and assertive than their low-status counterparts; men and women in low-status positions rate their behavior as more expressive. This illustrates how status is confounded with agentic and communal roles.

Another way to learn about whether society's stereotypes of women and men have changed is to examine depictions of women and men on television. Three of the most popular sitcoms in the 1980s reflected the emphasis on androgyny: *Family Ties, Growing Pains*, and *The Cosby Show*. All three depicted feminine-looking, dedicated mothers who were professionals in male-dominated fields (architect, writer, and lawyer). The shows also featured devoted fathers who were professionals in fields that required sensitivity and concern for others (educational program producer for a PBS station, psychiatrist, and obstetrician). By contrast, more recent television shows reflect a range of roles. *Desperate Housewives* portrays a range of roles for women in the form of a woman who owns her own business, a teacher, and a stay-at-home mom; *Blackish* portrays two working parents; *Parenthood* depicts a working mom with a stay-at-home dad; and

Sophia is a transgender woman on *Orange Is the New Black*. The influence of the media on gender roles is discussed in <u>Chapter 5</u> when we review gender-role socialization theories of sex differences. Conduct <u>Do Gender 3.5</u> to see if you think stereotypes have changed.



Stereotypes Obtained From Media Portrayals of Men and Women

Examine a set of television shows to see if and how the stereotypes of women and men have changed. You may focus on a particular type of program or sample across a variety of programs (e.g., drama, comedy, cartoon). Then, examine one episode of 10 different programs and record the following for each character:

- 1. Character's sex.
- 2. Character's appearance.
- 3. Character's role (housewife, doctor, detective).
- 4. Character's personality traits.
- 5. Character's behavior.

If you are really energetic, conduct the same kind of experiment on a similar set of shows that appeared on television 20 or 30 years ago. Then compare the two sets of stereotypes. A variation of this experiment is to review television commercials or magazine advertisements.

Take Home Points

- Gender-role stereotypes are the beliefs that we hold about female and male social roles.
- The descriptive aspects of gender-role stereotypes represent how we believe men and women are in our society; the prescriptive aspects of gender-role stereotypes represent how we believe men and women ought to be in our society.
- Stereotypes can be thought of as category-based expectancies. We rely on category-based expectancies, in this case gender-role stereotypes, when we have little information about a person. When provided with more information, we rely on target-based expectancies—meaning that we use what we know about the person (target) to draw inferences.
- People tend to see a greater correspondence between the mentally healthy person and the mentally healthy male than between the mentally healthy person and the mentally healthy female. This suggests that we attach greater value to the male than the female gender-role stereotype.
- Gender-role stereotypes have been based on perceptions of middle-class White persons but are clearly influenced by other categories such as race and ethnicity.
- In one sense, stereotypes are helpful; they simplify information processing.
- In another sense, stereotypes are harmful. Our expectations about people can influence how we behave toward them in such a way that they confirm our initial expectancies. This is called a self-fulfilling prophecy.
- Engaging in counterstereotypical behavior also lead to backlash. The negative consequences are stronger for women than men. Backlash appears to be motivated by gender system justification and provides a psychological benefit to those who engage in it.
- Stereotypes are difficult to alter. When confronted with information that disconfirms a stereotype, we typically ignore the information, fail to recall it, make a situational attribution for it, or create a subtype. In other cases, we view the behavior as more extreme.
- The best way to change a specific aspect of people's gender-role stereotypes is to present them with an example of someone who disconfirms the stereotype on one dimension but otherwise fits the stereotype. This example will be more compelling than someone who departs from the stereotype on a lot of dimensions.
- It is difficult to determine whether our stereotypes of women and men are accurate because of the shifting standard. The shifting standard represents the idea that we view the exact same behavior differently when displayed by a female and a male.

Behavioral Component: Sex Discrimination

In 1996, a woman filed for medical malpractice when her husband of 7 years died (Westbrook & Schilt, 2014). The case became complicated when the judge learned that the woman had had sex reassignment surgery. Despite the fact that the woman had lived as a female for 20 years and changed all of her legal documents to be female, the judge ruled that she was and always would be a male due to her chromosomes.

In 2004, David Schroer applied for a government position as a terrorism specialist (Grossman, 2008). He was extremely well qualified and had been involved with counterterrorism at the Pentagon since 9/11. After receiving the job offer, he revealed that he had been cross-dressing privately for years and had decided to have sex-reassignment surgery so that he could live fully as a female. The job offer was rescinded. A lawsuit ensued. Although the government tried to argue that being a transsexual raised security concerns and that the process of sex reassignment would make it difficult to focus on work, a federal court ruled that Schroer was the victim of sex stereotyping and sex discrimination. This was a landmark ruling for transsexuals.

Discrimination is the differential treatment of individuals based on their membership in a category. Sex discrimination, the subject of the case just cited, is the differential treatment of persons based on their sex. In the Schroer case, the question the court faced was whether sex discrimination applied to transsexuals. Both women and men can be victims of sex discrimination. In an archival analysis of new hires in U.S. law firms during the 1990s, Gorman (2005) found that job criteria that were more masculine (e.g., ambitious, independent, logical) were associated with hiring fewer women, and job criteria that were more feminine (e.g., cooperative, friendly, verbally oriented) were associated with hiring fewer men. In a study in which graduate students judged the quality of abstracts submitted to a communications conference, abstracts thought to be authored by males were judged to be of higher scientific quality than those authored by females (Knobloch-Westerwick, Glynn, & Huge, 2013). However, the discriminatory judgment disappeared when taking into consideration the students' gender-role attitudes, meaning that only students with traditional gender-role attitudes judged the essays differently in terms of author sex.

One of the most widely publicized cases of sex discrimination resulted from differential evaluation of men and women in the same job. The case is noteworthy because social psychological testimony on gender-role stereotyping played an instrumental role in the Supreme Court decision. The case involved Ann Hopkins, who was denied partnership at Price Waterhouse, one of the top eight accounting firms in the United States. Hopkins maintained she was denied partnership because of her sex. Price Waterhouse maintained that she had some "interpersonal skills" difficulties: "According to some evaluators, this 'lady partner candidate' was 'macho,' she 'overcompensated' for being a woman, and she needed a 'course at charm school.' A sympathetic colleague
advised that Hopkins would improve her chances if she would 'walk more femininely, wear make-up, have her hair styled, and wear jewelry' " (*Hopkins v. Price Waterhouse*, 1985, p. 1117, cited in Fiske, Bersoff, Borgida, Deaux, & Heilman, 1991).

Susan Fiske, a social psychologist and an expert on stereotyping, presented the conditions that foster stereotyping to the Supreme Court. One condition is when an individual is unique in his or her membership in a given category. A single man in a class of 30 women or a single Asian person in a class of 20 Caucasians is more likely to become a victim of stereotyping. Only 1% of the partners (7 of 662) at Price Waterhouse were female at the time (Fiske & Stevens, 1993). Another condition that fosters stereotyping is when the group to which an individual belongs is incongruent with the person's role, in this case, the person's occupation. For example, male nurses are more likely to be viewed in terms of gender-role stereotypes than female nurses. In the 1980s, Ann Hopkins was in a nontraditional occupation for women, as there were few women who were managers of a Big 8 accounting firm. This is a case in which stereotypeinconsistent behavior that could not be ignored was viewed as more extreme; thus, assertive behavior on the part of Hopkins was likely to have been viewed as aggressive. Although some of her clients viewed her aggressive behavior in positive terms—behavior that implied she could get the job done—the partners viewed her aggressive behavior in negative terms-as that of someone who was difficult to get along with. Citing the literature on gender-role stereotyping, Fiske and colleagues (1991) maintained that Hopkins's behavior may have been viewed differently because she was female. Recall the research on the shifting standard.

The Supreme Court took the scientific literature on gender-role stereotyping seriously and found in favor of Hopkins. The Court noted that the situation presented to Hopkins by Price Waterhouse was a no-win situation: The job required the trait of "aggressiveness" in order to succeed, yet the partners objected to women possessing this trait. The Court responded:

Indeed, we are tempted to say that Dr. Fiske's expert testimony was merely icing on Hopkins's cake. It takes no special training to discern sex stereotyping in a description of an aggressive female employee as requiring "a course in charm school." Nor ... does it require expertise in psychology to know that, if an employee's flawed "interpersonal skills" can be corrected by a soft-hued suit or a new shade of lipstick, perhaps it is the employee's sex and not her interpersonal skills that has drawn the criticism.

(Price Waterhouse v. Hopkins, 1989, p. 1793, cited in Fiske et al., 1991)

Is sex discrimination decreasing? A survey of U.S. adults showed that women and men both perceive discrimination of women to be decreasing over time but agree that women are still more likely than men to be victims of discrimination (Kehn & Ruthig, 2013). However, women reported that they did not think the discrimination of men had changed over the past several decades, whereas men reported that they thought discrimination against men had increased. Older men were especially likely to report such an increase. Thus, the men in this study seemed to be saying that the progress women had made came at the expense of men. See <u>Sidebar 3.2</u> for a controversial case of sex discrimination.

***** Sidebar 3.2

A 50-50 Relationship: The Case of Wendt vs. Wendt (Strober, 2002)

Lorna and Gary Wendt met in high school and married after college. While Gary completed his M.B.A. at Harvard, Lorna Wendt worked as a music teacher. After they had their first child, Lorna Wendt stopped working outside the home and Gary Wendt rose through the corporate ranks to become chairman and CEO of General Electric Capital Services. After 30 years of marriage, in 1995, Gary Wendt asked his wife for a divorce and offered her \$10 million. While Gary Wendt considered this sum of money more than enough for his wife to be "comfortable," Lorna Wendt said that the offer was not equitable. Because their estate was worth \$100 million, Lorna Wendt argued that she was entitled to \$50 million or half the assets.

In cases where the estate is less than \$10-\$12 million, most courts divide the assets in half upon divorce. However, when the estate exceeds that figure, women often do not receive half the assets. This is when the court tries to figure out how much each party contributed to the marriage. In cases where the husband worked and the wife was a homemaker, it becomes very difficult to identify the value of the unpaid homemaker role. Lorna Wendt started out with the responsibilities of managing the household and taking care of children, but as her husband moved up the career ladder, she took on the added responsibilities of entertaining clients and planning social events. In the end, the court awarded Lorna Wendt \$20 million and an additional \$250,000 per year in alimony for life.

In 2001, Lorna Wendt was interviewed on National Public Radio Morning Edition (2001). When asked why she contested her husband's initial offer of \$10 million, Lorna Wendt said: "My thinking was that I was an equal partner. When I entered this marriage, at that time, we were equal. We were partners in everything we did, every plan we made, even down to the finances. We worked very hard together to get where we were in a position that afforded us this money, and he could not devalue what I had brought to our relationship by putting a number such as that."

Since the divorce and settlement, Lorna Wendt has founded the Institute for Equality of Marriage to provide people with information about managing finances before, during, and after marriage. Lorna Wendt strongly advocates for prenuptial agreements, advising both partners to ask each other before marriage if they are equal partners. She says, "Can you imagine if Gary had said to me, you know, 35 years, ago 'No, I think you're about 10 percent.' "

When people think of sex discrimination, they typically think of women as being treated unfairly compared to men, especially in regard to employment situations. This topic is reviewed in more depth in <u>Chapter 12</u>. Can you think of any ways we treat men unfairly? When the military draft was still in effect and only men were chosen, was that sex discrimination? When two working parents divorce and custody is automatically awarded to the mother, is that sex discrimination? Remember that sex discrimination refers to the differential treatment of either men or women due to their sex.

One form of sex discrimination that is gaining increased attention is discrimination against transgender people. Such discrimination appears to be moderated by whether sex reassignment surgery has been undertaken (Westbrook & Schilt, 2014). The general population is uncomfortable with gender being defined by anything other than biology. Thus, when someone undertakes surgical or hormonal treatment to change their sex, the

discomfort is eased. For example, in athletics, transgender people are allowed to compete with the sex with which they identify only if they have had surgical or hormonal treatment. There are a variety of sex-segregated places, such as restrooms and shared hospital rooms, in which people have to wrestle with what to do with transgender persons. Interestingly, these concerns surrounding transgender persons are more common among transwomen than transmen. People are more concerned with a biological male being in an area reserved for women than a biological female being in an area reserved for men.

Summary

In this chapter, I moved beyond conceptions of gender roles to the study of attitudes toward gender roles and to the category of gender. Attitudes consist of three components: affective, cognitive, and behavioral. With respect to gender, the affective component is sexism, the cognitive component is gender-role stereotyping, and the behavioral component is sex discrimination. I reviewed instruments that measure traditional and modern sexism as well as distinguished between benevolent sexism (positive view of gender category) and hostile sexism (negative view of gender category). Despite the difference in valence, benevolent and hostile sexism are positively correlated, both rooted in the belief that women are less competent than men. I also discussed unfavorable attitudes toward LGBT persons, in the form of homophobia and transphobia. I presented the components of gender-role stereotypes and how those components are influenced by race, ethnicity, and sexual orientation. I presented data on the problems with gender-role stereotypes, including how they affect perception and behavior and the consequences of violating gender stereotypes (i.e., backlash). There are difficulties in changing gender-role stereotypes, in particular because stereotypeinconsistent behavior is often unnoticed, attributed to situational causes, or viewed as more extreme. Sexism and gender-role stereotyping are antecedents to sex discrimination, which I discussed in the context of a Supreme Court ruling that utilized data on gender-role stereotyping in reaching its decision.

Discussion Questions

- 1. In what areas have attitudes toward men's and women's roles become less traditional over time, and in what areas have they remained unchanged?
- 2. What is the difference between hostile and benevolent sexism?
- 3. What are the hidden negative consequences of benevolent sexism?
- 4. What demographic and personality variables would you expect to be related to homophobia and transphobia?
- 5. How do gender-role stereotypes relate to self-perceptions of gender role discussed in <u>Chapter 2</u>?
- 6. Why is it difficult to change gender-role stereotypes? How would you go about trying to change someone's gender-role stereotype?
- 7. A majority of studies on gender-role stereotypes have been conducted on Caucasian, middle-class adults, typically college students. In what ways have these samples limited our research?
- 8. What could you do to prevent backlash?
- 9. In what ways does it seem that stereotypes of women and men have changed? In what ways are they the same?
- 10. How can gender-role stereotypes be harmful? Can they ever be helpful?

Suggested Reading

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Key Terms

Backlash effect—The penalty that is imposed on people for counterstereotypical behavior.

Benevolent discrimination—Providing more help to women than men with the notion that women are less competent than men and are in need of men's help.

Benevolent sexism—Positive feelings toward women coupled with the notion that women are less competent than men and are in need of men's help.

Category-based expectancies—Assumptions about individuals based on characteristics of general categories to which they belong.

Correspondent inference theory—Idea that people are more likely to make dispositional attributions for behavior that is unique or extreme rather than normative.

Egalitarian gender ideology—Maintains that power is distributed equally between men and women and that men and women identify equally with the same spheres.

Gender ideologies—Attitudes toward men's and women's roles.

Gender-role stereotypes—Features that individuals assign to men and women in their society; features not assigned due to one's biological sex, but due to the social roles men and women hold.

Gender system justification—Belief that traditional female and male roles are just and fair and that the status quo should be preserved.

Homophobia—A negative attitude toward homosexuals.

Hostile sexism—Feelings of hostility toward women reflected by negative assumptions about women.

Self-fulfilling prophecy—Situation in which expectations influence behavior toward someone so that the person behaves in a way to confirm our expectations.

Sexism—Attitude toward people based on their sex alone.

Shifting standard—Idea that there is one standard for defining the behavior of one group but another standard for defining the behavior of another group.

Target-based expectancies—Perceptions of a person based on individual information about that person.

Traditional gender ideology—Maintains that men's sphere is work and women's sphere is home.

Transitional gender ideology—Maintains that it is acceptable for women and men to identify with the same spheres, but women should devote proportionately more time to matters at home and men should devote proportionately more time to work.

Transphobia—Negative attitude toward transgender people.

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Chapter 4

Sex-Related Comparisons Observations

"Battle of the Sexes: How Women and Men See Things Differently"

(Lee, National Geographic, December 1, 2012)

"How Different Are Male and Female Brains?"

(Radford, Discovery News, May 20, 2010)

"Car Buying: How Men and Women Compare"

(Hirsch, Los Angeles Times, April 7, 2011)

These are the headlines of stories that you often find about the results of comparing women and men on some dimension. Differences are interesting. Differences are eyecatching. And, as you will see in this chapter, differences are often exaggerated and overinterpreted.

As mentioned in <u>Chapter 1</u>, the subject of sex comparisons is controversial. Scientists continue to debate whether sex comparisons should be made. Regardless of our philosophy on this issue, we cannot ignore the fact that a vast literature exists on this topic. Many sex comparisons have been made in cognitive abilities: Who has better spatial abilities? Who has greater aptitude in math? Are women or men better with language? Sex comparisons have also been made in social domains: Are women more empathic than men? Who helps more? Are men more aggressive than women? The sexes are also compared in terms of moral and social development. The primary goal of this chapter is to review and evaluate the results of research on sex comparisons in a set of cognitive and social domains. There are other areas of research in which sex comparisons have been made having to do with relationships and health; these are addressed in later chapters.

Before embarking on this review, I want to point out that there are more similarities than differences between men and women. However, there are some obvious, indisputable differences. For example, men, on average, are taller than women; men, on average, are stronger than women; women, by contrast, have a higher proportion of body fat than men. These are biological facts. However, even within the realm of biology, a great number of similarities exist between women and men. Most women and men have two eyes, two arms, and two legs; most women and men have a heart, lungs, and vocal cords with which they can speak. The same logic applies to the cognitive and social domains. Although there may be some differences, by far, women and men have more in common in the way they think and in the way they behave.

If there are so many similarities between women and men, why do we focus on differences? Belle (1985) suggests that we tend to focus on differences when we are confronted with two of anything. For example, parents with two children are more likely than parents of three or more children to emphasize the differences between the children: "Jennifer is better in math than Matthew; Matthew is better in geography than Jennifer." Parents with three children, however, are more likely to describe each child individually without making a comparison to the other children: "Meg is good in math, Jeremy is good in geography, Pete is good in English." Belle also reported that the same phenomenon occurs among anthropologists studying two kinds of cultures. Whereas two cultures are often described in comparison to one another, anthropologists who study more than two cultures emphasize the diversity of human nature. Thus, we would be less likely to emphasize sex differences if there were more than two categories. As gender becomes more fluid in our society, we will have the opportunity to observe whether the emphasis on sex comparisons wanes.

If there are more similarities than differences between women and men, why does it seem that women and men are so different? Why do books like John Gray's (1992) Men Are From Mars, Women Are From Venus become bestsellers if men and women are not opposites? Why did my father respond to the publication of this textbook by saying, "If you can figure out why men and women are so different, that would become a bestseller!" One reason is that differences are more salient and more provocative than similarities. I mentioned in <u>Chapter 1</u> that sex is a very salient attribute of a person. Thus, when two people perform differently on a task and we look for an explanation, we can easily draw the inference that sex must be the distinguishing factor. Second, we have stereotypes about men's and women's behavior that are quite strong and quite distinct. We often recall information that confirms our stereotypes and disregard information that disconfirms our stereotypes. This is called **confirmatory hypothesis** testing. We are most likely to do this when we have strong expectations, when the stereotype is about a group, and when the stereotype is about a trait (Stangor & McMillan, 1992). For example, one stereotype about babies is that males are more active than females. Several years ago, my husband and I were visiting some neighbors. There was a male infant and a female infant, both of whom seemed intent on tearing up the house! The mother of the male infant remarked, "Isn't it true that boys are so much more active than girls? Look at Justin compared to Emily." My husband, who thankfully was oblivious to this gender stereotype, disappointed the mother by failing to confirm her hypothesis. He said, "They both seem pretty active to me!" The mother was clearly disappointed in this response. If a female and a male take a math test and the male outperforms the female, most people will remember this incident. But if the female outperforms the male, as discussed in Chapter 3, we will either forget the incident, decide the female or male was "different" and not representative of the group, or make a situational attribution (e.g., Maria took a prep class; Matthew didn't get much sleep last night).

You will see that sex differences have been documented in some domains. It is important that you understand the meaning of this difference. A significant difference in performance between females and males does *not* mean that all males are better at task *X* than all females, or all females are better at task *Y* than all males. An example of a significant difference in performance is shown in Figure 4.1. You can see the mean score for men is slightly (and could be significantly) higher than that for women. But you should also notice a great deal of overlap in the distributions of men's and women's scores. Only a small number of men are performing better than all of the women, and only a small number of women are performing worse than all of the men. Thus, even though a sex difference exists, most women and men are performing about the same. Keep this in mind when you read about a sex difference in this chapter. Remember that a sex difference does not imply all women differ from all men, which may explain why you will have some personal experiences that do not fit with the research literature.



of overlap between the two distributions. Yet the average of ability X is slightly higher for males than females. This illustrates the fact that a sex difference in an ability does not mean all men differ from all women. In fact, a statistically significant sex difference can exist even when most of the men and women are similar in their ability level.

I begin my review of sex comparison research by discussing the early work of Maccoby and Jacklin, who published the first comprehensive review of sex differences in 1974. Although this book was written a long time ago, it had a great impact on the field. As you will see, it also was subjected to serious criticism. Then I review the more recent work on sex comparisons that have been made in several important cognitive and social domains.

Maccoby and Jacklin's Psychology of Sex Differences

Maccoby and Jacklin's (1974) Psychology of Sex Differences entailed a comprehensive review of the ways men and women differ psychologically. They examined intellectual or cognitive domains as well as social abilities. Their conclusions were surprising to many people: They found that sex differences existed in only a few domains and that many stereotypes had no basis in fact. They identified sex differences in only four domains: verbal ability (advantage girls), visual-spatial ability (advantage boys), mathematical ability (advantage boys), and aggression (greater in boys). They found no sex differences in self-esteem, sociability, analytic ability, or achievement motivation, and it was unclear whether there were sex differences in activity level, competitiveness, dominance, or nurturance.

One limitation of Maccoby and Jacklin's (1974) work is that it was a narrative review. In a narrative review, authors decide which studies are included and come to their own conclusions about whether the majority of studies provide evidence for or against a sex difference; basically, a tally is made of the number of studies that reports a difference versus no difference. You may have written this kind of review for a class. There are several difficulties with narrative reviews, some of which you may have encountered. One problem is that the author decides how many studies are enough to show a difference does or does not exist. If 12 of 12 studies show a difference, a difference must exist. But what about 10 of 12? Or 8 of 12? Or even 6 of 12? How many is enough? A second difficulty with narrative reviews is that the pattern of results may be disproportionately influenced by findings from small samples. Perhaps the majority of studies show women have greater verbal ability than men, but all of these studies have sample sizes less than 30, and the few studies that report no sex differences are based on sample sizes of more than 500. Should we conclude there is a sex difference in verbal ability? The findings from the small sample studies may have overly influenced the conclusions that we draw. Thus, a narrative review of an area of research that contains studies with varying sample sizes may lead to faulty conclusions.

In 1976, Jeanne Block wrote a response to Maccoby and Jacklin's (1974) review of sex differences that was virtually ignored. Block reviewed the same literature and arrived at conclusions very different from the ones reached by Maccoby and Jacklin. First, she noted that Maccoby and Jacklin did not censor the studies they included; that is, they averaged across all studies, whether methodologically sound or not. A number of studies had very small samples, and some studies used unreliable instruments.

Second, Block (1976) noted tremendous age bias in the studies reviewed. She found that 75% of the reviewed studies were limited to people age 12 and younger, and that 40% used preschool children. The reason so many studies were conducted with children is that comparisons between males and females first became popular in developmental psychology. Developmental psychologists compared females and males in their studies,

hoping no differences would be found so they could combine girls and boys when analyzing their data. Why is it a problem that Maccoby and Jacklin's (1974) review focused so heavily on children? The problem is that they did not take into consideration the fact that some sex differences might not appear until adolescence and later; in fact, the three cognitive differences that Maccoby and Jacklin noted did not appear until adolescence. Adolescence is sometimes referred to as a time of gender intensification, a time when girls and boys are concerned with adhering to gender roles. Thus, sex differences that arise as a result of socialization pressures might not appear until adolescence. Even sex differences influenced by hormones might not appear until puberty. When Block categorized the studies into three age groups (under age 4, ages 5-12, and over 12), she found that sex differences in many domains became larger with increasing age.

In the end, Block agreed with the sex differences that Maccoby and Jacklin found but also found evidence of other sex differences. She concluded that boys, compared to girls, were better on insight problems, showed greater dominance, had a stronger self-concept, were more active, and were more impulsive. Girls, in comparison to boys, expressed more fear, showed more anxiety, had less confidence on tasks, maintained closer contact with friends, sought more help, scored higher on social desirability, and were more compliant with adults.

The conclusions of Maccoby and Jacklin (1974) and of Block (1976) were obviously not the same. Both, however, relied on narrative reviews of the literature. In the 1980s, a new method was developed to review the literature that led to more objective conclusions: meta-analysis. Much of the recent literature on sex comparisons, which is described in this chapter, has relied on meta-analysis.

Meta-Analysis

Meta-analysis is a statistical tool that quantifies the results of a group of studies. In a meta-analysis, we take into consideration not only whether a significant difference is found in a study but also the size of the difference, or the *effect size*. The effect size, often calculated in terms of the "*d* statistic," is calculated by taking the difference between the means [M] of the two groups (in this case, women and men) and dividing this difference by the variability in the scores of the members of these two groups (i.e., the standard deviation [SD]), as shown in Figure 4.2. As the size of the sample increases, the estimate of the mean becomes more reliable because the variability around the mean (the standard deviation) becomes smaller. A small difference between the means of two large groups will result in a larger effect size than a small difference between the means of two small groups. For example, a study that shows men score 10 points higher than women on the math SAT will result in a larger effect size if there are 100 women and 100 men in the study than if there are 20 women and 20 men in the study. The rule of thumb used to interpret the *d* statistic is that .2 is a small effect, .5 is a medium effect, and .8 is a large effect (Cohen, 1977). A .2 effect size means that sex accounts for less than 1% of the

variance in the outcome; a .5 effect means that sex accounts for 6% of the variance; a .8 effect means that sex accounts for 14% of the variance (Cohen, 1977).

If a large effect accounts for only 14% of the variance, is a small effect even worth discussing? As you will discover in this chapter, many sex differences are small. Whether small means trivial depends on the domain you are investigating. Although a sex difference that accounts for 1% of the variance in an outcome seems like it would be unimportant, 1% can be quite meaningful (Rosenthal, 1994): It depends on the outcome. For example, small effects in medical studies can have enormous implications. In a study to determine whether aspirin could prevent heart attacks, participants were randomly assigned to receive aspirin or a placebo. The study was called to a halt before it ended because the effects of aspirin were so dramatic (Steering Committee of the Physicians' Health Study Research Group, 1988). The investigators deemed it unethical to withhold aspirin from people. In that study, aspirin accounted for less than 1% of the variance in heart attacks.

What about outcomes that are relevant to gender? Bringing the issue closer to home, Martell, Lane, and Emrich (1996) used computer simulations to examine the implications of a small amount of sex discrimination on promotions within an organization. They showed that if 1% of the variance in performance ratings were due to employee sex, an equal number of men and women at entry-level positions would result in 65% of men holding the highest-level positions over time—assuming promotions were based on performance evaluations. So here, a very small bias had large consequences. However, there are other times when 1% of the variance is trivial and does not translate into larger real-world effects. Keep these ideas in mind when considering the sizes of the effects in this chapter.

Using meta-analysis rather than narrative reviews to understand an area of research has several advantages. As mentioned previously, meta-analysis takes into consideration the size of the effects; thus, all studies showing a significant difference will not be weighed similarly. Another advantage of meta-analysis is that researchers can examine how other variables influence, or moderate, the size of the effect. A moderating variable is one that alters the relation between the independent variable and the dependent variable. I often refer to a moderating variable as an "it depends on" variable. When sex comparisons are made, a difference may "depend on" the age of the respondents, the gender role of the respondents, or the year the study was published. Recall that Block (1976) found that many sex differences were apparent only among older participants; thus age was a moderator variable. Another potential moderating variable is the year of publication. If a sex difference existed in the 1980s but disappeared by the 2000s, perhaps women's and men's behavior became more similar over time. We can even ask if the results of a sex comparison depend on the sex of the author; men or women may be more likely to publish a certain result. Age, author sex, and year of publication are frequently tested as moderator variables in the following meta-analyses.

$$d = \frac{M_{males} - M_{females}}{\sqrt{\frac{SD^2_{males} + SD^2_{females}}{2}}}$$

Note: SD = Standard Deviation Figure 4.2 The *d* statistic, as calculated by this formula, is used to determine the size of a sex difference.

In one way, meta-analysis is limited in the same way narrative reviews are: Researchers still make subjective decisions about what studies to include in the review. To guard against this problem, researchers often come up with a set of stringent criteria to decide whether a study is included in the meta-analysis. Criteria may be based on sample characteristics (e.g., restricted to English-speaking samples) or on methodological requirements (e.g., participants must be randomly assigned to condition). One difficulty with any kind of review, meta-analytic or narrative, is that studies failing to detect a difference are less likely to be published. In meta-analysis, this is referred to as the filedrawer problem (Hyde & McKinley, 1997): Studies that do not find sex differences are not published and end up in investigators' file drawers. Thus, the published studies represent a biased sample of the studies that have been conducted. More recent metaanalyses have ways of addressing the file-drawer problem, either by reporting the number of studies in file drawers that would be needed to negate the results or by making attempts to include unpublished studies in the meta-analysis. The file-drawer problem may not be as significant in studies of sex comparisons as in other research because some of the sex comparison data come from studies whose primary purpose was not to evaluate sex. Investigators may be studying aggression, empathy, or math ability for other reasons aside from sex but report the results of sex comparisons as a matter of routine.

There have been so many sex comparison meta-analyses published in the 1980s and 1990s that Janet Hyde (2005) published a paper called "The Gender Similarities Hypothesis," in which she reviewed the results of 46 meta-analyses, some of which are discussed in this chapter. She concluded that 30% of the effects were in the close to zero range (d < .10) and that 48% were small (d < .35). She noted three exceptions—large effect sizes in throwing velocity (males faster than females), attitudes toward sex (males more liberal than females), and physical aggression (males greater than females). Let's see what some of the meta-analyses have to say.

Take Home Points

- Men and women are more similar than different, as shown by the overlapping distributions in <u>Figure 4.1</u>.
- The first comprehensive review of sex differences was published by Maccoby and Jacklin and revealed that there were sex differences in only four domains: verbal, spatial, math, aggression.
- That review was a narrative review, which is limited by the fact that it doesn't take into consideration the size of the differences.
- Meta-analysis provides a way to quantitatively review studies, taking into consideration sample size and
 effect sizes (ds).
- Meta-analysis also allows one to consider whether certain variables, known as moderator variables, influence the size of the sex difference.
- A disadvantage of both narrative and meta-analytic reviews is that studies finding no differences are less likely to be published, a weakness known as the file-drawer problem.
- In her "Gender Similarities Hypothesis" paper, Janet Hyde showed across 46 meta-analyses that most differences are small to zero.

Sex Comparisons in Cognitive Abilities

People often assume men have greater spatial and math abilities than women, and that women have greater verbal skills than men. As the literature here shows, these statements are overly simplistic. This area of research is highly controversial because a sex difference in an area of cognition could lead people to assume one sex is more suitable for a career requiring that ability, ultimately leading to sex discrimination. Thus, it is important that we evaluate this research carefully. For each cognitive ability I discuss, one or more meta-analyses exist. I report the effect size, the d, in parentheses for the major findings. To be consistent throughout the chapter, a d that is positive will indicate men outperform women, and a d that is negative will indicate women outperform men (see Figure 4.3).

Spatial Ability

Spatial skills involve the ability to think about and reason using mental pictures rather than words. However, spatial ability is not a single construct. Think of all the activities that involve spatial skills: reading maps, doing jigsaw puzzles, trying to pack all your belongings for school into the trunk of a car, and finding where you put your keys. Given the diversity of tasks that involve spatial skills, it is no surprise that the results of sex comparisons depend on the type of spatial skill.

Voyer, Voyer, and Bryden (1995) conducted an early meta-analysis on the three distinct spatial skills shown in Figure 4.4. They found moderate sex differences for spatial perception (d = +.44) and mental rotation (d = +.56), but only a small difference for spatial visualization (d = +.19). Thus, the size of the sex difference in spatial skills ranged from very small to medium, depending on the particular skill. Since the publication of this meta-analysis, more recent studies have confirmed this finding. For example, a study of 16- to 18-year-olds in the United Kingdom showed large sex differences in mental rotation (d = 1.01) and moderate sex differences in spatial visualization (d = +.42; Kaufman, 2007). Thus, sex differences in spatial abilities do not appear to be disappearing with time.



The meta-analysis also showed that the size of the sex difference increased with age (Voyer et al., 1995). Averaging across spatial abilities, sex differences ranged from zero to small in children younger than 13 but ranged from small to large in people older than 18. Research seems to suggest that the sex difference in visual-spatial skills emerges around kindergarten or first grade (Halpern et al., 2007). However, one recent study showed that sex differences in mental rotation may already be apparent among infants (Quinn & Liben, 2014).

Of the three spatial abilities discussed, the sex difference in mental rotation is the largest and most stable over time, causing it to receive a great deal of attention from researchers. In fact, a recent meta-analysis focused only on mental rotation and showed that the effect size persists and is large (Maeda & Yoon, 2013). One study examined mental rotation abilities across 53 nations and showed that men outperformed women in each country (Lippa, Collaer, & Peters, 2010). A study of young, middle-age, and older adults showed that the sex difference in mental rotation was apparent across all stages of adulthood (ages 20 to 70; Jansen & Heil, 2010). Although mental rotation ability declined with age, the sex difference persisted.



visualization (bottom).

Source: Linn, M. C., & Petersen, A. C. (1985). Emergence and characterization of sex differences in spatial ability: A meta-analysis. Child Development, 56, 1479–1498. © 1985 Society for Research in Child Development.

Investigators have wondered whether part of this sex difference is due to women and men using different strategies to solve the mental rotation task. There is some evidence from fMRI studies that men use a more holistic strategy by rotating the whole object at one time, whereas women use a more analytic strategy that involves comparing specific features of the response stimuli to the standard object (Jordan, Wustenberg, Heinze, Peters, & Jancke, 2002). The latter strategy would take more time. Consistent with this finding, the meta-analysis showed that test time limit was a moderator of the sex difference (Maeda & Yoon, 2013). That is, the sex difference was larger when there were more stringent time limits compared to more relaxed time limits. It also appears that men use what has been called a leaping strategy, whereas women use a more conservative strategy. To understand these strategies, look at the mental rotation task shown in the middle of Figure 4.4. The respondent is asked to find which of the four response stimuli correspond to the standard stimulus. Men examine whether the first response stimulus matches the standard and, if so, they move on to the next item on the test. By contrast, women examine whether each of the four response stimuli match the standard to ensure that they have found the correct match; this takes more time. To test this idea, Hirnstein, Bayer, and Hausmann (2009) modified the mental rotation task for college students by varying the number of correct matches from 1 to 4, which requires respondents to use the conservative strategy. The results, shown in Figure 4.5, show that modifying the task hurt everyone's performance and reduced, but did not eliminate, the sex difference. Women's performance was not affected as much as men's performance, lending some possibility to the leaping versus conservative strategy hypothesis.

A very consistent and sizable sex difference exists in one skill that requires spatial ability: aiming at a target (Kimura, 1999). Men are consistently better than women in their accuracy at hitting a target, whether shooting or throwing darts. Physical factors such as reaction time, height, and weight do not account for this sex difference. Differences in experiences with target shooting also do not account for the sex difference (Kimura, 1999). The sex difference can be observed in children as young as 3 years old. Performance on this task seems to be unrelated to performance on other spatial ability tasks, such as mental rotation (Kimura, 1999).



Figure 4.5 Men's and women's performance is impaired on the modified mental rotation task (MRT). The overall sex difference is reduced but remains even with the modification.

Source: Adapted from Hirnstein et al. (2009)



(a)



(b)



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Figure 4.6 Example of a test used to measure spatial identity and object location memory. Study Figure 4.6a and then cover it up. Look at Figure 4.6b; which objects are new and which are old? This is object identity memory. Now, compare Figure 4.6a to Figure 4.6c. Which objects have been moved? This is object location memory.

Up to this point, the size of the sex difference in spatial skills has been variable, but the effects have been consistently favoring men. However, there are some spatial tasks in which women outperform men. One spatial domain in which women appear to have greater aptitude than men is object location memory. A meta-analysis of 36 studies on object identity memory and object location memory showed that women outperform men on both (object identity d = +.23; object location d = +.27; Voyer, Postma, Brake, Imperato-McGinley, 2007). With object identity memory, the experimenter presents the respondent with a set of objects, such as those shown in Figure 4.6a, removes them, and then presents a new set of objects, some of which are old and some of which are new, as shown in Figure 4.6b. The task of the respondent is to identify which objects are old and which are new. For object location memory, the objects are not changed but their location is moved, as shown in Figure 4.6c. Here the task of the respondent is to identify which objects have been moved. Sex differences in object location depend on participant age and the type of object. Sex differences were larger among participants older than 13 years of age compared to younger participants, and females outperformed males when objects were feminine or neutral, but males outperformed females when objects were masculine.

One conclusion is that men are better at manipulating objects in space, and women are better at locating objects. If true, these differences could lead men and women to give directions differently. Two studies have found that women are more likely to use landmarks, and men are more likely to use distances and north/south/east/west terminology when navigating (Lawton, 2001; Picucci, Caffo, & Bosco, 2011). Look at Figure 4.7. How would you get from the Town Hall to Katja Park? Conduct your own survey on how women and men give directions in Do Gender 4.1 to see if this is true.



Figure 4.7 Research has suggested that men and women give directions differently: Men use north/south/east/west terminology, and women use landmarks. How would you get from the Town Hall to Katja Park?



Sex Comparisons in Directions

Choose one location that is across the town or city where you live and one location that is not very far away. Ask 10 women and 10 men to give you directions to each of these locations. Then have them write out the directions. Record use of landmarks, estimates of distance, use of street names, and north/south/east/west terminology to see if there are sex differences.

Despite the importance of spatial skills, the educational system and educational testing in the United States is oriented toward math and verbal skills. Spatial skills predict the completion of advanced degrees and the entering of science/technology/engineering/math (STEM) careers (Wai, Lubinski, & Benbow, 2009). Yet, there is virtually no emphasis on spatial skill training in the U.S. education system. Because women and men are socialized to pursue different fields, spatial skills end up being more strongly linked to artistic pursuits in women and engineering careers in men.

Take Home Points

- The direction and magnitude of sex differences in spatial abilities depend on the specific task.
- Of all the spatial abilities, the sex difference in mental rotation is the largest, in favor of men, and persists over time.
- Sex differences in mental rotation may be due to the use of different strategies by women and men.
- One domain in which women have better spatial skills than men is object location.

Mathematical Ability

Of all the cognitive domains, math is one in which people seem to be confident of sex differences. However, recent data suggest that sex differences in math aptitude have approached zero. In an examination of statewide testing in more than 7 million students in 2nd through 11th grade from 10 different states, the overall d was .01, leading the authors to conclude that sex differences in math aptitude have disappeared (Hyde, Lindberg, Linn, Ellis, & Williams, 2008). A meta-analysis of 242 studies published between 1990 and 2007 showed that the overall effect size was d = +.05, which was not significant (Lindberg, Hyde, Petersen, & Linn, 2010). There is even cross-cultural support for the disappearance of sex differences in math. A study of 49 countries showed that most effect sizes are near zero (Else-Quest, Hyde, & Linn, 2010). This study identified a country-level moderator variable—gender equality. Countries in which women had fewer educational and economic opportunities compared to men were associated with larger sex differences in math in favor of males.

There are several moderators of sex differences in math. One is age. The meta-analysis above (Lindberg et al., 2010) showed that the effect sizes were zero among younger children (d = +.06 elementary; d = -.00 middle school) but showed an advantage among boys during later adolescence (d = +.23 high school, d = +.18 college), and disappeared among adults (d = -.07).

Another moderator is the selectiveness of the sample. In general population studies, the effect size is near zero (d = +.07), whereas the sex difference is significant and moderate in size among studies of high ability samples (d = +.40). Thus, when sex differences in math are found, it appears to be due to a group of men with really high math aptitude. However, even this statistic is changing. In 1983, the ratio of males to females who scored in the upper .01% of the math SAT was 13:1, whereas today it is closer to 4:1 (Ceci & Williams, 2010). A meta-analysis of national test data among children showed that the ratio of males to females who scored at the proficiency range increased with age: 1.5:1 in fourth grade, 1.3:1 in eighth grade, but 2:1 in 12th grade (Reilly, Neumann, & Andrews, 2014).

Regardless of math test scores, there are clear sex differences in attitudes toward math and labeling math as a masculine field. Girls have more negative attitudes than boys toward math, despite similar levels of math achievement (Gunderson, Ramirez, Levine, & Beilock, 2012), and these differences persist across ethnicities in the United States (Else-Quest, Mineo, & Higgins, 2013). As shown in Figure 4.8a, there is no sex difference in math achievement among 10th-graders across ethnicities, but girls have lower self-concepts of math ability than boys across ethnicities (Figure 4.8b). There is evidence that both girls and boys in the United States and other countries have explicit and implicit stereotypes of math being linked to being male, again despite similar grades in math (Cvencek, Meltzoff, & Greenwald, 2011; Steffens, Jelenec, & Noack, 2010). However, one study compared perceptions of math among female engineering and female humanities students and showed that female engineering students had weaker stereotypes of math as masculine than the other groups (Smeding, 2012). Thus, there is some evidence that experience might alter attitudes toward math.

It is possible that math ability is linked to spatial ability, especially among those who are highly talented in math. One study showed that mental rotation ability was linked to math performance for boys but not girls (Ganley & Vasilyeva, 2011). Math ability is an interesting cognitive ability because it includes both spatial and verbal skills. The authors suggested that girls and boys may solve math problems differently, with girls using more verbal analytic reasoning and boys using more spatial reasoning. This idea remains to be tested.

Take Home Points

- Sex differences in math for the general population have disappeared.
- Sex differences in math ability appear among highly select samples, in favor of males.
- Despite equal performance, girls have more negative attitudes toward math than boys, and both boys and girls label math as a masculine field.

Verbal Ability

Sex differences in verbal ability are among the first cognitive abilities to be noticed (Halpern, 2000). On average, girls talk earlier than boys and develop larger vocabularies and better grammar than boys. There is some evidence that girls more easily adopt a second language compared to boys (Payne & Lynn, 2011), and this difference is apparent among children and adults. In an older meta-analysis of 165 studies that evaluated verbal ability, a very small effect emerged (d = -.11), in the direction of women outperforming men (Hyde & Linn, 1988). The investigators examined several types of verbal ability, including vocabulary, analogies, reading comprehension, and essay writing. All the effect sizes were small, except for speech production; in that case, there was a moderate effect of female superior performance (d = -.33). There was a trend for articles whose first author was male to report smaller effect sizes than articles whose first author was female, reminding us of the potential for experimenter bias.





Source: Adapted from Else-Quest et al. (2013)

Sex differences were consistent across age groups, from 5-year-olds to adults over the age of 26, but appeared to be decreasing over time. In studies published before 1974, the effect size was d = -.23; in studies published in 1974 and after, the effect size was d = -.10. A second meta-analysis of studies of high school students showed that all effects for verbal ability were near zero (Hedges & Nowell, 1995). Because these studies are dated and the effect size is decreasing over time, the sex difference in verbal ability also may be disappearing.

There may be some specific verbal abilities for which sex differences persist. One verbal ability in which a large sex difference exists is writing (Halpern et al., 2007). Until 10 years ago, standardized tests did not include a writing component because it is difficult to score. The 2006 SAT Writing Test showed that females outperformed males on both the multiple-choice and essay sections (SAT Data Tables, 2010).

Another verbal ability that has been examined is reading. A study of 65 countries showed that girls had better reading abilities than boys overall, and the effect size was moderate (d = -.44; Reilly, 2012). The effect size was somewhat smaller in the United States (d = -.26) compared to other countries. Although the sex difference was consistent across all 65 countries, the differences were largely attributed to the tails of the distribution. In the United States, there were twice as many girls as boys in the upper end of the distribution, but 4.5 times as many boys as girls in the lower end of the distribution. Thus, the majority of girls and boys have similar reading ability, but there is a preponderance of girls who have very high reading ability and a preponderance of

boys with reading difficulties. Surprisingly, countries that were more gender egalitarian (as indicated by higher levels of education and income for women) showed larger sex differences in reading. It may be that in these countries, females are able to capitalize on education to enhance their reading skills.

Like math ability and the findings for reading ability described above, sex differences in verbal skills may depend on the population studied. Sex differences are larger when people with verbal difficulties are examined. For example, boys are about four times as likely as girls to stutter (National Stuttering Association, 2014).

Take Home Points

- There is a small sex difference in verbal ability, favoring females, but the difference is decreasing with time.
- The size of the sex difference depends on the specific verbal ability; the sex difference is large in the case of writing and moderate in the case of reading.
- One reason for the sex difference in verbal ability has to do with the fact that a larger proportion of males than females have verbal difficulties.

Sex Comparisons in Social Domains

Cognitive abilities are assessed by standardized tests and measures. Social abilities are a little trickier. How do we judge which sex is more helpful, more sexual, more empathic, or more aggressive? Should we rely on self-report measures? Do people know their own abilities, or will they distort their abilities in the direction of the ability they ought to have? In the cognitive domain, a meta-analysis of perceptions showed that males estimate higher intelligence, math aptitude, and spatial skills compared to females (Syzmanowicz & Furnham, 2011). Perhaps observing behavior is a better method to assess social abilities. But observers could be biased in their perceptions and interpretations of a behavior unless they are blind to participant sex. Each method has its advantages and disadvantages; thus in social domains, we look for consistency in findings across methodologies.

Empathy

Crying at a sad film, saying "I understand" to a friend who has disclosed a problem, and putting yourself in someone else's shoes are all different ways of empathizing. **Empathy** is defined in many ways, but at its core involves feeling the same emotion as another person or feeling sympathy or compassion for another person. Sex differences in empathy, like sex differences in cognition, depend on how empathy is measured.

One distinction that has been made is between cognitive empathy, which emphasizes perspective-taking, and emotional empathy, which emphasizes shared feelings (Schwenck et al., 2014). A study of children varying in age showed no sex differences in emotional empathy but a small sex difference in the direction of females being better than males at cognitive empathy.

The one meta-analysis that has been conducted on empathy was conducted quite some time ago, and showed across 259 studies a sex difference in empathy, favoring females (d = -18; Eisenberg & Fabes, 1998). Despite the fact that the meta-analysis is dated, there are some lessons we can learn from it in regard to moderator variables. First, the sex difference was greater when empathy was measured by self-report than by observation. When measures that were less under the conscious control of the participant were used, such as facial expressions or parent/teacher observations, sex differences appeared in the same direction but of a much smaller magnitude. This finding has been confirmed by more recent research (Eisenberg, Spinrad, & Morris, 2014). One concern with self-report measures is demand characteristics. Undoubtedly, men and women realize that women are supposed to be more empathic than men. Thus women and men may distort their self-reports of behavior in the direction of gender-role norms. See if you can find evidence of this problem in <u>Do Gender 4.2</u>.


The Effect of Demand Characteristics on Reports of Empathy

Find a standardized empathy self-report scale. Develop two forms of the scale. Name one form "Empathy." Give the second form a title that would be more consistent with the male gender role or at least neutral with respect to gender, like "Environment Accuracy." Randomly distribute one of the two forms to 20 women and 20 men. Do women report more empathy than men on both forms? Does the label on the form alter the sex difference?

When physiological measures of empathy are used (e.g., heart rate or skin conductance), there are no clear sex differences. A study of 4- to 17-year-olds completed an empathy scale and then were put in a brain scanner while being shown clips of people being hurt (Michalska, Kinzler, & Decety, 2013). Females reported more empathy than males, and the sex difference increased with age. However, there were no sex differences in the physiological responses to the pictures.

Yet some argue that sex differences in empathy are not entirely due to demand characteristics (Christov-Moore et al., 2014). First, implicit measures of empathy continue to show sex differences. Second, studies of infants that measure empathy in terms of contagious crying and imitation also show sex differences. Third, as will be shown in <u>Chapter 7</u>, females are better than males at decoding emotion in others from faces and body language.

A second moderator variable in the meta-analysis was how empathy was defined. Sex differences were larger when measures of kindness and consideration were used rather than measures of instrumental help. (This will help to clarify the finding in the next section on helping.) Third, the sex difference was larger in correlational and naturalistic than experimental studies. Finally, the sex difference was larger if the empathy target was an adult rather than a child, indicating that women and men respond more similarly to children.

A related concept to empathy is **empathic accuracy**, which is defined as the ability to infer another person's thoughts or feelings. The typical empathic accuracy paradigm has a participant view a videotape of another person talking and judge the person's thoughts and feelings at specific timepoints. These judgments are then compared to the person's actual thoughts and feelings. Researchers typically find no sex differences in empathic accuracy (Hodges, Laurent, & Lewis, 2011). However, it appears that priming the construct of empathy or raising concerns about performance enhances empathic accuracy in women but not men which then produces a sex difference in favor of women. These findings suggest that women are concerned about *appearing* to be empathic, perhaps in an effort to adhere to female gender-role norms.

Helping Behavior

Although I have shown that the evidence women are more empathic than men is weaker than you might have assumed, you probably have every confidence that women are more helpful than men. Is this true? It is not true according to an older meta-analysis of helping behavior (Eagly & Crowley, 1986). The effect was in the direction of males helping more than females (d = +.34). The 172 studies in this review measured actual helping behavior or the self-report of a commitment to engage in a helping behavior; in other words, self-reports of general helpfulness were not included. The direction of this sex difference may seem surprising because helping is central to the female gender role. The sex difference was limited to a certain kind of help, however. That is, the situation was a moderator variable: Males were more likely than females to help in situations of danger. These early studies relied on experimental research that examined helping in the context of strangers. In the real world, most helping behavior occurs in the context of relationships.

Several other moderators emerged in the meta-analysis. Sex differences were stronger under public conditions, where others could view the behavior, than under private conditions, where the behavior was anonymous. Females and males may behave differently in the presence of others because they are concerned with adhering to gender-role norms. In situations of danger, we expect men to provide help and women to receive help. The publication year was inversely correlated with the size of the effect, indicating the sex difference was getting smaller over time. Perhaps our expectations of men's and women's roles in situations of danger have changed over the years.

Since this early meta-analysis, a more recent meta-analysis appeared in the area of cooperation by examining 50 years of research on women's and men's responses to social dilemmas (Balliet, Li, Macfarlan, & Van Vugt, 2011). A **social dilemma** is a conflict in which one's self-interest is pitted against the interest of others; that is, what is good for the self is harmful for the group and what is good for the group is not the optimal outcome for the self. Most people respond to social dilemmas by failing to cooperate and acting in their own self-interest (see Sidebar 4.1 for an example). The effect size was near zero (d = -.05). However, there were moderator variables, including the sex composition of the group. All-male groups were more cooperative than all-female groups (d = +.16). In mixed-sex interactions, females were more cooperative than males (d = -.22). Year of publication was also a moderator, showing that a sex difference in favor of males had decreased in recent years and possibly reversed: 1960–1975 d = +.11; 1976–1999 d = -.12; 2000–2010 d = -.09.



Social Dilemmas

Every year I offer my social psychology class the choice between a store-bought cookie and a homemade cookie (emphasizing my strong baking skills!) and tell them that I will give them whichever they prefer as long as no more than 20% of the class chooses the homemade cookie. If more than 20% of the class chooses the homemade cookie, nobody receives anything. They are asked to write down their name and their preference. In 20 years with this class demonstration, I have never had to bring cookies to class! One year, after 35% of the class choose homemade cookies, they asked for a revote. The revote showed 32%—still no cookies. If students had cooperated with each other by choosing the store-bought cookie, everyone would have come out ahead and at least had a cookie. This is a classic social dilemma in which acting out of self-interest (i.e., choosing the homemade cookie) has the potential highest payoff to the self, but because everyone acts out of self-interest, the group as a whole loses.

If one examines real-world helping outside of the laboratory, there is more evidence that women are helpers compared to men. For example, women are more likely than men to be involved in volunteer work (U.S. Department of Labor, 2015), and women are more likely than men to be caregivers of children and the elderly (Family Caregiver Alliance, 2014). Thus, women and men are more likely to help in situations congruent with their gender roles. Women's help is communal (caring for an individual), and men's help is agentic (heroic helping and helping in situations of danger; Eagly, 2009). It may be that the costs and rewards of helping differ across context for men and women. For example, women may perceive the cost of not helping to be greater in a situation that threatens relationships, such as a friend in distress, whereas men may perceive the cost of not helping to be greater in a situation that challenges masculinity, such as saving someone from drowning. As you will see in <u>Chapters 8</u> and 9, both women and men are likely to turn to women for help in friendships and romantic relationships.

Aggression

- On April 15, 2013, two brothers motivated by extremist Islamic beliefs set off two bombs near the finish line of the Boston Marathon, killing three people and injuring more than 100 others. While being pursued, one killed an MIT police officer and then was killed by police. The other has been sentenced to death (Eligon & Cooper, 2013).
- On December 14, 2012, a man walked into Sandy Hook Elementary School in Newtown, Connecticut, and killed 20 children and 6 adults after first killing his mother in his home. When pursued by the police, he killed himself. No motive has been discovered (Barron, 2012).
- On August 5, 2009, a man walked into an LA Fitness Center dance class and opened fire, killing four and wounding eight others, before turning the gun on himself. Police found a log in which the gunman had planned the mass killing for months (Smith, 2009).
- On April 16, 2007, Cho Seung-Hui killed a woman and a man at 7:15 a.m. in a dormitory at Virginia Polytechnic Institute. Two hours later he proceeded into an academic building and killed another 30 students in offices and classrooms, and then killed himself. Between the first killing and second massacre, he took time to stop at a mailbox and send a news station writings filled with anger and photographs of himself engaging in aggressive behavior.

- On April 20, 1999, Eric Harris and Dylan Klebold, two teenagers, killed 12 classmates and wounded 23 others within 16 minutes and then killed themselves at Columbine High School in Littleton, Colorado. They had intended to kill 488 people in the cafeteria with two bombs. Cho Seung-Hui had referred to Eric and Dylan as martyrs ("Sheriff Releases," 2000).
- And, of course, on September 11, 2001, 19 men on suicide missions hijacked four American planes in the United States, resulting in the collapse of the World Trade Centers, an attack on the Pentagon, and the loss of thousands of lives.

Closer to home:

- In the small town where I grew up (Bradley, Illinois), Timothy Buss at age 13 murdered and then mutilated the body of a 5-year-old girl in 1981. Fourteen years later, in 1995, after being released from prison on parole, Buss returned to the area and brutally murdered a 10-year-old boy (Cotliar, 1996).
- In the suburb of Pittsburgh where I live (Murrysville), a 16-year-old boy, Alex Hribal, walked into the high school he attended on April 9, 2014 armed with two kitchen knives and went on a rampage through the hallway slashing people right and left, injuring 22 people. Several injuries were quite severe, but, fortunately, nobody died. The motive for the attacks is unclear.

What do all of these atrocities have in common? They were horrendous acts of violence that received a great deal of media attention, causing us, as a nation, to question the sources of such behavior. They also all involved male perpetrators. The public has taken note of such incidents, especially the Virginia Tech and Columbine massacres, because the perpetrators were so young. In the past decade, books that address the subject of troubled boys who become involved in violence have been bestsellers, such as *Lost Boys: Why Our Sons Turn Violent and How We Can Save Them* by James Garbarino (1999), *The Minds of Boys: Saving Our Sons From Falling Behind in School and Life* by Michael Gurian and Kathy Stevens (2007), and *The Purpose of Boys: Helping Our Sons Find Meaning, Significance, and Direction in Their Lives* by Michael Gurian (2009).

Sex of PerpetratorCrime statistics clearly show that males are more likely than females to be perpetrators of violence. Nearly nine times as many homicides are committed by men compared to women (U.S. Department of Justice, 2012). Observational studies of children in grades 4 through 12 confirm sex differences in aggression (Xie, Drabick, & Chen, 2011). Boys are more likely than girls to use weapons and are more likely than girls to carry a weapon to school. A national survey of high school students showed that 28% of boys compared to 8% of girls had carried a weapon, such as a gun or a knife, in the past 30 days (Child Trends Databank, 2014). These findings held across White, Black, and Hispanic students. In a nationally representative survey of high school students, 41% of boys compared to 24% of girls reported being in a physical fight in the last year (Centers for Disease Control and Prevention, 2012). A survey of 11- to 17-year-olds found that boys were more likely than girls to be referred to juvenile court, were more likely to be members of gangs, and were more likely to report carrying a gun (Farrington & Jolliffe, 2010).

A meta-analytic review of sex comparisons showed that men were more aggressive than women (Bettencourt & Miller, 1996), but the size of the difference depended on the kind of aggression. Sex differences in verbal aggression were less consistent than sex differences in physical aggression. When more indirect forms of aggression, such as relational aggression, are examined (as discussed in <u>Chapter 7</u>), sex differences may disappear.

Sex differences in aggression also seem to appear early in life. In a study of 17-montholds, parents reported that boys were more likely than girls to kick, hit, and bite (Baillargeon et al., 2007). Boys were also 2.5 times more likely than girls to be classified as highly aggressive. The sex difference in aggression remained the same when these children were followed for 1 year. One study examined sex differences in aggression among the elderly, ages 65–96 (Morales-Vives & Vigil-Colet, 2010). Although men were more physically aggressive than women, the size of the sex difference was small. There was no sex difference in verbal aggression.

Like the other domains in which women and men are compared, aggression is influenced by a variety of situational variables. One important situational factor is provocation, which may release women from the constraints the female gender role places on aggressive behavior. The Bettencourt and Miller (1996) meta-analysis showed that provocation led to greater aggression than nonprovocation, and that provocation altered the size of the sex difference in aggression. The sex difference was smaller under provocation conditions (d = +.17) than under neutral conditions (d = +.33). In addition, a judge's rating of the intensity of a provocation was negatively correlated with sex differences in aggression; in other words, the stronger the provocation, the smaller the sex difference.

Another situational variable that has been investigated is the emotional arousal generated by the situation. Because males may be more easily aroused than females and less able to regulate their emotions, Knight, Guthrie, Page, and Fabes (2002) predicted that sex differences in aggression would be minimal in situations of no/low or very high emotional arousal and maximal in situations of medium emotional arousal. As shown in Figure 4.9, at very low levels of arousal, one would expect sex differences to be small because both men and women can control their behavior. At very high levels of arousal, sex differences also would be small because emotion regulation is disrupted in both males and females. However, at a moderate level of arousal, one would predict larger sex differences because males will experience the arousal more intensely, and males will be less able to regulate the arousal than females. Their results supported this hypothesis. Sex differences in aggression were significant when there was no arousal (d = +.30) but larger when there was a small or medium amount of arousal (both ds = +.51) and not significant when there was high arousal (d = -.15). The idea that men are less able to regulate their emotions than women is consistent with research that shows men are more impulsive than women and less able to delay gratification than women (Campbell, 2006).



Figure 4.9 At low and high levels of arousal, sex differences in aggression are small. At medium levels of arousal, sex differences in aggression are largest.

Are sex differences in aggression getting smaller over time? As men's and women's roles have become more similar, have rates of aggression become more similar? One meta-analysis concluded that sex differences in aggression have not changed over time (Knight, Fabes, & Higgins, 1996). In terms of recent crime statistics, the arrest rate for girls has increased at a faster pace than that for boys. The increase in violence among girls may be more "apparent" than real, however. See <u>Sidebar 4.2</u> for a discussion of this issue.

***** Sidebar 4.2

Is Violence Increasing Among Women?

In their book The Female Offender, Chesney-Lind and Pasko (2004) argue that the media sensationalize female violence in part because it is the exception rather than the rule, but that violent crime among women has not increased in recent years. Recent data support this claim (Stevens, Morash, & Chesney-Lind, 2011). As shown in Figure 4.10, arrests for violent crime have decreased over the past few years for boys but have remained the same for girls—and arrests have remained substantially lower for girls than boys. Thus, there has been an increase in the proportion of arrests that involve girls. These arrests, however, are for less serious crimes, such as larceny (shoplifting) and status offenses (e.g., running away from home and curfew violation). When one compares youths' self-report of these crimes to rates of arrest, it appears that girls are more likely than boys to be arrested for the crime. The same pertains to drug offenses. Although boys are much more likely than girls to be arrested for drugs, the rate of arrest has increased much more for girls than boys—despite the fact that the sex difference in usage has remained the same. Some of the reasons that girls are making up an increasing proportion of juvenile offenders is that there have been changes in arrest policies (Stevens et al., 2011). For example, what used to be referred to as "status offenses" are now called assaults. So, in some sense, girls are being arrested due to "benevolent sexism"—the criminal justice system is trying to save girls and protect them from using drugs and doing poorly in school (Pasko & Chesney-Lind, 2010). It is not clear that this approach will work.



under the age of 18.

Source: Adapted from Federal Bureau of Investigation, Uniform Crime Reports (1998-2013)

Among adults there is an increasing number of women in prisons, but this increase is not due to an increase in violent crime among women but to an increase in less severe crimes, such as drugs and shoplifting. Even among white-collar crime, the typical female perpetrator differs from the typical male perpetrator. With the exception of Martha Stewart, the male who embezzles money is more likely to be a manager or an officer of the company, whereas the female who embezzles money is more likely to be a clerical worker or bank teller.

Measuring aggression is not as easy as you might think. The limitations of self-report methods are obvious. Are observations of behavior any more objective? We know from previous chapters that the same behavior may be construed differently when it is observed in a man or a woman. We may have a lower threshold for labeling a behavior as aggressive when the perpetrator is female compared to male. Examine how sex influences the perception of aggressive behavior with <u>Do Gender 4.3</u>.



Perceptions of Aggressive Behavior

Create two different scenarios of aggressive behavior, one a more mild display of aggression and one a more severe or moderate display. For each scenario, manipulate the sex of the perpetrator and the sex of the victim. You will have four different versions of each of the two scenarios. Ask a group of men and women to rate the aggressive behavior in terms of severity. Does the sex of the perpetrator, sex of the victim, or sex of the respondent influence perceptions? Does it depend on the severity of the aggression?

Sex of Victim

Men are not only more likely than women to be the perpetrators of aggression, but they are also more likely than women to be the victims of aggression. We often lose sight of this latter fact. Men are more likely than women to *report* being victims of physical aggression. In a study of sixth- and seventh-graders, boys reported being more victimized than girls and classmates concurred with these findings (Toomey, Card, & Casper, 2014). In a survey of more than 15,000 6th- through 10th-graders, more boys than girls reported being bullied in school (16% versus 11%; Nansel, Overpeck, Haynie, Ruan, & Scheidt, 2003).

The sex of the perpetrator and the sex of the victim are interrelated. The most frequent physical aggression occurs in the context of male dyads and male groups. Male-female aggression will be discussed in more depth in the context of romantic relationships in <u>Chapter 11</u>.

Laboratory research shows that who aggresses against whom depends on the characteristics of the perpetrator and the victim. In laboratory studies in which women and men compete with a confederate, men who subscribe to male gender-role norms are more aggressive to women who violate the female gender role than women who do not (Reidy, Shirk, Sloan, & Zeichner, 2009) and to gay men than heterosexual men (Parrott, 2009). Gender-nonconforming females also are more aggressive than gender-nonconforming males (Toomey et al., 2014), and people who are low in self-esteem and feel gender atypical (females and males) are the most aggressive toward gender-nonconforming peers (Pauletti, Cooper, & Perry, 2014).

Sexuality

Are men the more "sexual" sex, or did the sexual revolution and the women's movement of the 1960s and 1970s place women and men on more equal ground in the sexual arena? Again, the answer depends on how sexuality is defined. Petersen and Hyde (2010) conducted a meta-analysis on sexual attitudes and sexual behaviors from 834 independent samples. Most of these studies were conducted in the United States and Europe. This research addressed the file-drawer problem by including unpublished dissertations.

The results showed sex differences for 26 of the 30 attitudes and behaviors, most of which were small. Results showed that men, compared to women, report more sexual partners (d = +.36), more casual sex (d = +.38), more frequent masturbation (d = +.53), and greater use of pornography (d = +.63). Small differences appeared for the sex difference in sexual satisfaction (d = +.17), condom use (d = +.15), oral sex (d = +.06), and attitudes toward premarital sex (d = +.17)—all in the direction of sexual behavior being greater in men than women. The one exception was the frequency of same-sex sexual behavior, which was small but in the direction of females more than males (d = -.05). The sex difference in attitudes toward extramarital sex was small (d = +.01), but the sex difference in extramarital sex experiences was larger, in the direction of men (d = +.33).

Are sex differences in sexual behavior limited to young people, or do they persist across the lifespan? Petersen and Hyde (2010) examined age as a moderator variable but noted it was difficult to evaluate because most studies were of adolescents or young adults (i.e., college students). Sex differences in the incidence of intercourse, attitudes toward extramarital sex, and attitudes toward lesbians decreased with age. Year of publication was an important moderator of some sex differences. Sex differences in incidence of intercourse, casual sex, and attitudes toward casual sex became smaller with time.

One attitude domain in which sex differences are found is attitudes toward homosexuality. Overall, attitudes toward homosexuality have improved, with the most favorable gains being observed among older people (Wilke & Saad, 2013; see Figure 4.11). The meta-analysis showed that women report more favorable attitudes than men toward gay men (d = -.18), but there were no sex differences in attitudes toward lesbians (d = -.02). These differences are not surprising because homosexuality is viewed as a greater violation of the male gender role than the female gender role—a concern that is stronger among men.

Because the meta-analysis included data from several countries, the authors examined whether the gender equality of the country influenced the size of the sex differences. A gender equality measure was constructed based on the percentage of women in parliament, the percentage of women legislators, and women's income relative to that of men. Countries that scored higher on the gender equality measure revealed smaller sex differences in incidence of intercourse, oral sex, casual sex, masturbation, and attitudes toward gay marriage.

The authors were unable to examine ethnicity as a moderator variable for most of the sexual attitudes and behaviors because studies in the United States typically had mixed ethnicities and studies outside the United States typically examined a single ethnicity— European Americans. Yet, a few differences appeared. There were larger sex differences in incidence of intercourse among African Americans and smaller differences among Asian Americans compared to European Americans. There were smaller sex differences in masturbation among African Americans compared to European Americans.

One problem with research on sexuality is that the data, for obvious reasons, are gathered via self-report rather than observation. Thus, the conclusion we reach is that women and men report differences in sexual attitudes and behaviors. We must be cautious in interpreting these findings because demand characteristics (i.e., men's and women's desire to adhere to their gender roles) may influence the reports. One study demonstrated the influence of demand characteristics on sexual behavior with the use of a bogus pipeline (Alexander & Fisher, 2003). With a bogus pipeline, the respondent is hooked up to a nonfunctioning polygraph and led to believe that the machine can detect false answers. When college students were randomly assigned to a bogus pipeline condition compared to an anonymous condition (answers confidential) or a threatening condition (experimenter may see responses), the sex difference in reports of some sexual behaviors disappeared. As shown in Figure 4.12, reports of sexual behaviors for which there are gender-related expectations (i.e., masturbation and viewing pornography) were similar for males across the three conditions but differed for females. Females admitted to more of these kinds of sexual behaviors when their responses were anonymous and even more of these behaviors in the bogus pipeline condition than in the threat condition.



Figure 4.11 Overall, attitudes toward homosexuality have improved, with younger age groups being more favorable than older age groups. The largest change is observed among older adults.

Source: Adapted from Wilke and Saad (2013)

Another way to think about sex differences in sexual behavior is to focus on the variability in behavior rather than the average level of behavior. According to Baumeister (2000; Ainsworth & Baumeister, 2012), women's sexual behavior is more variable and is more responsive to situational factors compared to men's sexual behavior. He refers to this idea as **erotic plasticity**, the extent to which one's sex drive is

influenced by social and cultural factors. A meta-analysis of sexual behavior and attitudes over a 56-year-period (1943 to 1999) supports this theory. The meta-analysis showed that sexual behavior and attitudes became more permissive over the years, but the year of publication was a stronger predictor of female compared to male attitudes (Wells & Twenge, 2005). That is, female sexual behavior became more liberal with time compared to that of men. The sexual revolution of the 1970s had a greater impact on women's than men's sexual behavior.

Baumeister suggests that specific cultural and social factors have had a greater influence on women's sexual behavior compared to men. For example, religion is more closely tied to the sexual behavior of women; a very religious woman may not have sex outside of marriage, whereas a man might be willing to have sex outside of marriage regardless of his religious beliefs. There also is greater variation in women's sexual behavior than men's sexual behavior across cultures. Immigration studies show that women's sexual behavior changes as they become more acculturated into their new country, but men's sexual behavior remains the same.



Figure 4.12 Men's reports of sexual behavior were not affected by condition. However, women reported more sexual behavior when responses were anonymous and when led to believe that false answers could be detected by a polygraph (i.e., bogus pipeline) compared to the threat condition (experimenter would see responses). *Source:* Adapted from Alexander and Fisher (2003)

Data on sexual behavior among gender-variant individuals supports the theory of erotic plasticity (Ainsworth & Baumeister, 2012). Women are more likely to be bisexual than men, and more women report a combination of same-sex and other-sex attraction compared to men. Men are more likely to be exclusively homosexual or heterosexual and physiological data support this (Ngun, Ghahramani, Sanchez, Bocklandt, & Vilain, 2011).

Finally, the last piece of evidence that is used to support the theory of erotic plasticity is the finding that there is less consistency between sexual attitudes and sexual behaviors among women than men. In other words, aspects of the situation or the environment have more of an influence on women's sexual behavior. For example, whether a man uses a condom can be predicted from his attitudes about condoms; whether a woman asks a man to use a condom will be determined by a variety of other factors aside from her attitudes about condoms, such as the characteristics of the particular man. A review of 132 studies that examined the correlation between self-reports of subjective arousal and genital measures of arousal found a much higher correlation among men (r = .66) than women (r = .26; Chivers, Seto, Lalumiere, Laan, & Grimbos, 2010), underscoring the stronger connection between attitudes and behavior for men than women in the area of sexuality.

Why might women's sexual behavior be more variable than men's? Some argue that the difference is rooted in biology—that women's hormones make them more receptive to societal influences (Andersen, Cyranowski, & Aarestad, 2000). Others suggest the difference is rooted in social factors, specifically that men have more power than women, and it is more adaptive for low-power people (women) to change their behavior to fit the desires of high-power people (men; Hyde & Durik, 2000). Although there appears to be a great deal of support for women's greater erotic plasticity, the evidence is largely circumstantial. Studies are needed to test the theory.

General Personality Attributes

A review of sex differences in personality traits across 26 cultures showed that sex differences in personality were small but consistent in the direction of men being more assertive, women being more submissive, women being more nurturant, and women having more negative affect (Costa, Terracciano, & McCrae, 2001). In a study of 55 countries, sex differences in the Big 5 personality traits were examined (Schmitt, Realo, Voracek, & Allik, 2008). Women scored higher than men on neuroticism (d = +.40), extraversion (d = +.10), agreeableness (d = +.15), and conscientiousness (d = +.12), but there was no sex difference in openness to experience (d = -.05). In a more recent study that focused on adolescents across 23 countries, females scored higher than males on neuroticism, conscientiousness, and agreeableness and the effects were similar across cultures (De Bolle et al., 2015).

Interestingly, in the two cross-cultural studies of adults, sex differences were *smaller* among more traditional cultures. This is opposite to what we might have predicted. We would expect women's and men's behavior and thus their personality traits to differ the most in traditional cultures where female and male roles are most distinct. Costa and colleagues (2001) suggested that traditional cultures may link sex differences in behavior to "roles" rather than "traits." That is, in traditional cultures, men and women are viewed as behaving differently due to their distinct social roles; no personality traits are inferred from behavior. Indeed, other research has shown that Western cultures are more likely than other cultures to link behavior to traits (Church, 2000), a bias referred to as the *fundamental attribution error*.

Sex differences in personality may be more strongly linked to gender roles rather than

sex. For example, nurturance, empathy, and agreeableness are associated with being female and with psychological femininity, or communion. Assertiveness is associated with being male and with psychological masculinity, or agency.

Take Home Points

- There is a sex difference in empathy, favoring females. The size of the effect depends on how empathy is measured, with larger differences appearing on self-report measures and smaller differences appearing on observational and physiologic measures. Research on empathic accuracy provides evidence for the role of potential demand characteristics.
- A meta-analysis on helping behavior showed that men help more than women, contrary to expectations. However, this sex difference is limited to situations of danger. In the context of relationships, women help more than men.
- Men are more likely than women to be the perpetrators and victims of aggression.
- Sex differences in aggression (male more than female) are smaller under conditions of provocation and very low or very high arousal.
- Compared to women, men have more permissive attitudes toward sex, engage in more casual sex, have more sexual partners, and engage in more masturbation. Women have more favorable attitudes toward homosexuality than men. Differences in sexual behavior and attitudes may be construed in terms of a greater erotic plasticity in women compared to men.
- There are sex differences in some personality traits. Sex differences seem to be larger in more egalitarian cultures where behavior is more strongly linked to traits.
- For all the domains of social behavior, measurement is an important moderator. Self-report measures are influenced by demand characteristics as men and women try to behave in ways that fit their gender roles (e.g., empathy). Consistent with this idea, sex differences for some behaviors are larger under public than private conditions (e.g., helping).

Sex Comparisons in Moral Development

Imagine the following dilemma: Heinz has a wife who is dying, and he is unable to get a drug that would save her life. The only pharmacist who sells the drug is asking an exorbitant amount of money for it, and Heinz is poor.

This is the famous "Heinz dilemma." The question we are faced with is this: Should Heinz steal the drug? It is not the answer to the question that determines the extent of someone's moral development. Rather, it is the reasoning that is used to arrive at an answer.

This dilemma was used by Lawrence Kohlberg (1981) in his creation of a six-stage theory of moral development (see <u>Table 4.1</u>). Kohlberg evaluated people's stages of moral development by presenting them with a series of hypothetical moral dilemmas and coding their responses. The first two stages of moral development are called *preconventional* and emphasize the physical consequences of behavior. In other words, people decide for or against a behavior out of a fear of punishment or a desire to be rewarded. The third and fourth stages are called the *conventional* stages and emphasize the importance of rules and laws; the third stage emphasizes conformity to rules and others' expectations, whereas the fourth stages are referred to as *postconventional* and involve developing one's own internal standards, separate from those of society.

Table 1.1_Romberg 5 Stages of Motar Development		
1.	Preconventional	Concern for consequences; focus on punishment; obedience
2.		Concern for consequences; motivated by rewards
3.	Conventional	Conformity to others' expectations; concern with disapproval
4.		Adhere to legitimate authority; emphasize rules and justice
5.	Postconventional	Concern with community respect; focus on law
6.		Developing internal standards; moral principles

Table 4.1 Kohlberg's Stages of Moral Development

Source: Kohlberg (1963)

Kohlberg (1981) based his theory on a longitudinal study of boys, following them from elementary school through adulthood. Because Kohlberg's study excluded females, people began to question whether his theory applied to girls. Carol Gilligan was one such person. In 1982, she criticized Kohlberg's work, arguing that his stages did not fairly represent women's views of moral reasoning. Gilligan said that women often ended up being classified as having a lower stage of moral development than men when using the Kohlberg scheme. Girls often were classified at the third stage of development, which emphasizes how others feel about the situation, pleasing others, and gaining approval from others. Boys, by contrast, were more likely to be classified at the fourth stage, which emphasizes rules and duties, or the postconventional stage, which emphasizes individual rights and personal standards.

Gilligan (1982) argued that women do not have a moral orientation that is inferior to men's but an orientation that is different from men's. She argued that women have a **morality of responsibility** that emphasizes their connection to others, whereas men have a **morality of rights** that emphasizes their separation from others. Women are concerned with others' feelings, their responsibilities to others, and the effect their behavior has on relationships, whereas men are concerned with rights, rules, and standards of justice. Gilligan stated, "While she places herself in relation to the world ... he places the world in relation to himself" (p. 35). Kohlberg's stages of moral development emphasize the importance of developing a sense of justice, whereas Gilligan emphasizes the importance of a responsibility or care orientation.

Do women and men really think about morality differently? A meta-analysis of 160 independent samples showed a small sex difference in moral reasoning (Jaffee & Hyde, 2000). Women scored higher than men on a care orientation (d = -.28), and men scored higher than women on a justice orientation (d = +.19). However, a number of variables moderated these effects. One important moderator was the procedure used to elicit moral reasoning. Sex differences were larger when participants were asked to describe their own personal dilemmas (the procedure used by Gilligan) than when participants responded to standard dilemmas (the procedure used by Kohlberg). Thus, it may not be that men and women reason about morality differently; instead, men and women may construe different kinds of situations as moral dilemmas. Women face those that require a care orientation, and men face those that require a justice orientation.

Reactions to a real-life moral dilemma were examined in a web-based survey administered across the United States within a couple of months after 9/11 (Mainiero, Gibson, & Sullivan, 2008). Reactions were examined in terms of a care or justice orientation. Women scored higher than men on both care orientation reactions (e.g., I have a greater need to connect with others) and justice orientation reactions (e.g., I am concerned about the resolution of this conflict and achieving justice), although the sex difference in the care orientation was larger. Thus, women may have had a stronger response to the disaster overall than men but did not differ so much from men in their relative response. When women and men are faced with similar moral issues, they may respond in similar ways.

Another distinction researchers have made in considerations of moral decisionmaking that may have implications for gender is a morality based on **deontology** versus a morality based on **utilitarianism** (Friesdorf, Conway, & Gawronski, 2015). Deontology reflects a morality that is based on whether an action is consistent with one's moral norms. Utilitarianism reflects a morality that is based on the consequences of the action. To illustrate the difference between the two, the researchers give the example of a baby crying in a village in which people are hiding from soldiers who will kill them if found. If the baby is killed, the town will be saved—but at the expense of the baby's life. The action to kill the baby is viewed as utilitarian because it has the consequence of saving the maximum number of lives. The action to not kill the baby is deontologic because it preserves the moral norm not to kill. The investigators argue that utilitarianism is based more on cognitive processes, whereas deontology is based more on affective processes. In a meta-analysis of 40 studies, women adhered more strongly to deontology when resolving moral dilemmas than men (d = -.57), but men were only slightly more utilitarian than women (d = +.10). These findings may reflect women experiencing stronger affective reactions to moral dilemmas than men.

Morality also can be examined in terms of attitudes toward societal issues. Women hold more traditional and conservative views than men in terms of attitudes toward extramarital affairs, divorce, or legalizing marijuana (Eagly, Johannesen-Schmidt, Diekman, & Koenig, 2004). Women also score higher on an index of social compassion, which reflects concerns with issues such as gun control, racial discrimination, income disparity between rich and poor, and the death penalty. These sex differences have remained the same over 25 years.

One reason for some of these sex differences in attitudes toward social issues is that women are more religious than men, and religiosity underlies attitudes toward some social issues. A 2011 poll of people in the United States showed that women were more likely to find religion to be very important to them compared to men and also that Black women and men were more religious than White women and men (*Washington Post*, 2012). A study of British adults revealed that more women than men believed in life after death, and more men than women said they were atheist or agnostic (Budge, 2015).

Take Home Points

- Kohlberg's (1981) theory of moral development was criticized for excluding women during its creation; the concern was that women emerged as morally inferior to men.
- The controversy sparked the concept of two different views of morality, one emphasizing individual rights (justice) and the other emphasizing responsibility to others (care). The former was said to characterize men, and the latter was said to characterize women.
- However, research has shown that it is not so much that men and women view morality differently as that men and women face different kinds of moral dilemmas. Men seem to face moral dilemmas that focus on justice, and women seem to face moral dilemmas that focus on relationships.
- A more recent distinction between a deontological and utilitarian view of morality has shown that women are more deontologic than men, suggesting women have stronger affective responses to moral dilemmas compared to men.
- Women are more religious than men, which may explain why women have more conservative attitudes toward some social issues (e.g., extramarital affairs) and are more concerned with social issues involving compassion and social justice (e.g., racial discrimination, death penalty).

Sex Comparisons in Social Development

List 10 responses to the following question: "Who am I?" Your responses to this question indicate how you define yourself, that is, your identity. The achievement of an identity is one of several stages of Erikson's (1950) stages of social development. According to his theory, social development proceeds through a set of stages; the issues of one stage of development must be resolved successfully before proceeding to the next stage. The identity stage precedes the intimacy stage. That is, one must have established a firm identity before one can establish a truly intimate relationship.

People who study gender have taken issue with the sequence set forth by Erikson. If the achievement of an identity precedes the achievement of intimacy, how do we explain the person who achieves his or her identity in part by connection to others? Some researchers have argued that Erikson's sequence may describe men's social development better than women's social development (Gilligan, 1982; Marcia, 1993) because women are more likely to experience identity and intimacy simultaneously. That is, part of women's identity is their relationship with others.

Early research on adolescents supported this theory (Douvan & Adelson, 1966). Boys formed their identities by making concrete occupational plans, whereas girls' future plans were unclear—their identity would be shaped by whom they married. Thus, girls' identities were a consequence rather than an antecedent of intimacy. Did this mean boys had reached a higher level of social development than girls? No. At that time, boys and girls were socialized in ways that made for very different identity formations.

It is not clear whether women and men today follow different courses of social development. In one study, high school students were presented with dilemmas that raised intimacy and identity issues and asked how they would resolve them (Lacombe & Gay, 1998). Girls were more likely than boys to combine intimacy and identity concerns in their explanations. A more recent 10-year longitudinal study of adolescents in Germany showed that identity at age 15 predicted intimacy at age 25, but intimacy at age 15 did not predict identity at age 25—for both males and females (Beyers & Seiffge-Krenke, 2010). Thus, it appeared that identity preceded intimacy for both sexes. Finally, a meta-analytic review of the link between identity status and intimacy was undertaken (Arseth, Kroger, Martinussen, & Marcia, 2009). The two were clearly linked and the relation was significantly stronger in males than females. Although a large proportion of both females and males in the high-intimacy status had achieved identity, few males in the low-identity status had achieved intimacy. This was not the case for females, suggesting that identity was needed for intimacy among males but that females were more likely to merge the two concerns.

Take Home Points

- According to Erikson's theory of social development, identity achievement precedes intimacy achievement.
- The theory was criticized as applying to men more than women because women may achieve their identity in part by establishing intimacy.
- More recent research suggests that identity and intimacy are more intertwined for females than males.

Sex Similarities Hypothesis Revisited

Having reviewed all the sex differences in this chapter, you may feel a bit overwhelmed. Are there sex differences in cognitive and social abilities or not? Hopefully, you have reached two conclusions: (1) There are few sizable sex differences, and (2) among the ones that do exist, there are a host of moderator variables. These points were driven home by a review article of 46 meta-analyses on sex differences, some of which were discussed in this chapter. From this review, Hyde (2005) concluded that it is not the case that "men are from Mars and women are from Venus." As shown in Figure 4.13, the vast majority of effect sizes were quite small. This article, now famously cited in support of the "sex similarities hypothesis," elicited strong reactions from the field. Thus, in response, Zell, Krizan, and Teeter (2015) published a meta-synthesis, which averaged across an even larger number of effect sizes-specifically, 386 meta-analytic effects published from 106 meta-analyses. Across all domains, they found an average effect size of d = .21—again, relatively small. Of the effects, 46% were categorized as very small and 39% were categorized as small. The size of the effects did not seem to be moderated by year of publication, domain, or culture. The only significant moderator examined was the quality of the meta-analysis, in the direction of higher-quality meta-analyses revealing smaller effect sizes. Thus, the "sex similarities hypothesis" prevails.

When it comes to sex comparison research, scientists have recognized that gender is a continuum rather than a categorical variable (Carothers & Reis, 2013). Sex differences in the domains reviewed here (e.g., interests in math and science, sexuality, and personality) as well as sex differences in domains reviewed in subsequent chapters (e.g., mate preferences and intimacy in <u>Chapter 9</u>) are really a matter of degree rather than all-or-none categorical differences. In other words, it is not as if all males are interested in math and all females are interested in English. And knowing if someone is high on one marker of femininity does not imply the person will score high on another marker. The distributions are overlapping and differences are small.



Figure 4.13 Effect sizes for sex differences in cognition, communication, social and personality variables, selfesteem, motor skills, activity, and moral reasoning. Source: Adapted from Hyde (2005)

Summary

I reviewed the evidence for sex differences in cognitive abilities, specifically spatial skills, math skills, and verbal skills. Overall, most of the differences are small to nonexistent. For each domain, the size of the sex difference varies with how the ability is assessed. For example, in the spatial skills domain, there is a substantial sex difference favoring males for one particular skill, the mental rotation task, but negligible differences for the other spatial skills. Sex differences in math skills seem to have disappeared with time, although a sex difference in attitudes toward math persists. In terms of verbal skills, many differences are small, but the female advantage in writing is an exception. The size of many sex differences depends on the nature of the population studied. Among those gifted in math, men are much more likely than women to appear in the upper tail of the distribution. Among children with verbal difficulties, there is a preponderance of boys over girls. For many of these areas of cognition, the differences seem to be getting smaller with time.

I also reviewed the evidence for sex differences in a number of social behaviors. Many domains show larger sex differences when self-report methods are used compared to more objective measures of behavior. For example, self-reports of empathy demonstrate a substantial sex difference favoring women, but observational measures are less clear. Other sex differences in social behavior are influenced by the environment; for example, sex differences in aggression are reduced under conditions of provocation. Sexuality encompasses a number of attitudes and behaviors, most in the direction of men being more liberal and engaging in the behavior more than women. Demand characteristics are a major concern in this area. A provocative idea is that women's sexual attitudes and behavior are more variable than those of men, as suggested by the theory of erotic plasticity. One limitation of much of this research is a lack of external validity because social behavior is often studied in the laboratory, where the natural context is removed.

Two stage theories of development, moral development and social development, may differ for women and men. Men may define morality in terms of justice and women in terms of responsibility or connection to others. If true, previous theories of moral development may unfairly represent women as inferior. However, it appears that women and men have similar views of morality but face different moral dilemmas that call for construing morality differently. It also may be that affect is more involved in women's than men's responses to moral dilemmas. The classic theory of social development was criticized as assuming that identity is achieved before intimacy in women. The jury is still out on this issue, but it appears that women may be more likely than men to merge the two concerns.

I concluded the chapter with a discussion of the "sex similarities hypothesis." A narrative review of meta-analyses followed by a statistical review (meta-synthesis)

concluded that the vast majority of effect sizes for sex comparisons in social and cognitive domains are small, thus supporting the idea that women and men are both from Earth.

Discussion Questions

- 1. After reading one of the meta-analytic reviews cited in this chapter, what are some of the details on the procedures used, and what are some more specific findings?
- 2. For which of the cognitive domains is there the most evidence of sex differences? Sex similarities?
- 3. What are some common moderator variables across sex comparisons in math, verbal, and spatial skills?
- 4. Among the cognitive domains examined, which sex differences seem to be disappearing with time, and which seem to have persisted?
- 5. Which cognitive differences between women and men seem most likely due to environmental factors, and which seem most likely due to biological factors?
- 6. What are some of the methodological problems in making sex comparisons in social behavior?
- 7. What are some moderator variables of sex differences in aggression?
- 8. How could you test the theory of "erotic plasticity"?
- 9. Do women and men define morality differently?
- 10. How are identity and intimacy related for men and women today? Should Erikson's theory be modified?

Suggested Reading

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Key Terms

Confirmatory hypothesis testing—Process of noticing information that confirms stereotypes and disregarding information that disconfirms stereotypes.

Deontology—A morality that is based on upholding moral norms.

Effect size—Size of a difference that has been found in a study.

Empathy—Ability to experience the same emotion as another person or feel sympathy or compassion for another person.

Empathic accuracy—Ability to infer another person's thoughts and feelings.

Erotic plasticity—Extent to which one's sex drive is influenced by social and cultural factors.

File-drawer problem—Difficulty encountered when compiling a review of scientific literature because studies showing null results are unlikely to be published.

Gender intensification—Concern on the part of girls and boys with adherence to gender roles; applies to adolescence.

Meta-analysis—Statistical tool that quantifies the results of a group of studies.

Meta-synthesis—Taking the average effect size across a series of meta-analyses.

Moderating variable—Variable that alters the relation between the independent variable and the dependent variable.

Morality of responsibility (care orientation)—Moral reasoning that emphasizes connections to others, responsibilities, and others' feelings.

Morality of rights (justice orientation)—Moral reasoning that emphasizes separation from others, rights, rules, and standards of justice.

Narrative review—Review of scientific literature in which the authors reach their own conclusions about whether the majority of studies provide evidence for or against the topic of the review (e.g., sex differences).

Social dilemma—A dilemma that pits self-interest against group interest; what is good for the group is not the best course of action for the individual.

Utilitarianism—A morality that is based on the consequences of action or inaction.

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Chapter 5

Sex-Related Comparisons

Now the opposite of the male is the female... In human beings the male is much hotter in its nature than the female. On that account, male embryos tend to move about more than female ones, and owing to their moving about they get broken more, since a young creature can easily be destroyed owing to its weakness. And it is due to this self-same cause that the perfecting of female embryos is inferior to that of male ones... We should look upon the female state as being as it were a deformity, though one which occurs in the ordinary course of nature. (Aristotle, 1963, pp. 391, 459, 461)

Aristotle had one theory of sex differences. Somewhat later, John Gray (1992) set forth another in *Men Are From Mars, Women Are From Venus*:

One day long ago the Martians, looking through their telescopes, discovered the Venusians. Just glimpsing the Venusians awakened feelings they had never known. They fell in love and quickly invented space travel and flew to Venus. The Venusians welcomed the Martians with open arms... . The love between the Venusians and the Martians was magical. They delighted in being together, doing things together, and sharing together. Though from different worlds, they reveled in their differences... . Then they decided to fly to Earth. In the beginning everything was wonderful and beautiful. But the effects of Earth's atmosphere took hold, and one morning everyone woke up with a peculiar kind of amnesia... . Both the Martians and Venusians forgot that they were from different planets and were supposed to be different... . And since that day men and women have been in conflict.

(pp. 9–10)

These two theories about the origin of sex differences are quite different and hardly comparable. The first was developed by a famous world-renowned philosopher, the second by a person with a questionable educational background. But both theories share the idea: Men and women are opposites.

In <u>Chapter 4</u>, I reported many sex similarities and a number of sex-related differences. In this chapter, I address the explanation of those differences. These theories are applicable to the origin of sex differences in cognition and social behavior, as well as to the development of gender roles. I discuss biology, including the role of genes, hormones, and brain anatomy, and evolutionary theory, a field that applies biological principles to the understanding of social behavior. I examine psychoanalytic theory, social learning theory, cognitive development theory, and a bridge of the latter two theories—gender schema theory. I discuss at length gender-role socialization and a related theory, social role theory. I end the chapter by presenting a premier social-psychological theory of sex differences that emphasizes the more immediate (i.e., situational) factors (Deaux & Major, 1987).

As you will see, there is no one correct theory. The answer is not either nature (e.g., genes) or nurture (e.g., socialization) but a combination of the two. We are becoming increasingly aware that it is the interaction between biological and social factors that best explains the origin of sex differences and the development of gender roles.
Biology

Biological theories of sex differences identify genes and hormones, as well as the structure and function of the brain, as the causes of observed differences in cognition, behavior, and even gender roles, sexual orientation, and gender identity.

Genes

Gender researchers have historically shied away from an examination of genetic contributions to sex differences. Why? People were concerned that evidence of a genetic basis for males' greater spatial ability or females' greater empathy would justify the existence of sex differences in cognition and social behavior and affirm traditional gender roles. If researchers found a gene that was linked to the mental rotation task and a gene that was linked to nurturance, would society assume that women are meant to stay home and raise children and men are meant to be engineers? Modern genetics research focuses on the interaction between genes and the environment (Salk & Hyde, 2012). There is now recognition that individual genes account for a very small portion of the variance in behavior. At times, the impact of a gene is determined by the environment. Gene expression is said to be developmental because it often depends on the environment and unfolds over time. Epigenetics is the study of how the environment influences when genes are expressed, and it is critical to the study of gender because a key environmental factor is hormonal fluctuation. Thus, there is no need for gender researchers to fear the study of genetics. Instead, a recognition of the genetic contribution to behavior could inform researchers about predisposing factors that then interact with the environment.

Are there genes that contribute to gender-related behavior? The contribution of genes to femininity and masculinity has been examined by comparing monozygotic twins (also known as identical twins) who share 100% of their genes to dizygotic twins (fraternal twins) who share 50% of their genes. The theory behind these twin studies is that genes explain the greater similarity in behavior between identical twins compared to fraternal twins because the environment for both sets of twins is the same, but the genes differ. One such study of 3- and 4-year-old twins examined the genetic and environmental contribution to sex-typed behavior (Iervolino, Hines, Golombok, Rust, & Plomin, 2005). There was greater correspondence in behavior among monozygotic than dizygotic twins, and greater correspondence between dizygotic twins than siblings. In the end, the authors concluded that both genetics and environment made significant contributions to sex-typed behavior, but that the genetic contribution was stronger for girls than boys. The same twins were examined to determine the genetic and environmental contribution to gender atypical behavior (Knafo, Iervolino, & Plomin, 2005). Genes were said to account for a moderate amount of the variability, but environment was said to account for a substantial portion of variability. Again, the genetic component was stronger for girls than boys.

Twin studies also have been used to examine the heritability of sexual orientation and gender identity. There is a genetic component to sexual orientation (Ngun, Ghahramani, Sanchez, Bocklandt, & Vilain, 2011) and a genetic component to gender-variant identities, which largely refers to transgender persons (Veale, Clarke, & Lomax, 2010). The concordance of homosexuality is considerably higher among monozygotic twins than dizygotic twins—20% to 24% compared to 10% or less (Hyde, 2005). This difference applies to both gay men and lesbians. However, if one identical twin is homosexual, the chance that the other identical twin is homosexual is far from 100%. A study of female monozygotic and dizygotic twins in their 50s examined the genetic contribution to sex typicality and sexual attraction (Burri, Spector, & Rahman, 2015). Those who exhibited masculine behavior and interests reported greater same-sex sexual attraction and a greater number of sexual partners whether heterosexual or homosexual. The authors concluded that there was a shared set of genetic factors that were associated with gender typicality, sexual orientation, and sexuality.

Aggression is one social behavior for which there are clear-cut sex differences, and some of this difference has been attributed to biology. Twin studies find a much stronger correlation of aggressive behavior between monozygotic than dizygotic twins. A metaanalysis of 51 twin and adoption studies showed that genetics accounted for about 40% of antisocial behavior, including criminal behavior, delinquency, and behavioral aggression (Rhee & Waldman, 2002). Sex-related chromosomal abnormalities also have been linked to aggression. An early genetic theory of aggression focused on the role of an extra Y chromosome in men (Manning, 1989). Some studies found a higher than average proportion of men with the XYY configuration in prison than in the normal population. However, more recent studies have called this finding into question. Even if the XYY pattern is linked to aggression, the vast majority of the criminal population does not have this extra Y chromosome, and a vast majority of people with the extra Y chromosome are not prisoners. Studies have shown that boys with the XYY pattern are more irritable and have more temper tantrums than boys without that configuration. However, it also is the case that parents of these children are aware of the extra Y chromosome and the potential link to aggression. These parents may respond to their child's behavior differently, which may further encourage aggressive behavior.

Turner syndrome is a genetic condition in which girls are missing all or part of the second X chromosome. Studies that have compared girls with and without Turner syndrome find that those with Turner syndrome have more social difficulties (McCauley, Feuillan, Kushner, & Ross, 2001) and more difficulties recognizing faces and facial expressions of emotion (Lawrence, Kuntsi, Coleman, Campbell, & Skuse, 2003). In both cases, the linkage is with deficits in behaviors that are categorized by society as feminine.

Genes also have been implicated in sex differences in cognitive abilities—in particular spatial ability. Twin studies have focused on the mental rotation task. Findings are inconsistent as to whether the genetic and environmental contributions are the same for

males and females (Suzuki, Shikishima & Ando, 2011; Vuoksimaa et al., 2010).

Hormones

Hormones are chemicals produced by the endocrine system that circulate throughout the body. There are two classes of sex-related hormones: **estrogens** and **androgens**. The female sex hormones are estrogens, and the male sex hormones are androgens (e.g., testosterone). This does not mean, however, that females have only estrogens and males have only androgens; women and men have both kinds of hormones but in varying amounts. Sex hormones affect the brain, the immune system, and overall health. Undoubtedly, hormones also influence behavior. The question is, to what extent?

How can we evaluate the effects of hormones on women's and men's behavior? It is not easy to manipulate people's hormone levels. One avenue of research that has enabled us to study the influence of hormones on behavior is the study of **intersex conditions**. Intersex conditions are ones in which there is some inconsistency between the individual's chromosomal sex and phenotypical sex. Either the person's physical appearance with respect to sex organs is inconsistent with the chromosomal sex or the person's physical appearance is ambiguous.

One of the most common intersex conditions is congenital adrenal hyperplasia (CAH), a genetic disorder resulting from a malfunction in the adrenal gland that results in prenatal exposure to high levels of male hormones and a lack of cortisol. Girls with CAH may be mistaken for boys because their genitals are somewhat masculinized (e.g., enlarged clitoris). Boys with CAH do not have any adverse effects on their genitals but may suffer other ill effects from an excess of androgen.

What is the consequence of exposure to an excess of androgens in utero? In terms of cognition, a meta-analytic review of the literature showed that girls with CAH have superior spatial skills compared to girls without CAH (Puts, McDaniel, Jordan, & Breedlove, 2008). The link of testosterone to spatial skills is not a simple one, however, because boys with CAH had inferior spatial skills compared to boys without CAH (Puts et al., 2008). Puts and colleagues suggested a curvilinear relation between androgens and spatial abilities, as shown in Figure 5.1, which would explain why exposure to androgens increases spatial abilities in girls but decreases spatial abilities in boys. There is also evidence that CAH females are similar to nonaffected males in terms of brain structure. In a study of brain activation in response to facial emotions, amygdala activation in CAH females was stronger than that observed among non-CAH females and similar to that observed among males (Ernst et al., 2007).



Androgens

Figure 5.1_Hypothetical relation of androgen exposure to the development of spatial skills. Both low and high levels of exposure to androgens are related to lower levels of spatial skills. Because girls have lower levels of androgens than boys, increased exposure to androgens in utero (CAH) increases their spatial ability. By contrast, additional exposure to androgens among boys leads to decreased spatial ability. Thus, very low levels of androgens (non-CAH girls) and very high levels of androgens (CAH-boys) are associated with lower levels of spatial ability. *Source:* Adapted from Puts et al. (2008)

Is there any evidence that hormones are related to social behavior? Again, we can turn to the studies on CAH. There are numerous studies that have linked CAH to masculine gender role behavior (Pasterski et al., 2015). For example, a study that compared 3- to 11year-old CAH girls and boys to their unaffected siblings showed that CAH girls were more active and aggressive than non-CAH girls, similar to levels of non-CAH boys (Pasterski et al., 2007). There were no differences in activity or aggression between CAH and non-CAH boys. Similar findings have been shown with respect to play behavior. CAH girls are less likely to play with female toys and more likely to play with male toys, whereas play behavior in boys is unaffected by CAH (Wong, Pasterski, Hindmarsh, Geffner, & Hines, 2013). However, the latter study also measured parental encouragement of typical-boy and typical-girl play and found that parental encouragement accounted for a portion of the differences in play between CAH and non-CAH girls. The question remains as to whether parental behavior influenced the girls' play or whether the girls' choice of play shaped the parents' behavior.

Researchers also have investigated whether exposure to prenatal androgens is linked to sexual orientation or gender identity issues. There is less research in this area, but there may be a link between CAH and homosexuality or bisexuality in women (Hines, Brook, & Conway, 2004). However, the size of this effect is small, meaning the majority of CAH women are heterosexual. In addition, it is the degree of prenatal exposure to androgens that seems to be related to a greater likelihood of homosexuality or bisexuality in CAH women (Meyer-Bahlburg, Dolezal, Baker, & New, 2008). One study showed that girls with CAH had a higher desire to be the other sex than controls, whereas there was no difference in gender identity among CAH and non-CAH boys (Pasterski et al., 2015). These findings were independent of gender-role behavior, which is often confounded with gender identity. However, other research is less clear that exposure to androgens is linked to male gender identity in biological females (de Vries, Kreukels, Steensma, & McGuire, 2014).

There are three potential explanations for the link of CAH to spatial skills, masculine social behavior, and homosexuality (Jordan-Young, 2012; Puts et al., 2008). First, androgens could affect areas of the brain that are linked to spatial skills, masculine social behavior, and sexual orientation. Second, androgens could affect the tendency to engage in activities that affect cognition and behavior. For example, androgens make children more active, which then leads them to more masculine-type behavior. A specific social behavior that has been linked to activity and male hormones is aggression. See Sidebar 5.1 for a discussion of this issue. Third, the masculinization of appearance could somehow influence behavior. Girls with CAH are often born with ambiguous genitalia, a condition usually altered with surgery—a surgery that could be traumatizing in and of itself. There are other physiological effects of CAH, such as the presence of facial hair, short stature, and obesity, that may make the individual appear more masculine to both the self and others. The parents and the children are aware of prenatal exposure to androgens. Parents might expect the CAH child to exhibit more masculine behavior, provide the child with more masculine toys and masculine activities, and respond more favorably to masculine behavior displayed by the child. The child herself also might be more comfortable engaging in masculine activities because of her own awareness of the exposure to male hormones. It is difficult to disentangle this issue from the research.

***** Sidebar 5.1

Does Testosterone Cause Aggression?

Hormonal explanations for male violence often center on the male hormone, testosterone. Is there any evidence that testosterone is linked to violence? A meta-analysis of 54 samples showed a weak but positive relation of testosterone to aggression (d = +.28; Book, Starzyk, & Quinsey, 2001). For males, the relation decreased with age such that the largest effect was observed among 13- to 20-year-olds (d = +.58). The most aggressive behavior seems to be linked to a combination of high testosterone and low cortisol (Terburg, Morgan, & van Honk, 2009). Studies of male prisoners have found that testosterone levels are higher among men who committed more ruthless crimes (i.e., premeditated; Dabbs, Riad, & Chance, 2001) and among men who committed personal crimes of sex and violence than property crimes of burglary, theft, or drugs (Dabbs, Carr, Frady, & Riad, 1995). In addition, prisoners with high testosterone levels were more likely to have violated prison rules.

Thus, a relation exists between aggression and testosterone, but the evidence is far from clear that testosterone plays a causal role in aggression because the research is largely correlational. Does testosterone cause aggression, or does behaving aggressively lead to a rise in testosterone? Or is there a third variable responsible for both? It appears that the relation of testosterone to aggression is an oversimplification of a broader phenomenon (Eisenegger, Haushofer, & Fehr, 2011). Testosterone is linked to behavior that maintains high status, of which aggression is one. In addition, the achievement of high status is associated with an increase in testosterone. Testosterone is linked to engaging in dominant behavior, and testosterone increases in response to competitive situations—especially when winning. Testosterone is also related to a number of social behaviors that would be consistent with status-seeking, such as being more vigilant to angry faces, and perceiving faces as less trustworthy. Testosterone is related to reduced facial mimicry (i.e., imitating or trying to express another's emotions), which is a correlate of empathy—empathy is antithetical to competition and winning.

Testosterone also interacts with situational factors, such as a threat to status or competition, to produce aggressive behavior (McAndrew, 2009). Some situational factors, such as noise or alcohol, could exacerbate the effects of hormones on aggression, whereas other situational factors, such as the knowledge that the behavior is inappropriate for a specific situation, could inhibit the effect of hormones on aggression. See <u>Figure 5.2</u> for a plausible model of how situational factors interact with biology to influence overall status-seeking behavior, of which aggression is one.

Another way to examine the effect of hormones on cognition and behavior is to examine the relation of different levels of hormones across women and men to a behavior. This kind of correlational design has been used by researchers who sample the amniotic fluid of pregnant women to measure prenatal exposure to testosterone. Higher levels of testosterone have been associated with more male-typical play behavior in 6- to 10-year-old girls and boys (Auyeung et al., 2009), greater **lateralization** of language at age 6 in girls and boys (Lust, et al., 2010), and less empathy in 4-year-old girls and boys (Knickmeyer, Baron-Cohen, Raggatt, Taylor, & Hackett, 2006). Levels of estrogen have been linked to maternal behavior in a study that showed women reported greater desires

for children in the late follicular phase of their menstrual cycle when estrogen levels were at their peak (Law Smith et al., 2012).



Figure 5.2 Factors such as competition and threat to social status may evoke a biological response, which could increase status-seeking behavior. Some factors, such as noise and alcohol, could magnify that response, whereas other factors, such as the knowledge that the behavior is inappropriate for the situation, could inhibit the response. Aggression is the status-seeking behavior most often studied, but status-seeking behavior also includes dominance, competitiveness, and lack of empathy.

Source: Adapted from McAndrew (2009) and Eisenegger et al. (2011)

Some studies have begun to manipulate hormones to examine their effects on behavior. In one such experiment, testosterone was administered to healthy women and improved their performance on the mental rotation task (Aleman, Bronk, Kessels, Koppeschaar, & Van Honk, 2004). In a study of male college students, testosterone versus a placebo was administered prior to playing an economics game (Zak et al., 2009). The men who received the testosterone were less generous than the control group, and higher testosterone levels were associated with greater punishment of the competitor.

The relation of male hormones to gender-related behavior also has been studied among people who are genetically male (XY chromosome) but have an insensitivity to androgens. These individuals have what is known as *complete androgen insensitivity syndrome* (CAIS) and are born with testes instead of a uterus but have female genitalia.

Recall that all fetuses begin with female genitalia but masculinizing hormones alter the genitals to become male; this does not occur in CAIS. The testes are typically surgically removed, and children are reared as females. Research is inconsistent as to whether CAIS is associated with gender-related behavior or not; one study linked CAIS to female play (Zuloaga, Puts, Jordan, & Breedlove, 2008) and one study did not (Hines, Ahmed, & Hughes, 2003). A study that compared typical men, typical women, and CAIS women in terms of brain activation to sexual images showed that men had greater amygdala activation than typical or CAIS women and that there were no differences between the two groups of women (Hamann et al., 2014). In addition, CAIS has not been shown to be associated with gender identity distress (T'Sjoen et al., 2011). Historically, many people in the medical community believed hormones (and the social environment) could override genes in determining gender-role behavior. See <u>Sidebar 5.2</u> for a discussion of a noteworthy case that challenged this perception.

***** Sidebar 5.2

Raising a Boy as a Girl-Nature Versus Nurture

Twin boys, Brian and Bruce Reimer, were born to a couple in Canada in 1965. When Bruce was circumcised at 8 months, the penis was accidentally destroyed. Distraught, the parents turned to Dr. John Money, a noteworthy sex researcher from Johns Hopkins whom they saw on television. Dr. Money had said that you could change a child into a boy or a girl with surgery and hormones, and the child's genetics did not matter. The Reimers visited Dr. Money in 1967. Dr. Money suggested that the Reimers castrate Bruce and raise him as a girl. The parents followed Dr. Money's advice. They changed Bruce's name to Brenda, dressed him in girls' clothes, and gave him girl toys. Dr. Money published numerous articles about this study, citing it as a spectacular example of how a child's sex could be changed. The scientific reports claimed the entire family had adjusted easily to the situation. These results trickled down to the lay community, as evidenced by a Time magazine report: "This dramatic case ... provides strong support ... that conventional patterns of masculine and feminine behavior can be altered. It also casts doubt on the theory that major sex differences, psychological as well as anatomical, are immutably set by the genes at conception" (Time, January 8, 1973, p. 34).

However, a later report published by Diamond and Sigmundson (1997) in the Archives of Pediatrics & Adolescent Medicine and a biography of Bruce/Brenda written by John Colapinto (2000) suggested differently. Brenda rejected feminine toys, feminine clothing, and feminine interests right from the start. She had no friends, was socially isolated, and was constantly teased and bullied by peers. She perceived herself as a freak and believed early on she was a boy. When she expressed these concerns to Dr. Money during the family's annual visits to Johns Hopkins, they were ignored. During adolescence, Brenda was given hormones to develop breasts. She strongly objected to taking the hormones and often refused. By age 14, she had decided to become a boy and adopt the lifestyle of a boy. Finally, Mr. Reimer broke down and confessed to Brenda what had happened. In the biography, the teenager recalls feelings of anger and disbelief but mostly relief at his dad's revelation. Brenda started taking male hormones, had surgery to remove the breasts, and became David. At age 25, he married.

A short time later, David revealed the full story of his life to John Colapinto who wrote his biography, As Nature Made Him (Colapinto, 2000). Unfortunately, the past could not be erased for David. Facing the death of his twin 2 years earlier, marital difficulties, clinical depression, and unemployment, he took his own life on May 5, 2004. The author of his biography, John Colapinto, said that he was shocked but not surprised by the suicide and lamented that "the real mystery was how he managed to stay alive for 38 years, given the physical and mental torments he suffered in childhood that haunted him the rest of his life" (Colapinto, 2004).

If androgens have a "masculinizing" effect on girls, do estrogens have a "feminizing" effect? Most of the research addressing this question has come from exposure to a synthetic estrogen, diethylstilbestrol (DES), prescribed for pregnant women in the 1960s to prevent miscarriage. Its use was discontinued when it was linked to cancer. In a sample of more than 8,000 men and women exposed to DES, there was no evidence that exposure was related to sexual orientation and little evidence that it was related to other psychosexual characteristics (Titus-Ernstoff et al., 2003).

A complicating factor in all of these studies is that prenatal exposure to hormones is not an all or none process. There are different levels of exposure, and the largest effects seem to appear at the highest levels of exposure. There also may be critical periods for exposure, and these critical periods may differ across domains of cognition and behavior (Hines et al., 2003). The evidence presented here suggests that the effects of prenatal hormones on gender-role behavior are stronger among girls than boys. It may be that gender-role behavior is more fluid in society for girls than for boys. Boys may feel stronger pressures to adhere to the male role, overcoming the impact of any prenatal hormone exposure.

<u>The Brain</u>

Perhaps the brain can explain sex differences in cognition by simply showing that women are "right-brained" and men are "left-brained"—or is it the reverse? Spatial abilities are located in the right hemisphere, and verbal abilities are located in the left hemisphere. Aha! So it must be that males are right-hemisphere-dominant, and females are left-hemisphere-dominant. Unfortunately, this theory does not hold up very well. The left hemisphere is also responsible for analytical skills, those required in math; thus, if females are left-hemisphere-dominant, they should be better than males at math.

One possibility that researchers have entertained for decades is that women's brains are more bilateral than those of men; that is, women are more likely than men to use either hemisphere of their brain for a specific function. Men, by contrast, are said to be more lateralized, meaning the two hemispheres of the brain have more distinct functions. In support of this theory, researchers have tried to argue that women have a larger corpus callosum than men—the corpus callosum being the structure that connects the right and left hemispheres allowing for greater communication. However, there is controversy over whether there are sex differences in the size of the corpus callosum. To many people's surprise, a meta-analytic review of the literature showed no sex differences in the shape or size of the corpus callosum (Bishop & Wahlsten, 1997). Most studies do not find a sex difference in brain lateralization, but among the ones that do, men appear to be more lateralized than women. Thus, the sex difference in brain lateralization remains controversial.

Research on the brain has proliferated over the past few decades, starting with the 1990s being labeled the "decade of the brain." In an attempt to link sex differences in cognition and behavior to the brain, researchers have examined whether different areas of the brain are activated for women and men when performing the same task. If true, this could explain sex differences in cognitive abilities and social behavior. One study examined neural activation during the mental rotation task and found that areas associated with visual attention were more strongly activated in males than females (Semrud-Clikeman, Fine, Bledsoe & Zhu, 2012). However, among adolescents, it appears that different areas of the brain are activated even when performance is the same (Lenroot & Giedd, 2010). Thus, differential activation does not necessarily translate into

differential performance. Females and males may use different strategies—which activate different parts of the brain—to achieve the same outcome.

There are literally thousands of studies that show sex differences in some aspects of the brain. However, sex differences in brain structure do not translate into sex difference in brain function (de Vries & Sodersten, 2009). As noted above, a sex difference in an area of the brain does not always lead to a sex difference in observed behavior. Different structures or differential brain activation can lead to the same behavior.

In addition, people assume the brain is static, but it is malleable. A study of juggling showed how behavior can alter the brain. One group of young adults was taught how to juggle over a 3-month period, and one group was not. Despite the fact that brain scans showed no differences between the two groups prior to the study, differences in brain structure related to motion processing emerged after 3 months for the juggling group (Draganski, Winkler, Flugel, & May, 2004). However, the brain structure difference disappeared when juggling ceased. I came across a study of a high school student from Australia at the 2015 Intel International Science and Engineering Fair that showed people who played the flute or violin had increased abilities to detect auditory frequencies but that this ability ceased upon failing to practice. This also is likely evidence of changes in the brain that are shaped by changes in behavior. Thus, it is not clear whether a sex difference in brain structure and function is a cause or consequence of behavior.

Researchers also have examined whether different areas of the brain can be linked to gender roles and gender identity. A study that examined brain data from MRIs showed that masculinity was associated with greater volume of white matter in the frontal lobe, and femininity was associated with greater volume of gray matter in the temporal lobe in both females and males (Belfi, Conrad, Dawson, & Nopoulos, 2014). Researchers have shown that some aspects of the brain of homosexual men are more similar to the brains of heterosexual women than heterosexual men when processing emotions (Rahman & Yusuf, 2015), but again there are far more similarities between the brains of heterosexual and homosexual men (Ngun et al., 2011). There also is some evidence that parts of the brains of transsexuals are more similar to the sex with which they identify than the sex that they were assigned at birth (Veale et al., 2010), suggesting that there is a biological basis for gender identity.

Overall, it is clear that male and female brains are quite similar. Males have more white matter and females have more gray matter in their brains (Belfi et al., 2014) and there are some differences in synaptic patterns and neuronal density (Tomasi & Volkow, 2012), but the implications of these differences for cognition and social behavior are not clear. And, again, any sex differences in brain structure or brain function are as likely to be a consequence as a cause of behavior.

Psychobiosocial Models

As I noted at the beginning of this section of the chapter, a common objection to biological theories of sex differences and gender-related behavior is that any biological differences found between women and men will be used to justify the inferior status of women in society. People tend to believe that biological theories mean that behavior cannot be changed. In fact, exposing people to biological explanations of sex differences increases their endorsement of sex stereotypes (Brescoll & LaFrance, 2004). This is referred to as the "essentializing" of sex differences, that is, defining the categories of male and female as distinct, nonoverlapping, and fixed. However, ignoring biological differences between men and women will not help to understand cognition and behavior —nor will it help to remedy any deficits found in one sex compared to the other (Halpern, Wai, & Saw, 2005). Halpern and colleagues propose an alternative theory to the traditional nature versus nurture model of sex differences—the psychobiosocial model. They argue that nature and nurture are not two mutually exclusive categories but rather categories that interact with one another. As shown in Figure 5.3, biological factors operate within a social context. Even if biological differences exist, the environment can still exert an influence, and an important one at that!



Figure 5.3 Psychobiosocial model showing the interrelation between biological, psychological, and social influences.

Source: Halpern et al. (2005)

Take Home Points

- Twin and adoption studies conclude that genes play a role in sex differences in cognition and social behavior as well as gender-related behavior and identity, but stronger contributions to behavior can be understood from gene-environment interactions.
- The strongest evidence for links of sex hormones to cognition and behavior is in research that has shown prenatal exposure to male hormones in the form of congenital adrenal hyperplasia is associated with enhanced spatial skills and male gender-role behavior in women. The same effects are not observed in men.
- The major problem with most studies of the relations of hormones to behavior is that they are correlational; thus, cause and effect cannot be established. Some recent studies have begun to manipulate hormones, specifically testosterone, and found effects on male gender-role behavior.
- Research on the brain has suggested that women's brains are more bilateral than those of men. However, findings are somewhat inconsistent and the lateralization issue remains controversial.
- There are a large number of studies that have compared women's and men's brains. These studies reveal some sex differences in structure, but the functional significance of those differences is unclear. It also is unclear whether sex differences in brain structure and function are a cause or consequence of behavior.
- Psychobiosocial models provide a richer framework within which to consider biological and social contributions to gender.

Evolutionary Theory and Sociobiology

We typically think of evolution as explaining how humans developed from simpler organisms, not why men behave in masculine ways and women in feminine ways. Evolutionary psychology applies the principles of evolution to the study of cognition and behavior. Evolutionary psychology is an extension of Darwin's theory of evolution, which states that we behave in ways to ensure the survival of our genes. The idea is that different behaviors may have evolved in women and men because the differences were adaptive for survival. According to evolutionary theory, women and men will differ in domains for which they have historically faced different adaptive challenges and will be similar in domains for which they have historically faced similar adaptive challenges (Buss & Schmitt, 2011).

Evolutionary theory can be applied to several domains in which sex differences in social behavior have been observed. Here, I discuss sexual behavior and aggression as examples (mate selection is discussed in <u>Chapter 9</u>).

Sexual Behavior

Buss (1995) argues that we can observe sex differences in behaviors that historically presented men and women with different challenges. One such domain is sexual behavior. First, men and women face different challenges during pregnancy. Because conception takes place inside of the female, males face the challenge of establishing paternity. The challenge that females face is to safely get through 9 months of pregnancy and the period of lactation. Thus, males will behave in ways to increase their chances of paternity and females in ways to ensure the survival of themselves and their infants. Second, women and men face different challenges to successful reproduction. For women to reproduce successfully, it is in their best interests to be selective in choosing a mate who has the resources to help ensure the survival of their children. For men to reproduce successfully, it is in their best interests to have sexual intercourse with as many women as possible and to mate with women who are more likely to be fertile (i.e., young).

Evolutionary theory can explain some differences in sexual behavior, for example, why men have more favorable attitudes toward casual sex and a lower threshold for interpreting an ambiguous behavior by a female in sexual terms. The theory conflicts, however, with the finding that the sex difference in number of sexual partners is small and that the vast majority of both men and women prefer a long-term relationship over a short-term sexual relationship (Pedersen, Miller, Putcha-Bhagavatula, & Yang, 2002). One study in support of evolutionary theory showed that testosterone responds to an increase in mating opportunities. In an ultimate Frisbee tournament, the higher ratio of other-sex to same-sex people watching the game was associated with increases in testosterone from before to after the game (Miller, Maner, & McNulty, 2012). Sex

differences in risk-taking behavior, which would include risky sexual behavior, also can be understood within an evolutionary framework. The sex difference in risk-taking peaks during puberty when male hormones kick in (Byrnes, Miller, & Schafer, 1999).

Cultural factors can override the influence of evolutionary theory on sexual behavior. The evolutionary view of sex differences in sexual behavior assumes that sexual intercourse will lead—or is intended to lead—to reproduction. With the introduction of effective contraceptives, sexual behavior does not always lead to reproduction, nor is it intended to. Today, I doubt that the majority of men are thinking about establishing paternity and the majority of women are thinking about their partners' ability to support a child when deciding whether or not to engage in sex.

Aggression

Evolutionary theory has been suggested as an explanation of sex differences in aggression, in part because sex differences in aggression emerge early in life (Archer, 2009). A meta-analysis of five studies of toddlers showed that sex differences in aggression are already substantial (d = +.44; Archer & Cote, 2005). In addition, sex differences in aggression are consistent over childhood (ages 6–11; d = +.56) and puberty (ages 12–17; d = +.46; Archer, 2004). Aggression peaks in young adulthood, at a time when men are in competition with each other for women and for the opportunity to reproduce. Consistent with this theory, crime statistics show same-sex homicide is highest between the ages of 18 and 30. A large number of same-sex homicides, in which the victim and the killer are unrelated, occur in the context of men trying to establish dominance or compete for status (Daly & Wilson, 2001). The question is whether competition over women is the precipitating factor. Evidence to support this proposition comes from research that shows married men have the lowest level of homicide rates, but formerly married men—that is, divorced and widowed men—have homicide rates that are similar to single men (Daly & Wilson, 2001).

Evolutionary theory also can be used to explain violence in families (Daly & Wilson, 1999). At first glance, familial violence would seem to violate the basic principles of evolutionary theory. However, a majority of homicides within families occur between spouses who are genetically unrelated to each other rather than between blood relatives. Women, but not men, are at greatest risk for being murdered when they try to end the relationship. Consistent with evolutionary theory, the primary motive men have for killing their spouses is sexual jealousy. Also consistent with evolutionary theory is the fact that young wives are most likely to be murdered, perhaps because youth is a sign of fertility, and fertility would make a woman more attractive to male rivals. Although young men are the individuals most likely to commit murder, the wife's age is a better predictor than the husband's age. Evolutionary theory also has been applied to the study of violence toward children. Among parents who abuse or kill their children, the incidence is much higher among stepparents than biological parents (Daly & Wilson, 1999). In sum, some patterns of violence are consistent with evolutionary principles.

A Final Note

Evolutionary theory has typically been shunned by gender researchers, as the idea that men's and women's different behavior evolved for survival reasons sounded too deterministic. The concern was that evolutionary theory would be used to justify the unequal treatment of women and men. For example, a common complaint was that if men had evolved to be more sexually active than women, a male could take refuge in this fact when justifying his promiscuous behavior.

More recently, researchers are recognizing that evolutionary theory is not deterministic but interactionistic (Buss & Schmitt, 2011; Confer et al., 2010). The environment influences the mechanisms that evolve. All evolved mechanisms require some kind of environmental input. Behavior that evolved for survival reasons can be influenced by the culture, such as the example of the influence of birth control pills on sexual behavior. Evolutionary theory does not view behavior as fixed but as flexible and changeable depending on environmental circumstances. The goal of evolutionary theory is to understand the evolutionary forces that shape behavior; it does not mean that environmental factors and learning might not override those forces.

One limitation of evolutionary theory is the inability to explain behaviors that do not maximize reproductive success, such as homosexuality, adoption of children, and suicide. A second limitation is that evolutionary theory does not account for individual differences or cultural differences in behavior.

Take Home Points

- According to evolutionary theory, men and women will differ in domains for which they faced different adaptive challenges and be similar in domains for which they faced similar adaptive challenges.
- Males and females face different challenges in ensuring the survival of their genes, which may contribute to sex differences in sexual behavior. Evolutionary theory may explain why men are more permissive than women in terms of sex.
- Because men are in competition with one another over women, men behave in aggressive ways especially when trying to establish dominance or when competing with rivals.
- Evolutionary theory has a deterministic tone but is really interactionistic with environmental factors, as evidenced by the fact that cultural factors can override earlier evolved tendencies.

Psychoanalytic Theory

The first name that comes to mind in response to psychoanalytic theory is Sigmund Freud (see Figure 5.4). Freud (1924, 1925) was a physician and a psychoanalyst who developed a theory of personality, most notable for its emphasis on the unconscious. Although his emphasis on the effects of the unconscious on behavior is one of the most noteworthy tenets of his theory, his reliance on unconscious processes also makes his theory very difficult to test.

Freud articulated a series of psychosexual stages of development, the third of which focused on the development of gender roles. According to Freud, stage 3, the phallic stage, develops between 3 and 6 years of age. It is during this stage of development that boys and girls discover their genitals and become aware that only boys have a penis. This realization leads girls and boys to view girls as inferior. It is also during this time that boys are sexually attracted to their mothers, view their fathers as rivals for their mothers' affections, and fear castration by their fathers because of their attraction to their mothers. Boys resolve this castration anxiety, and thus the Oedipal complex, by repressing their feelings toward their mothers, shifting their identification to their fathers, and perceiving women as inferior. This is the basis for the formation of masculine identity.



Figure 5.4 Sigmund Freud, the father of psychoanalytic theory.

Girls experience penis envy and thus feel inferior to boys. Girls are sexually attracted to their fathers, jealous of their mothers, and blame their mothers for their lack of a penis. Girls' eventual awareness that they cannot have their fathers leads to a link between pain and pleasure in women, or masochism. Females handle their conflict, known as the Electra complex, by identifying with their mothers and focusing their energies on making themselves sexually attractive to men. Thus, self-esteem in women becomes tied to their physical appearance and sexual attractiveness. According to Freud, the Electra complex is not completely resolved in the same way that the Oedipal complex is resolved—partly due to the clearer threat for boys than girls (fear of castration) and partly due to girls having to face a lasting inferior status. According to Freud, how boys and girls resolve all of these issues has implications for their sexuality and future interpersonal relationships. Several difficulties are inherent in this theory of gender-role acquisition. Most important, there is no way for it to be evaluated from a scientific standpoint because the ideas behind it are unconscious. We must be even more cautious in taking this theory seriously when we realize Freud developed it by studying people who sought him out for therapy.

Freud had many critics. A notable one was Karen Horney (1926, 1973), a feminist psychoanalyst and physician. Like Freud, she placed a great deal of emphasis on the unconscious and the importance of sexual feelings and childhood experiences in personality development. However, Horney believed social forces rather than biology influenced the development of gender identity. She said girls' penis envy did not reflect a literal desire for a penis but reflected a desire for men's power and status in society. She argued that men also experience envy—envy of women's breasts and ability to bear children. She believed men perceive women as inferior as a way to elevate their own status. In fact, she argued that men's feelings of inferiority are responsible for men's need to prove their masculinity through sexual intercourse.

A more modern version of psychoanalytic theory, referred to as object-relations theory, was applied to the acquisition of gender roles by Nancy Chodorow (1978) in her book *The Reproduction of Mothering*. Chodorow's theory emphasizes the importance of early relationships in establishing gender identity. Like other psychoanalytic theorists, she stresses the importance of sexuality, but she believes the family structure and the child's early social experiences, rather than unconscious processes, determine sexuality. She believes that the fact that women are the primary caretakers of children is responsible for the development of distinct gender roles. Both boys' and girls' first primary relationship is with their mothers, a relationship that affects boys' and girls' sense of self, future relationships, and attitudes toward women.

According to Chodorow (1978), girls acquire their gender identity by connecting with the one person with whom they are already attached: their mother. This explains why females focus on relationships and define themselves through their connection to others. In later years, girls have difficulty finding the same intimate attachment to men. Boys, by contrast, acquire their gender identity by rejecting the one person with whom they have become attached, by separating or individuating themselves from their mothers. Thus, males learn to repress relationships and define themselves through separation from others. With whom do boys identify? Because fathers are less of a presence than mothers in children's lives, fewer models are available to boys; thus boys come to define masculinity as "not being feminine" or not being like their mothers. Whereas girls learn the feminine role by observing their mothers on a day-to-day basis, boys may find themselves identifying with cultural images of masculinity to learn their gender role.

Because girls identify with their mothers, their tendency to mother "reproduces" itself. Chodorow (1978) argues that women have a greater desire than men to be parents because they are more likely to have identified with a parenting role. According to Chodorow, the fact that women are the primary caretakers of children in our society leads directly to the division of labor (i.e., men working outside the home and women working inside the home) and the subsequent devaluation of women in society. The only way these roles can change, according to Chodorow, is for men to become more involved in raising children. Given the decline of the nuclear family and the greater diversity of family structures today, it is possible to test Chodorow's theory. Conduct <u>Do</u> <u>Gender 5.1</u> to determine if children have more traditional gender roles when they are raised in a traditional family structure compared to a nontraditional family structure. Like Freud's theory, Chodorow's theory also lacks empirical data.



Testing Chodorow's Theory

According to Chodorow, female and male gender roles are grounded in the fact that girls and boys are raised by mothers. This leads to the prediction that children's gender roles will be more traditional when they are raised in two-parent families where the father works outside the home and the mother works inside the home. What would you predict if both parents worked? What would you predict in single-parent families—mother only? Father only? What would you predict in families where the father stays at home and the mother works outside the home?

Answer one of these questions by comparing two kinds of families: the traditional family (two parents, father works outside the home, mother works inside the home) and a nontraditional family (your choice).

Have the children in each family complete a measure of gender roles or gender-related attitudes from <u>Chapter 2</u>. Record the child's sex. See if children's gender roles are more traditional when raised in traditional than nontraditional families.

Take Home Points

- Freud's psychoanalytic theory of gender development rested on unconscious processes that emphasized the role of penis envy, the Oedipal complex, and the Electra complex in girls' and boys' relationships and sexuality.
- Karen Horney, a critic of Freud, also emphasized unconscious processes but believed the issues outlined by Freud were due to social forces rather than biology.
- A more modern version of psychoanalytic theory was developed by Nancy Chodorow who emphasized the role of women as primary caretakers in the family on the development of girls' and boys' gender identities.

Social Learning Theory

Most people recognize that the social environment plays a role in women's and men's behavior, but could the social environment contribute to sex differences in cognition? There are several reasons to believe that social factors play a role here too (Spelke, 2005). First, sex differences in math and science achievement vary across cultures. Second, some domains of sex differences, such as math, have decreased over time. Thus, biology alone cannot account for observed differences between females and males in cognition. The remaining theories in this chapter are variants on the idea that the social environment plays a role in how women and men think and behave.

The most basic social environment theory is social learning theory (Bandura & Walters, 1963; Mischel, 1966), which states that we learn behavior in two ways. First, we learn behavior that is modeled; second, we learn behavior that is reinforced. These are the primary principles of social learning theory, and they apply to the acquisition of gender-role behavior as they do to any other domain of behavior (Mischel, 1966).

Observational Learning or Modeling

Children develop gender roles by patterning their behavior after models in the social environment. Modeling, or observational learning, is "the tendency for a person to reproduce the actions, attitudes, and emotional responses exhibited by real-life or symbolic models" (Mischel, 1966, p. 57). Observational learning may occur from exposure to television, books, or people. Gender roles are constructed and altered by exposure to new and different models.

Whom will children imitate? At first, children may not be very discriminating and may model anyone's behavior. Eventually, they pay attention to the way others respond to their imitative behavior. If others reward the behavior, it is likely to be repeated. Thus, modeling and reinforcement interact with each other to influence behavior. If a little boy sees someone on television punching another person, he may try out this behavior by punching his sibling or a toy. Although the parent may show disapproval when the boy punches his sibling, the parent may respond to punching the toy with mixed reactions. If everyone in the room laughs because they think the boy's imitation of the television figure is cute, the boy will respond to this reinforcement by repeating the behavior. Observational learning is more likely to occur if the consequences of the model's behavior are positive rather than negative. Children should be more likely to imitate an aggressors are glorified, in cartoons such as *The Simpsons* and *Family Guy*, for example. Some of the conditions that influence observational learning are shown in <u>Table 5.1</u>.

Table 5.1 Conditions That Influence Observational Learning

Observational learning increases if there is a positive relationship between the observer and the model. if the consequences of model's behavior are positive rather than negative. if the model is in a position of power. if the model is of the same sex and behaves in a gender-role congruent way.

Initially, social learning theory suggested that one way children become sex-typed is by imitating the same sex. But children do not always imitate the same sex (Maccoby & Jacklin, 1974). They are more likely to imitate same-sex behavior that is perceived as typical for the person's sex (Jacklin, 1989; Perry & Bussey, 1979). Children can easily figure out that women are more likely than men to be nurses and men are more likely than women to be construction workers. This explains why a girl is more likely to imitate a mother who is a nurse rather than a mother who is a construction worker. A girl whose mother is a construction worker may still perceive that only men are construction workers because the majority of people in this field are male.

One sex-related behavior that has been examined extensively in terms of social learning theory is aggression. Models of aggression for males abound. Think of the movies *The Dark Knight, Iron Man, Watchmen, The Departed, Scream, 300,* and *Natural Born Killers.* There have been numerous reports of copycat killings based on these movies. In July 2012, a man dressed up as the Joker from the Batman series walked into a midnight showing of *The Dark Night* and went on a rampage shooting people. *Scream* is a slasher film about a woman harassed with phone calls and attacked by a man in a Halloween mask. There are a slew of copycat killings based on this movie, with the Halloween mask left as the insignia.

Aggression is also modeled in television and video games. A content analysis of popular video games revealed that 83% of male characters and 62% of female characters are portrayed as aggressive (Dill & Thill, 2007). Even toy commercials provide models of aggression, and this modeling is aimed at boys. Toy commercials are more likely to link boys than girls to aggressive behavior.

Why do examples of aggressive behavior lead people to imitate them? Witnessing another's behavior not only teaches us how to perform the behavior but suggests the behavior is appropriate. It also makes aggressive behavior a cognitively available response to provocation. Thus, when faced with a conflict, aggressive behavior may be more likely because it is a learned response and a response that is cognitively accessible.

The application of social learning theory to gender suggests that as the norms change and the role models of a culture (e.g., in the media) change, the way boys and girls behave also will change. Think of how the traditional male gender role has been influenced by different models. In the 1950s, a model of the male gender role was John Wayne, a cowboy who smoked cigarettes. It is unlikely this is the aspiration of most young men today. In the 1970s, the macho male gave way to sensitive and caring images like those portrayed by Alan Alda in $M^*A^*S^*H$ and Michael Landon in *Little House on the Prairie*. In the 1980s, a model was Detective Sonny Crockett (played by Don Johnson) of the television show *Miami Vice*, whose unshaven face became the decade's symbol of masculinity. Today, masculinity seems to be embodied in the superheroes depicted in action motives—large and muscular. Popular male movie actors, such as Tom Hardy, Chris Hemsworth, and Chris Pratt, are depicted as physically fit.

Social learning theory can explain the correspondence between parents' and children's gender-role attitudes and behavior. Traditional gender-role attitudes in mothers are correlated with traditional gender-role attitudes in daughters as well as daughters' greater interest in more traditional goals (e.g., being attractive, having a boyfriend) and lesser interest in education (Montanes et al., 2012). One study showed that both mothers' and fathers' stereotypic views of gender predicted daughters' but not sons' traditional gender-role beliefs (Croft, Schmader, Block, & Baron, 2014). In addition, fathers who had egalitarian gender beliefs were more likely to have daughters who were interested in working outside the home and having more nontraditional careers. The authors suggested that parents' gender-role attitudes were not linked to boys' gender-role attitudes because the male gender role is more rigid than the female gender role. In this sample, girls had a mix of interest in masculine and feminine careers, whereas boys' occupational aspirations were almost exclusively masculine.

There is some evidence for social learning effects on men. One study showed that men who grew up with a mother who worked outside the home were more likely to marry a woman who works (Fernandez, Fogli, & Olivetti, 2004)—and this effect was stronger than whether the wife's mother worked. As men become more involved in child care and more models of men as parents appear, sex differences in empathy and nurturance also may be reduced. As women become more involved in sports, sex differences in spatial skills could become smaller.

There is already some support for the role of social learning theory in the development of spatial skills. Experience with spatial activities is related to spatial ability (Baenninger & Newcombe, 1989; Nazareth, Herrera, & Pruden, 2013). Thus, one reason that men have superior spatial skills compared to women might be that boys are more likely than girls to be given toys that require spatial abilities. For example, building blocks, math toys, and sports all require spatial skills, and these activities are encouraged more in boys. Experimental studies of spatial training improve spatial skills, and equally so for men and women (Baenninger & Newcombe, 1989; Burke, Kandler, & Good, 2012). Spatial training typically involved repeated exposure to a spatial skills task or specific instructions on how to perform spatial tasks. Some researchers have called for the incorporation of spatial skills training in the education system because spatial skills are teachable and linked to cognitive skills, including math (Halpern & Collaer, 2005).

<u>Reinforcement</u>

Reinforcement theory no doubt sparks images of Pavlov's dogs salivating at the bell, the cue that signifies a reward is coming. With respect to gender-role acquisition, the nature of the bell is different for girls and boys. We reward girls and boys for different

behaviors, and the consequences of a behavior determine whether the child performs it again. The cartoon "Jump Start" (Figure 5.5) illustrates how parents reinforce behavior. Imagine a girl playing with a doll; a parent may smile, play with her, or buy her another doll. Now imagine a boy playing with a doll; a parent may ignore the behavior, take the doll away, frown, or even scold the boy and say, "Only girls play with dolls!" Consequences, however, do not actually have to occur to influence behavior; the child may infer that a consequence is likely to occur. For example, boys do not have to wear dresses and makeup to know that the consequences will be negative.

We are less tolerant of and more likely to punish cross-sex behavior among boys than among girls. We do not mind if women wear ties or suits, but we mind if men wear dresses; we do not mind if daughters are athletic, but we are less enthusiastic about sons who are graceful; we are even less tolerant of attraction to a member of the same sex in men than in women. Homosexuality is viewed as a greater violation of the male gender role than the female gender role; that is, men are more likely than women to be punished for being homosexual.

Aggression is a behavior that is more likely to be reinforced in males than females—by parents, teachers, and peers (Feshbach, 1989). Parents may overtly encourage aggression by telling their sons it is okay to fight with other children as a way to settle arguments. Some parents encourage aggression in subtle ways; they verbally declare that fighting is not appropriate, but at the same time, they beam with pride when their child emerges as the victor of a fight. Teachers inadvertently encourage aggression in boys more than girls by reacting more strongly to aggressive behavior in boys than girls. This attention—whether positive or negative—is reinforcing in and of itself. Aggressive behavior is more likely to decrease when it is ignored by teachers and peers.



Figure 5.5 Cartoon illustrating parents reinforcing toughness in boys.

Source: JUMP START © 1999 Robb Armstrong. Reprinted with permission of UNIVERSAL UCLICK. All rights reserved.

Take Home Points

- Social learning theory states that we acquire gender-related behavior through modeling and reinforcement.
- We are more likely to imitate same-sex models, especially when they display gender-congruent behavior, models who are reinforced for their behavior, and models we like.
- Society is filled with models of male aggression—in movies, on television, and in video games—who are reinforced for their behavior. Boys are more likely to be rewarded by parents, teachers, and peers for aggression.
- As models of appropriate behavior for females and males change, the behavior of females and males may change.
- Girls and boys are rewarded for gender-congruent behavior. Boys are more likely than girls to be punished for gender-incongruent behavior, further supporting the rigidity of the male compared to the female role.

Gender-Role Socialization

Social learning theory is believed to be the basis for gender-role socialization theory. According to social learning theory, behavior is a function of rewards and observational learning. According to gender-role socialization, different people and objects in a child's environment provide rewards and models that shape behavior to fit gender-role norms. Agents in the environment encourage women to be communal and men to be agentic, to take on the female and male gender roles. Boys are taught to be assertive and to control their expression of feelings, whereas girls are taught to express concern for others and to control their assertiveness. This encouragement may take the direct form of reinforcement or the indirect form of modeling. See <u>Sidebar 5.3</u> for an in-depth examination of how gender-role socialization of males in our culture contributes to aggression.

***** Sidebar 5.3

The "Boy Code" and the "Masculine Mystique"

Accidents, homicide, and suicide are the leading causes of death for youth ages 12–19 (Minino, 2010), and these rates differ by gender and race. Males have higher death rates from all three causes than females, and non-Hispanic Black males have the highest death rate. Homicide is the leading cause of death for non-Hispanic Black males, whereas accidents are the leading cause of death for all other race/ethnicity/gender groups. The rate of homicide in non-Hispanic Black males is twice that of Hispanic males and 15 times that of non-Hispanic White males.

We socialize boys to be tough, aggressive, and dominant, and to restrict their emotions. Pollack (2000, 2006) refers to the "boy code" when describing the pressure boys face to keep their emotions to themselves and maintain an emotional distance from others. These aspects of male gender-role socialization have been linked to aggression—aggression toward others and aggression toward one's self (Feder, Levant, & Dean, 2007). The movie Tough Guise elaborates on the way that society socializes males to be aggressive. Myriam Miedzian (1991) published a book, Boys Will Be Boys: Breaking the Link Between Masculinity and Violence, in which she linked the masculine mystique to aggression, criminal behavior, and domestic violence. The **masculine mystique** consists of toughness, dominance, emotional detachment, callousness toward women, eagerness to seek out danger, and competition.

Miedzian argues that we not only tolerate violence in males but also encourage it. War is an example: We associate war with maleness and we associate avoiding war with a lack of masculinity; we glorify war with toys, books, television, and movies; political leaders affirm their masculinity by engaging in war. Miedzian points out that the media claimed former President George H. Bush proved his manhood and overcame his image as a wimp by going to war with Iraq; Bush's approval ratings hit an all-time high during the Persian Gulf War and plummeted after the war was over. Similar claims were made about President George W. Bush's 2003 invasion of Iraq.

Miedzian (1991) also argues that men grow up in a culture of violence. Hollywood offers an abundance of models of men committing violent acts, and some of these models become heroes (e.g., Sylvester Stallone, Arnold Schwarzenegger). Themes of violence pervade music, sports, video games, and toys geared toward boys. Males not only play more video games than females but play more violent video games than females (Phan, Jardina, Hoyle, & Chaparro, 2012). Males are more likely than females to regard video game playing as their primary hobby. Miedzian says, "He is learning to sacrifice his body unnecessarily and to hide all feelings of fear and vulnerability, however warranted they may be. He is also being taught to sacrifice the bodies of others" (p. 201).

The masculine mystique is more dangerous for lower-class than upper-class boys. Upper-class boys are provided with legitimate pathways to validate their masculinity through achievement; lower-class boys have more difficulty attaining achievement levels that will garner dominance and respect. Black males, in particular, are denied legitimate opportunities to validate their masculinity through achievement and economic success; thus Black men may resort to other means. Staples (1995) argues that higher rates of violence in Black communities may stem from "relative deprivation." In fact, the highest rates of violence occur in communities where the income gap between Blacks and Whites is largest.

An alternative way to view aggression from a gender-role perspective is to consider the facets of the female gender role that might inhibit aggression, such as empathy and nurturance. Empathy involves taking another person's perspective and being able to experience vicariously another person's feelings. Caretaking of children is one way to promote both empathy and nurturance, both of which could reduce aggression. Miedzian describes innovative programs whereby girls and boys receive child care training in elementary school that extends through high school as a way to reduce violence, delinquency, and teenage pregnancy. Some schools today provide life skills training in middle school and high school that includes child care. I find it interesting that this is one lifetime duty for which neither women nor men are adequately prepared; women are expected to know how to take care of and raise children (the maternal instinct), and men are excused for not knowing how to do these things.

Gender-role socialization has been linked to spatial skills. A meta-analysis of 12 studies across a variety of countries revealed a link between self-reports of masculinity or agency and performance on the mental rotation task but no link of femininity to performance (Reilly & Neumann, 2013). Gender-role socialization may not only contribute to actual sex differences in behavior but could also contribute to the appearance of sex differences. The issue is one of response bias. Women and men may distort their behavior in ways to make them appear more consistent with traditional gender roles. When the embedded figures test (a measure of spatial ability) was described as measuring empathy, feminine females performed better than masculine females, as shown in Figure 5.6 (Massa, Mayer, & Bohon, 2005). However, when the task was described as a measure of spatial skills, masculine females performed better than feminine females. Neither gender role nor task instructions influenced men's performance. To the extent that women and men view a task as one in which they are expected to excel, they may respond in a way to confirm this expectation. Test this idea yourself in Do Gender 5.2.





Source: Adapted from Massa et al. (2005)



Can Perceptions Alter Sex Differences?

- Ask 20 people to complete two tasks, one being a test of spatial skills and one being a test of verbal skills. Come up with your own two tasks.
- 2. Before asking people to complete the tasks, randomly assign them to one of the following two conditions:

Condition 1: This is the control group. Give no particular instructions.

Condition 2: This is the experimental group. Manipulate respondents into perceiving that the spatial task is one in which females excel and the verbal task is one in which males excel. Think about what information you can provide to alter people's perceptions. You might provide false statistics that show one sex performs better than the other sex. You might describe the type of person who excels on the task in masculine versus feminine terms.

3. After people have completed the task, have them rate how they view each task on a number of scales, two of which are:

Not at all masculine	1	2	3	4	5	Very masculine
Not at all feminine	1	2	3	4	5	Very feminine

You may include other rating scales so that respondents will not detect the items of interest. You also could use other terms besides masculine and feminine, such as those that appear on the masculinity and femininity scales.

4. Compare male and female performance on the two tasks in the two different conditions.

Gender-role socialization may explain sex-related differences in the expression of emotion. Women's concerns with relationships may lead them to express emotions that strengthen relationships and inhibit emotions that could harm relationships (Timmers, Fischer, & Manstead, 1998). Thus, women may express sadness to another person because they believe sharing such an experience will increase the closeness of the relationship, but they may be reluctant to express anger directly toward another person because of the potential damage to the relationship.

However, cultural factors may override the influence of gender roles on emotional expression. In a study of college students from 37 countries spanning five continents, sex differences in emotional expression were larger in countries with *less* traditional gender roles (Fischer & Manstead, 2000). The authors' explanation is similar to the one offered in <u>Chapter 4</u> concerning cultural influences on sex differences in personality. Less traditional countries, such as the United States, have an individualistic orientation and emphasize individual expression of feelings. Here, the effect of gender roles may be observed. However, in collectivist countries such as China or India, which are often more traditional, behavior, including the expression of emotion, is determined less by the

individual and more by the environment: the norms of the culture and the other people in the situation. Thus, women and men behave more similarly in terms of emotional expression in collectivist cultures.

Now we turn to the question of who or what in the environment is the socializing agent for gender roles.

The Influence of Parents

Differential Treatment of Boys and Girls

Parents are prime candidates for contributing to gender-role socialization. Lytton and Romney (1991) conducted a meta-analytic review of 172 studies that evaluated parents' socialization practices with children, and concluded that parents' overall treatment of girls and boys was similar. In only one way were parents found to treat girls and boys differently: Parents encouraged sex-typed toys (d = +.34). They also found that fathers were more likely than mothers to treat sons and daughters differently.

However, an important moderator of the meta-analysis (Lytton & Romney, 1991) was methodology. Studies that included more objective methods, such as experiments and observational studies, showed larger differences in the way parents treated boys and girls than studies that used more subjective methods, such as questionnaires and interviews. In other words, parents did not report treating daughters and sons differently, but their behavior suggested otherwise. In general, the higher-quality studies showed larger differences in the way parents treated daughters and sons.

Today, there is evidence that parents continue to encourage sex-typed toys, although parents may deny it. In a study of 3- to 5-year-old children, parents said that they equally promoted sex-typed and cross-sex-typed toys among their daughters and sons (Freeman, 2007). However, the children had different perceptions of their parents' behavior. When the children were asked how their parents would react to them playing with specific toys, a majority indicated that parents would approve of sex-typed toys (90%) and only a minority indicated that parents would approve of cross-sex-typed toys (26%).

Observational studies may provide more meaningful data on parent-child interactions. Several studies show that parents encourage agentic behavior in males and communal behavior in females. One observational study of parent-child interactions in the home revealed that parents used more supportive speech with girls and more autonomy-supporting speech with boys (Tenenbaum & May, 2014). Another observational study showed that mothers spent more time watching boys and more time actively involved with girls (Clearfield & Nelson, 2006), suggesting that parents believe boys can be independent but girls require assistance. Finally, one observational study of 15- to 18-month-olds found no differences between parents' treatment of boys and girls but found that fathers behaved differently than mothers (Lindsey, Cremeens, & Caldera, 2010). Overall, fathers behaved in a more agentic way, using commands, and mothers behaved in a more communal way, offering choices. Thus, even if parents treat children similarly,

children can acquire ideas about gender roles from observing parents' behavior.

Emotion

One area in which parents may influence their children is in how they communicate emotion. It appears that parents' beliefs about emotion and parents' own emotion recognition skills are linked to children's emotion recognition skills (Castro, Halberstadt, Lazada, & Craig, 2015). For example, parents who believe that emotions are dangerous have children who are less able to recognize emotions.

Studies that have examined the ways that parents and children communicate show that parents' emotion language is gendered, meaning that the language is either linked to the parent sex or the child sex. In one observational study, both mothers and fathers used more emotion words with their 4-year-old daughters than sons (Aznar & Tenenbaum, 2015). A second study found no differences in the ways parents reminisced about emotion experiences with daughters and sons but found that mothers elaborated more on these emotional experiences than fathers—especially negative experiences (Zaman & Fivush, 2013). Here children are learning that emotions belong in the female domain. Same-sex modeling will encourage greater emotion language in girls than boys.

Overall, parents encourage boys to suppress their emotions (Levant & Rankin, 2014), especially to inhibit displays of sadness (Cassano & Zeman, 2010). This socialization by parents, teachers, and peers has led Levant (1992) to coin the term **normative male alexithymia**, which means that boys are unaware of their emotions. In fact, a meta-analysis on alexithymia shows a small sex difference in the direction of males (d = .22; Levant, Hall, Williams, & Hasan, 2009). Fathers are especially likely to be distressed by sons who display sadness (Cassano & Zeman, 2010). Like the previous research, another study found differences based on parent sex rather than child sex. Mothers were more likely to reward displays of emotion and magnify emotional responses among adolescents, whereas fathers were more likely to ignore, distract from, or dismiss emotional displays (Klimes-Dougan et al., 2007). Again, parents are teaching children that the expression and examination of emotion is more acceptable in females. To the extent children model same-sex parent behavior, girls will learn to be more comfortable expressing emotion than boys.

The Influence of Other People

If parents treat boys and girls in a fairly similar way, who treats them differently? One possibility is that it is other people, such as relatives, teachers, friends, and neighbors. Recall that we are more likely to stereotype people we do not know very well. Thus, parents may be less likely than friends or relatives to use category-based information when interacting with their children.

This line of thinking is similar to that of Judith Harris (1998), who concluded that parents have largely no effect on the development of a child's personality. (This was a

great relief to me, as the book appeared shortly after my daughter was born.) She wrote a controversial book entitled *The Nurture Assumption: Why Children Turn Out the Way They Do: Parents Matter Less Than You Think and Peers Matter More.* The title says it all. Harris argues that the source of influence on children comes from outside the home, in particular, from the peer group. Her conclusion is partly based on the fact that children raised by the same parents in the same environment often turn out to have very different personalities. However, we can debate whether the same home and the same parents constitute the same environment for each child. Harris's theory is called *group socialization* and emphasizes the child's experience outside the home. According to her theory, children learn behavior inside the home but then test it on others outside the home to see if it is going to be accepted or rejected. Others' reactions determine if the behavior is repeated.

Is there evidence that peers influence sex differences? The prominence of same-sex play in childhood (discussed in depth in <u>Chapter 7</u>) is thought to reinforce sex-typed behavior (Golombok et al., 2008). The differences in girls' and boys' early peer groups could certainly lead to differences in behavior. Boys play in larger groups, which have the potential for conflict and aggression. In boys' groups, the potential for the expression of anger is high, but the potential for the expression of emotions that make us vulnerable, such as fear and sadness, is low. Girls play in small groups, which minimize conflict and emphasize cooperation. In girls' groups, the potential for the expression of emotions that foster relationships, such as sadness and fear, is high.

Peers can have a strong influence on conformity to gender-role norms. Researchers have found that having more same-sex friends in elementary school is associated with less harassment by peers, whereas behaving in gender atypical ways is associated with more peer harassment—especially for boys (Lee & Troop-Gordon, 2011). Over a 1-year period, boys with more same-sex friends showed decreases in gender atypicality. By contrast, boys with fewer same-sex friends showed increases in gender atypicality. The investigators refer to this finding for boys as the **homophily amplification hypothesis**, or the idea that interactions with similar others make one more similar to those others. Boys may experience more pressure from peers than girls to conform to gender roles.

So, is there anything that parents can do, according to Harris (1998)? Yes: Parents should choose to live in a good neighborhood. This is because it is the peers in the neighborhood who are going to influence the child. But we wonder: What is the cause of the neighborhood children's behavior?

Other Features of the Environment

Toys

When my daughter returned to school from one Christmas vacation, the teacher naturally asked each of the third-graders to name their favorite Christmas present. The most popular gifts were the Nintendo DS and iPod—named by both girls and boys. After that, for the girls it was the American Girl doll. My daughter, however, proudly
announced that her favorite gift was a giant stuffed triceratops. Although a stuffed animal is a conventional toy for a girl, one that is a dinosaur is not (see Figure 5.7).

Boys and girls play with different toys: Boys overwhelmingly play with vehicles, machines, and construction sets (e.g., building blocks), whereas girls play with dolls, domestic toys, and dress-up clothes, as shown in Figure 5.8. A study of infants ages 12, 18, and 24 months showed that girls looked at dolls more than boys and boys looked at cars more than girls (Jadva, Hines, & Golombok, 2010). This finding held across ages and was unrelated to the color of the toys. Because even infants have been provided with toys, there is no way to know whether this difference was inborn or acquired.



Figure 5.7 A girl surrounded by dinosaurs-far from a stereotypical feminine toy.



Figure 5.8 Girls are shown in a gender-stereotypical pastime, playing in dress-up clothes.

There is plenty of evidence that toys are marketed differently to boys and girls by the color and the packaging. If you think the toys that boys and girls have today are similar, visit a nearby toy store: The aisles of girls' toys are noticeable from 50 feet away because of the blinding pink packaging. Consider the Little Tikes Cozy Coupe and the Little Tikes Princess Cozy Coupe. The first is blue with a wing and clearly marketed to boys, whereas the latter (depicted in Figure 5.9) is pink, has large eyes, and a smile and is clearly marketed to girls. It is more common for both boys and girls to be depicted on the packaging of traditionally male toys, but it is less likely that boys are depicted on packaging of traditionally female toys. The message is clear—boys should not play with "girl" toys. Examine your nearest toy store to see how toys are marketed to children in Do Gender 5.3. Although Amazon.com no longer has separate sections for boys' and girls' toys (progress is being made!), Toys-R-Us maintains separate toy sections on its website and makes it clear that the princess cozy coupe is for girls. Sweden, a country that prides itself on gender equality, produced a gender-neutral Christmas toy catalog by showing both girls and boys with the same toys (e.g., guns, dolls; Vawter, 2012).



Toy Store Visit

Visit a toy store or the children's section of a department store. Take notes on what you see. Can you tell which are the girls' toys and which are the boys' toys? If so, how? Are there some toys that are clearly marked as gender neutral? Pay attention to location in the store, packaging, color, and the nature of the toy. How are the toys different? How are the toys similar? Compare these toys to the ones you had during your childhood. Observe the shoppers, particularly their behavior relating to gender.

Does it matter if girls and boys play with different toys? Exposure to certain classes of toys may foster skills that could advantage one sex over the other. Do "boy toys" lead to spatial skills, and "girl toys" lead to verbal skills? Blakemore and Centers (2005) examined people's perceptions of the educational value of 126 toys that had been categorized as strongly feminine, moderately feminine, neutral, moderately masculine, and strongly masculine (see Figure 5.10). Neutral and moderately masculine toys were rated the highest on overall educational value, scientific attributes, cognitive skill development, and physical skill development. However, studies have not been conducted to see if playing with boys' toys leads to greater spatial ability or playing with girls' toys improves verbal skills. It also is possible that children with better spatial skills are drawn to boys' toys and children with better verbal skills are attracted to girls' toys.



Figure 5.9 This is the Little Tikes Princess Cozy Coupe. It is clearly marketed toward girls, as indicated by the pink color, large eyes, and a smile.



Figure 5.10 Examples of toys that were categorized by Blakemore and Centers (2005) as extremely feminine, neutral, or extremely masculine.

Books

Books that children read also may model and encourage gender-role-appropriate behavior. Consider the classic fairy tales and nursery rhymes that are still read to children. Girls and boys alike learn from Cinderella, Sleeping Beauty, and Snow White that "what is beautiful is good" and clearly rewarded. Specifically, men fall in love with beautiful women; good women are obedient, gullible, vulnerable, and—if beautiful—will be rescued by men; other women (stepsisters, stepmothers) are evil and are competitors for men; and a woman's ultimate dream is to marry a rich, handsome prince. (As an illustration of the enduring effects of these fairy tales, one teenager showed up to her prom in an ambulance so that her Prince Charming could awaken her from her deep sleep; *Tribune Media Wire*, 2015). Nursery rhymes depict females as quiet and sweet, maids, crying, and running away from spiders, whereas males are shown as kings, thieves, butchers, and adventurers. I did not monitor my daughter's first books as carefully as I could have for gender-role stereotypes, but I could not bring myself to read her these nursery rhymes. (She is undoubtedly scarred for life because she is unable to recognize Snow White or Cinderella.) When parents were asked to volunteer at the preschool to read stories, I selected the more egalitarian representation of nursery rhymes to share, some of which are shown in <u>Sidebar 5.4</u>. The teachers politely thanked me, and the children were slightly amused. Since this happened before my daughter was 5 years old, she has no recollection—which is probably a good thing.



Mother Goose and Father Gander

Father Gander alters the traditional Mother Goose nursery rhymes to present a more equal representation of men and women and to show men and women in more egalitarian roles. For example, the old woman in the shoe now has a husband to help her take care of the children and Ms. Muffet brings the spider to the garden to catch insects instead of running away from it. Below are listed two classic Mother Goose nursery rhymes along with their updated version by Father Gander (Larche, 1985).

Mother Goose	Father Gander
Peter, Peter, pumpkin eater	Peter, Peter, pumpkin eater
Had a wife and couldn't keep her	Had a wife and wished to keep her
He put her in a pumpkin shell,	Treated her with fair respect,
And then he kept her very well.	She stayed with him and hugged his neck!
Humpty Dumpty sat on a wall	Humpty Dumpty sat on a wall
Humpty Dumpty had a great fall.	Humpty Dumpty had a great fall.
All the king's horses and all the king's	All of the horses, the women and men
men	
Couldn't put Humpty together again.	Put Humpty Dumpty together again!

In other nursery rhymes, Father Gander simply extended the passage to include women. For example,

Mother Goose and Father Gander Jack be nimble, Jack be quick, Jack jump over the candlestick! *Father Gander's extension* Jill be nimble, jump it too, If Jack can do it, so can you!

Father Gander also added some nursery rhymes that depict men and women in more equal roles. For example:

Mandy's Mom stays home to work, Millie's Mom goes outside. David's Dad is on the road, Donald's Dad works inside. A working Mother's really great, A working Father, too. A stay-at-home Mom is first rate, Or a Dad who stays home with you.

Historically, one problem with children's books is that females were not represented to the extent that males were. More recent studies seem to suggest that females and males are equally likely to be represented as main characters, but that they are still depicted in different roles. In a study of 5,618 children's books published throughout the 20th century, males were twice as likely as females to be in the titles of the book and 1.6 times as likely as females to be the main character (McCabe, Fairchild, Grauerholz, Pescosolido, & Tope, 2011). The ratio of males to females became more balanced in books published toward the end of the 20th century. In a study of children's coloring books, males were portrayed in more active roles than females, and gender-stereotyped behavior was common (Fitzpatrick & McPherson, 2010). That is, 58% of female characters were depicted in traditional roles, such as cooking or caring for infants, and 44% of male characters were depicted in traditional roles, such as car racing or driving heavy equipment. Cross-sex behavior was extremely rare (6% of female characters, 3% of male characters).

Only recently have children's books appeared that are aimed at transgender characters, such as *I am Jazz*, a book about a transgender girl authored by a transgender teen Jazz Jennings, and *Some Assembly Required*, a book about the author's, Arin Andrews, own experience with becoming a transgender person. Examine portrayals of gender roles in children's books on your own in Do Gender 5.4.



How Are Females and Males Portrayed in Children's Books?

Review 10 children's storybooks. Record the sex of the main characters and describe how the characters are portrayed. What are they doing? Are they good characters or bad characters? What are their personality traits? Do they display personality traits, interests, and behaviors that are typical or atypical of their sex? How do other characters react to them?

Television and Other MediaTelevision is also a source of information about gender roles. There is a relation between watching television and holding stereotypical beliefs about gender roles. A meta-analysis of 31 studies showed that watching television is associated with more traditional gender-role attitudes, as evidenced by both survey studies and experimental studies (Oppliger, 2007). Viewing reality dating programs has been associated with more traditional gender-based attitudes—in particular, endorsement of the sexual double standards, viewing women and men in opposition to one another while dating, viewing men as driven by sex, and viewing dating as a game between men and women (Zurbriggen & Morgan, 2006).

In some ways, gender roles are less stereotyped on television today than they were 50 years ago. Although gender roles are somewhat traditional on *Family Guy* and *Mad Men* (television show set in the 1960s), they are less so on *Parks and Recreation* and *Modern Family*. Roles are less traditional on the popular show *House*, but a vast majority of doctors are still men and a vast majority of nurses are women. Some shows depict both stereotypical and counterstereotypical roles, such as *Parenthood*, and others actually poke fun at the stereotypes and counterstereotypes of men and women, such as in the womanizer and the sensitive chiropractor on *Two and a Half Men*. One of the most popular game shows of all times—*Wheel of Fortune*—continues to be hosted by Vanna White. However, in 2012 another popular game show, *The Price Is Right*, started to include male models.

A recent analysis of how gender roles are depicted on television and other media showed that women are underrepresented compared to men—especially women of color (Scharrer, 2013). In a content analysis of prime time shows, 58% of characters were male and 42% were female. Females were particularly likely to be underrepresented in dramas and action-adventure shows compared to comedies. In a content analysis of music videos, there were three times as many male as females depicted (Turner, 2011). The disparity is even larger for video games, with about 80–85% male characters.

The media depiction of both men and women emphasizes their physical attractiveness, but this is especially the case for women (Scharrer, 2013). When female characters appear in video games, their sexual features are exaggerated. On television, women are depicted as thin, and men are depicted as muscular. And it is the thin women and muscular men who are most likely to be involved in romantic relationships, emphasizing the centrality of appearance to sexual attraction. During the course of a television show, both men and women make appearance-related comments, but they seem to be directed more toward females.

In terms of roles, women are still more likely than men to be depicted in domestic roles, and men are more likely than women to be depicted as being employed outside the home. However, some progress has been made in how women are shown, in that an increasing number of women are depicted as professionals, such as physicians and lawyers—and some are even depicted in more masculine jobs, such as computer programmers and police officers. However, there is less progress in showing men in traditionally feminine roles.

I also have observed a few instances of strong female characters being transformed into more stereotypical characters over time, perhaps because this was more palatable to viewers. In 1987, Kirstie Alley portrayed a tough businesswoman as the manager of Cheers. At some point, her brash no-nonsense personality was replaced by a neurotic, dim-witted one. More recently, some of you may recall when Amy first joined the *Big Bang Theory* as Sheldon's perfect physics nerd mate—cerebral with no time for feelings. Perhaps, she also was not well received by viewers because Amy evolved into a more stereotypical female trying to capture the affection of Sheldon.

One way in which television reflects gender stereotypes in female-male relationships is the extent to which it displays the **heterosexual script**. The heterosexual script, shown in <u>Table 5.2</u>, reflects three themes: (1) sexual double standards (i.e., it is okay for men but not women to have sex), (2) courtship behavior (men initiate, women respond), and (3) commitment (men avoid, women seek). When 25 primetime shows were coded for the heterosexual script, between 15 and 33 such references were noted per hour (Kim et al., 2007). The most frequent reference to the heterosexual script (45%) was the idea that sex was a defining part of masculinity (1a in <u>Table 5.2</u>). More recently, the heterosexual script was coded in seven popular children's television shows (Kirsch & Murnen, 2015). The heterosexual script occurred more often when the lead character was male compared to female. The heterosexual script was depicted by boys objectifying girls, boys valuing girls for their appearance, and girls objectifying themselves. Conduct your own analysis of recent television shows in <u>Do Gender 5.5</u>.

Table 5.2	Heterosexual	Script

1.	Sexual double standards		
	a.	male:	Sex is a defining component of masculinity.
			Men always want to have sex and are always thinking about sex.
			Men are preoccupied by women's bodies.
	b.	female:	Women are passive in sexual relations.
			Women are judged by their sexual conduct.
			Good girls are women who do not have sex.
			Women set the limits on sex.

2. Courtship

	a.	male:	Men initiate courtship behavior.
			Men use dominant and powerful strategies to attract women.
			Men are valued for their strength, wealth, and power.
	b.	female:	Women are passive and alluring.
			Women use indirect strategies to attract men.
			Women are valued for their appearance.
			Women use appearance and bodies to attract men.
3.	Со	mmitment	attitudes
	a.	male:	Men avoid commitment and emotional attachment.
			Men want independence.
			Men prefer sex over emotional commitment.
	b.	female:	Romantic relationships are a priority for women.
			Women need a man to be fulfilled.

Source: Adapted from Tolman, Kim, Schooler, & Sorsoli (2007) and Kim et al. (2007)

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How Men and Women Are Portrayed on Television

Watch one episode each of the 10 most popular television shows. You may limit your analysis to comedies or dramas or compare the two. What is the sex of the main character/characters? Describe the personality characteristics, behavior, and occupation of the characters in the shows. Are roles traditional or nontraditional? In what ways? What elements of the heterosexual script shown in <u>Table 5.2</u> did you find?

One area in which women are underrepresented on television is sports. A study that spanned two decades of sports coverage showed that women athletes are taken more seriously today by sports commentators but that overall women's sports receive very little attention. Despite the fact that millions of girls play sports today, only 1.6% of network news was devoted to women's sports compared to 96.3% for men's sports in 2009 (Messner & Cooky, 2010). It also appeared that the coverage of women's sports in 2009 reached an all-time low from a peak of 8.7% coverage in 1999.

Advertisements

Advertisements continue to market products differentially to men and women. Two studies, one that spanned six countries and the United States (Paek, Nelson, & Vilela, 2011) and one that focused on Romania (Stoica, Miller, & Ardelea, 2011), both concluded that there are a similar number of males and females depicted in commercials but females are featured in commercials marketed toward women and males are featured in commercials marketed toward women. In the study in Romania (Stoica et al., 2011), women were more likely to be in ads that depicted personal care/cosmetics and household cleaning objects, whereas men were more likely to be in ads that depicted electronics and alcohol/tobacco (see Figure 5.11). Some progress is being made, though, as some important similarities appeared in the ways women and men were portrayed in these commercials. Men and women were equally likely to be engaging in household chores or recreation.

One way in which women are portrayed in advertisements that has not changed is that women continue to be depicted as sex objects. In a content analysis of 1,988 advertisements from 58 popular U.S. magazines, more than 50% of the ads depicted women as sex objects (i.e., used their sexuality to sell the product; Stankiewicz & Rosselli, 2008). The figures were highest for men's magazines (76%) and female adolescent magazines (64%). A group of 24 teenage girls from a variety of backgrounds, races, and neighborhoods in Allegheny County, Pennsylvania, formed what they called a Girlcott to voice their opposition to such portrayals by Abercrombie & Fitch. Abercrombie & Fitch sold T-shirts that had sexist slogans across the front such as "Do I Make You Look Fat?" and "Who Needs Brains When You Have These?" The girls' advocacy and subsequent media attention (including an appearance on *The Today Show*) led to a meeting with Abercrombie & Fitch, during which they successfully persuaded the company to remove some of these T-shirts. In 2006, the girls were honored at a conference of the National Organization for Women (Women and Girls Foundation, 2006). More recently, Abercrombie & Fitch announced that they were eliminating the pictures of scantily clad men and women on shopping bags and advertisements and also revoking the store policy to only hire attractive store associates (Gustafson, 2015).

At times, the same product is marketed differently to men and women to capture their interest. Chapstick and Diet Pepsi are two products that are stereotypically associated with being female. In order to capture men's attention, Dude Stick was developed, a manly chapstick that is packaged in black and made to look like a weapon (Baker-Whitelaw, 2015). To encourage men to drink diet soda, Pepsi came out with Diet Pepsi Max with twice the caffeine (meaning power!). The commercials that feature this product depict men in dangerous situations in need of a refreshing, but no-calorie, beverage.



Source: Adapted from Stoica et al. (2011)

Boys and girls are also shown in traditional roles in commercials directed toward children: The most sex segregation occurs in children's toy advertisements. This is unfortunate because there is evidence that toy commercials influence how children view toys. In a study of first- and second-graders, children were shown either a traditional toy commercial (i.e., boy playing with a stereotypical boy toy) or a nontraditional toy commercial (i.e., girl playing with a stereotypical boy toy) and were later asked to sort the toys into those that are for boys, for girls, and for both boys and girls (Pike & Jennings, 2005). Children exposed to the nontraditional commercial were more likely to classify toys as for both boys and girls.

Take Home Points

- Sources of gender-role socialization include parents, teachers, peers, neighbors, and the media.
- Averaging across studies, it appears that parents treat sons and daughters in more similar than different ways. However, observational studies are likely to reveal larger differences than studies that rely on parent self-report.
- One way parents treat girls and boys differently is in providing sex-typed toys. The impact of that behavior is still under investigation.
- Parents communicate differently with daughters and sons, particularly with respect to emotion.
- Because parents have the opportunity to acquire individuating information about their children, it is possible that other people (e.g., neighbors, peers) and other things (e.g., television, books) are stronger social agents in terms of gender-role socialization.
- Girls and boys play with different toys. It is more acceptable for girls to play with stereotypical masculine toys than it is for boys to play with stereotypical feminine toys. As masculine toys have been found to have more educational value than feminine toys, the question is whether the difference in boys' and girls' toys is related to sex differences in cognition.
- The presence of women has increased in all forms of media—books, television, commercials. Females are
 increasingly portrayed in nonstereotypical roles on television and in books, but not at the expense of
 giving up traditional roles.
- Advertisements show women when the product is feminine and men when the product is masculine or gender neutral. Advertisements also continue to depict women as sexual objects.

Social Role Theory

According to social role theory, differences in women's and men's behavior are a function of the different roles women and men hold in our society (Eagly, Wood, & Diekman, 2000; Wood & Eagly, 2002). This is a variant of gender-role socialization theory. Whereas gender-role socialization theory focuses on the individual and the environmental forces that shape the individual, social role theory focuses on society and how societal role structures shape behavior across groups of people. That is, social role theory focuses on the more abstract social conditions of society rather than on the concrete ways that individuals behave toward women and men. According to social role theory, the way labor is divided between women and men in society accounts for why women become communal and men become agentic. Men are primarily responsible for work outside the home, which leads to an agentic orientation. Women, even when employed, are primarily responsible for domestic labor and taking care of children, which leads to a communal orientation. The traits of agency and communion are often stronger predictors of behavior than biological sex. For example, a national survey of adolescents showed that agency was associated with decision making in relationships, and communion was associated with being responsive to a partner's mood (Witt & Wood, 2010). When the roles that women and men hold are similar, sex differences are minimized.

Social role theory does not specify that women must be communal and men must be agentic. It simply states that the roles women and men hold in society are responsible for the sex differences in behavior. However, most societies have organized women's and men's roles in a way so that women develop communal characteristics and men develop agentic characteristics. As men's and women's roles have become more similar in Western cultures, sex differences have decreased (Larson & Wilson, 2004). When males and females are provided with equal access to education, males and females take on more similar roles in society—females delay marriage and parenthood and take on the work role. Similar levels of education in females and males, however, do not always mean equal, especially if women are educated and oriented toward domestic roles and men are educated for paid employment roles.

According to social role theory, we should perceive women and men similarly when they possess the same social roles. This idea was partly supported in a study of German and Japanese students (Steinmetz, Bosak, Sczesny, & Eagly, 2014). Students responded to one of six targets: a male or a female with no role specified, a male-dominated role, or a female-dominated role. When no role was assigned, students perceived males to be more agentic than females. When a role was assigned, students perceived men and women to have similar levels of agency—more in the male-dominated role and less in the femaledominated role. However, the findings for communion were more complicated. German students perceived females to be more communal than males when no role was assigned but also perceived females to be more communal than males in the male-dominant role (thus, the role had no effect) and males to be more communal than females in the female-dominant role. Thus, sex interacted with role—leading to an exaggeration of communal attributes in the gender-incongruent scenario, reminiscent of the shifting standard described in <u>Chapter 2</u> (i.e., if a man is a nurse, he must be *really* communal). By contrast, Japanese students perceived women and men to be equal in communion regardless of condition, most likely because both women and men are expected to be communal in Japan. That is, communion is not part of the female gender stereotype in Japan. Social roles are clearly construed differently across culture.

One way to determine the contribution of society to gender roles is to examine practices across cultures. One of the most extensive cross-cultural studies of gender roles was conducted by Whiting and Edwards (1988). They observed the way that children ranging in age from a few months to 10 years from 12 different communities interacted with other children and adults. The investigators' main hypothesis was that the environments of women and men differ and that these different environments contribute to sex differences in behavior. In general, their hypothesis was supported.

Whiting and Edwards (1988) studied several interpersonal behaviors and found sex differences in two of them: nurturance (helping) and egoistic dominance (coercion, competition). In both cases, Whiting and Edwards concluded that differences in behavior were due to the different environments of girls and boys. Different environments provided girls with more practice in nurturance and boys with more practice in egoistic dominance. Specifically, girls interacted more than boys with younger children, and interactions with younger children demanded nurturance. Boys interacted more than girls with peers—especially older same-sex peers, and these interactions were characterized by egoistic dominance. This interpretation of sex differences is consistent with social role theory.

Whiting and Edwards (1988) also observed that parents treated girls and boys differently. Mothers were more likely to assign child care and household chores to girls and to give commands to girls than boys. Why do mothers ask girls rather than boys to take care of children? Is it because mothers believe girls have a greater capacity for caretaking, are more interested in caretaking, or are more suitable for caretaking than boys? Whiting and Edwards remarked, "Girls work while boys play" (p. 125). The differential treatment of boys and girls was greatest in societies where the status of men and women was most unequal. Whiting and Edwards (1988) stated, "The power of mothers to assign girls and boys to different settings may be the single most important factor in shaping gender-specific behaviors in childhood" (p. 86).

The status differential between males and females in a culture influences the social roles that are assigned. One status marker of whether male and female roles in a given culture are similar or different is the gender egalitarianism of the culture. In a study of children ages 7–13 in Zurich who were from a variety of backgrounds, sex differences in aggression were much smaller when children were from countries that were more gender egalitarian (i.e., greater participation of women in the work force and in

government; Nivette, Eisner, Malti, & Ribeaud, 2014). Other research on the differential status of women and men has compared patriarchal to matrilineal cultures (property is transferred from the woman's side of the family) and found that sex differences in competitive behavior observed in the patriarchal society of the Maasai in Tanzania is reversed in the matrilineal society of the Khasi in India (Gneezy, Leonard, & List, 2009).

Social roles also have been applied to the understanding of sex differences in political attitudes (Diekman & Schneider, 2010). Women are more likely than men to endorse liberal candidates and those who support the disadvantaged and gun control, whereas men are more likely than women to endorse conservative candidates and those who support aggressive foreign policy and capital punishment. These differences can be understood in terms of communal and agentic roles. Women's political attitudes reflect an orientation toward helping others, and men's political attitudes reflect an emphasis on individual freedoms and aggression. One can also view these differences as stemming from the status difference in female and male social roles. Women are more likely to endorse policies that are status-attenuating (e.g., social welfare programs), whereas men are more likely to endorse policies that are status-enhancing (e.g., military intervention). It is not so easy to disentangle social roles from status. Social roles related to gender also intersect with other social roles, such as those involving race. Sex differences in political attitudes are much smaller among Black people than White people, possibly because Black men don't have access to the power that White men have.

Communal and agentic roles are "diffuse" social roles, meaning that they refer to categories of social roles rather than specific ones (Diekman & Schneider, 2010). For example, men are more likely than women to occupy military roles, athletic roles, and high-status occupations in the business world, all of which are agentic and could lead to aggression and competitiveness. Women are more likely to be involved in service occupations such as nursing and teaching and to be stay-at-home moms, which are communal roles and likely to lead to nurturance. In support of social role theory, when women and men inhabit similar specific social roles, sex differences in political attitudes subside. For example, both men and women who are teachers value education.

Eagly and Wood (2013) more recently expanded their social role theory to include evolutionary principles. In their "biosocial constructionist theory," they argue that cultural processes interact with evolutionary forces. Society's gender-linked division of labor interacts with the capacities that have evolved in men and women over time.

Take Home Points

- Social role theory states that the roles that society assigns women and men are responsible for gender roles. Biological differences between women and men also contribute to these roles.
- Men's role to work outside the home fosters agency, whereas women's role to work inside the home fosters communion.
- Cross-cultural research shows that girls and boys are assigned different roles and that these roles lead to sex-typed behavior. Specifically, girls' time with younger children fosters nurturance, whereas boys' time with older peers fosters egoistic dominance.
- When men's and women's social roles-diffuse or specific-are similar, sex differences in behavior diminish.
- In a recent modification of the theory, Eagly and Wood offer "biosocial constructionist theory," which emphasizes the interaction between social roles and evolutionary forces.

Cognitive Development Theory

Social learning theory, gender-role socialization, and social role theory all emphasize the effect of the environment on the child's interests, skills, and behaviors. In contrast, cognitive development theory states that the acquisition of gender roles takes place in the child's head. "It stresses the active nature of the child's thoughts as he organizes his role perceptions and role learnings around his basic conceptions of his body and his world" (Kohlberg, 1966, p. 83). An assumption of cognitive development theory is that the child is an active interpreter of the world. Learning occurs because the child cognitively organizes what she or he sees; learning does not occur from reinforcement or from conditioning. That is, the child is acting on her or his environment; the environment is not acting on the child.

Cognitive development theory suggests there are a series of stages of development that eventually lead to the acquisition of gender roles. First, children develop a **gender identity** (Kohlberg, 1966). By age 2 or 3, children learn the labels *boy* and *girl* and apply these labels to themselves and to other people. The labels are based on superficial characteristics of people rather than biology, however. If someone has long hair, she must be a girl; if someone is wearing a suit, he must be a man; and if you put a dress on the man, he becomes a she. That is, children at this age believe a person's sex can change —including their own sex. A boy may believe he can grow up to be a mother.

Upon recognition that there are two groups—males and females—and that the self belongs to one of those groups, evaluative and motivational consequences follow (Martin & Ruble, 2004). The evaluative consequence is a preference for the group to which one belongs. The motivational consequence is to learn about one's own category and identify ways in which the two categories differ. Even at the age of 18 to 24 months, children's knowledge of these gender categories is linked to sex-typed behavior (Martin & Ruble, 2009). Children who used more gender labels (i.e., man, woman, boy, girl) were found to engage in more sex-typed play. And sex-typed play at age 2 predicts greater sex-typed play at age 8 (Golombok et al., 2008). Between the ages of 3 and 5, the rigidity of gender roles increases in both girls and boys (Halim, Ruble, Tamis-LeMonda, & Shrout, 2013). Once the children have learned the categories for sex, it becomes increasingly important to adhere to them.

Children do not consistently use the labels *boy* and *girl* correctly until ages 4 and 5. Children learn **gender constancy** by age 5. That is, they can categorize themselves as female or male and realize they cannot change their category. But even at age 5, children may not use biological distinctions as the basis for categorization. They are more likely to classify people as male or female by their size, strength, or physical appearance. I experienced an example of this confusion one day when I was taking my 2-year-old daughter to day care. Another girl, about 4 or 5 years old, came over and asked, "Is she a boy?" I was a bit surprised because my daughter was wearing a Minnie Mouse outfit. I told the little girl she was a girl. With some frustration, the little girl replied, "Then why is she wearing boy shoes?" My daughter was wearing blue sandals. It is during this stage of development that children's gender-related beliefs are most rigid (Martin & Ruble, 2004). Conduct your own experiment with young children to identify how they decide someone is female versus male (see <u>Do Gender 5.6</u>). By age 5, children also learn the content of gender categories and become aware of the different roles that men and women possess in society. See <u>Sidebar 5.5</u> for a discussion of the "pink frilly dress" phenomenon.

***** Sidebar 5.5

The "Pink Frilly Dress" Phenomenon

There is some evidence that the association of pink with being female is learned. When children ages 7 months to 5 years were given a choice of eight objects, one of which was pink, there was no sex difference in preference for the pink object until age 2 (LoBue & DeLoache, 2011). By age 2, girls chose the pink object more than boys, and by age 2.5, girls chose objects that were pink more than all other-colored objects. With increased age, girls were increasingly likely to choose pink and boys were increasingly likely to avoid pink. Halim, Ruble, and Amodio (2011) describe the "pink frilly dress phenomenon" in which some preschool and kindergarten girls became captivated by pink dresses and refuse to wear pants regardless of weather and occasion. I personally experienced this when my daughter who had rarely worn a dress insisted on wearing dresses every day to preschool for a solid year, regardless of the cold. When White, middle-class parents were asked if their children ever insisted on wearing traditional gender-typed attire, parents of girls were much more likely to answer affirmatively than parents of boys (Halim et al., 2014). A follow-up study of a more diverse set of low-income immigrant parents concurred. This behavior was unrelated to parents' preference for the child's clothing. The attachment to feminine clothing may be a part of gender identity formation for girls.

Interestingly, by middle childhood, pink dresses—and dresses altogether—are rejected by a subset of girls in favor of clothes that more typical of boys. I also experienced this shift, when my daughter begged for a pair of jeans, tossed aside all of her dresses, and never looked back for all 3 years of middle school. During middle childhood there is an increase in girls who identify as tomboys, who show interest in stereotypical masculine activities such as sports, and evidence some aversion to feminine activities and attire. A study of girls ages 5 to 13 showed that one-quarter of them identified themselves as tomboys, and another quarter said they were somewhat like tomboys but had qualifications on this identification (Ahlqvist, Halim, Greulich, Lurye, & Ruble, 2013). There is no parallel behavior observed in boys.

There are at least two reasons for the rejection of femininity in middle school girls. First, girls become aware of the differential status between males and females and may desire to identify with the higher status—that of being male. Girls notice that male activities are valued more than female activities, that males have more power than females, and that sex discrimination exists. Second, it is during this time period that children are able to shift from more rigid to flexible views of gender categories, becoming more accepting of masculine behavior in girls. One can act more like a boy but still be a girl. It is unclear whether these two phenomena—attachment to pink frilly dresses and rejection of femininity—are linked.



How Children Determine Gender

Interview five children: a 2-year-old, a 3-year-old, a 4-year-old, a 5-year-old, and a 6-year-old. If the class is involved in this assignment, each of you can pool the results so that you will have more than five participants. Try to find out how each child determines whether someone is male or female. You can do this through a set of openended interview questions. For example, is the teacher female or male? How do you know? Are you female or male? How do you know? Is Santa Claus male or female? How do you know? You can also do this by presenting each child with a series of pictures, perhaps from storybooks, and ask the child to indicate whether the character is female or male and to explain why. Whichever method you choose, be sure to standardize it so you are using the same procedure for each child.

According to cognitive development theory, gender identity determines gender-role attitudes and values. Once children acquire their gender identity, they have a high internal motivation to behave in ways consistent with their self-concept. The child identifies the self as female or male and wants to behave in ways consistent with this self-category. Their self-concepts as female or male expand as they take in new information from the environment. There is evidence that this gender identity process is the same for transgender children as it is for cisgendered children when the transgender child's expressed gender is considered. A study that examined both implicit (with the Implicit Association Test shown in Figure 3.9 on page 100) and explicit gender preferences among 5- to 12-year-olds found that both cisgendered (controls and siblings) and transgender children showed an implicit and explicit gender preference for the gender they expressed (transgender by gender), as shown in Figure 5.12 (Olson, Key, & Eaton, 2015). When you examine the transgender children in terms of their birth sex (transgender by sex), their preferences are completely different from the other children. This study also showed that there is a difference between children who display gender incongruent interests (e.g., girls who like to play with trucks) and transgender childrenchildren who perceive themselves to be the sex that they were not assigned at birth. The former is much more common than the latter. It is the latter group that shows more interest in sex-reassignment surgery.

One limitation of Kohlberg's theory is that he states gender constancy must be achieved before children will value and seek out behavior that fits their gender role. Yet studies have shown that children who have not achieved gender constancy already choose sex-typed behavior (Bussey & Bandura, 1992). Bussey and Bandura (1999) have advanced the notion of **social cognitive theory**, which states that cognitive development is one factor in gender-role acquisition, but there are social influences as well, such as parents and peers. According to social cognitive theory, external sources have the initial influence on behavior. For example, the promise of a reward or the threat of punishment influences behavior. Later, however, children shift from relying on external sources to internal standards to guide behavior. Social cognitive theory emphasizes the interplay between psychological and social influences.



Figure 5.12 Cisgendered (controls and siblings) and transgender children categorized by their expressed gender (transgender by gender) show both implicit and explicit gender preferences that are in line with their expressed gender. Transgender children show preferences opposite to those of the sex they were assigned at birth (transgender by sex).

Source: Olson et al. (2015)

More recently, the "Gender Self-Socialization Model" was offered as a variant of cognitive development theory that emphasized the individual perspective of each child rather than a uniform societal perspective (Tobin et al., 2010). Traditional cognitive development theory assumes gender constancy at ages 5-7 and does not take into consideration individual differences. Kohlberg's theory hypothesizes that children's gender identity motivates them to adopt characteristics that they perceive to be linked to their gender. The Gender Self-Socialization Model supports this line of thinking and shows how it can account for transgender individuals. If a child develops a gender identity that differs from the biological sex to which he or she was assigned at birth, the child will take on traits that correspond with the perceived gender identity rather than the birth gender identity. This model also acknowledges that there are a variety of gender-congruent attributes from which children can choose to link to the self. For example, one child with a male gender identity may focus on its link to aggression, whereas another child with a male gender identity may focus on its link to facial hair or independence. The emphasis is on how the child construes gender roles rather than how the researcher does. This idea is supported by data that show self-perceptions of one's masculinity and femininity do not relate strongly, or sometimes even at all, to researchers' descriptions of masculinity or femininity on measures such as the PAQ or BSRI (described in <u>Chapter 2</u>). Rather than assuming that gender identity comes from an appraisal of one's gender-linked attributes (I am strong so I must be a boy), this model argues that gender identity comes from the assessment of whether one feels like a boy or feels like a girl. After that assessment is made, characteristics are linked to the self that

corresponds with one's gender identity (I feel like a boy so I must be competitive).

Take Home Points

- Cognitive development theory emphasizes the role that the child plays in interpreting the world. The child is an active agent in gender-role acquisition.
- There is a series of stages that children move through to acquire gender roles, starting with gender identity and proceeding to gender constancy.
- Social cognitive theory combines elements of social learning theory and cognitive development theory by recognizing that the child and the environment interact with one another to produce gender roles.
- The Gender Self-Socialization Model expands cognitive development theory to take into consideration the individual's unique perception of gender. This theory is more amenable to understanding gender identity in transgender individuals.

Gender Schema Theory

You are probably familiar with the following story, which was once considered a difficult puzzle to solve: A little boy and his father get into an automobile accident. The father dies, but the little boy is rushed to the hospital. As soon as the boy gets to the emergency room, the doctor looks down at him and says, "I cannot operate. This boy is my son."

How can this be? Didn't the boy's father die in the accident? The solution, of course, is that the physician is the boy's mother—a concept that was more foreign when I was growing up than it is today. Why is it that people presume the physician is male? Because being male is (or was) part of our schema for the category "physician."

A schema is a construct that contains information about the features of a category as well as its associations with other categories. We all have schemas for situations (e.g., parties, funerals), for people at school (e.g., the jocks, the nerds), for objects (e.g., animals, vegetables), and for subjects in school (e.g., chemistry, psychology). The content of a schema varies among people. Those of you who are psychology majors have more elaborate schemas for psychology than those of you who are not psychology majors. You know there are differences among clinical psychology, social psychology, and cognitive psychology; a nonpsychology major may not know all of these distinctions and may think all fields of psychology are alike. Those of you who are avid football fans have more elaborate football schemas, including all the rules of the game, the players on the different teams, and the current status of each team, compared to those of you who are not interested in football.

Schemas can be helpful in processing information. Whenever you encounter the object or the setting for which you have a schema, you do not have to relearn the information. So, those of you who have rich football schemas can use your knowledge of what happened in last week's playoffs to understand the games being played this coming weekend.

A gender schema includes your knowledge of what being female and male means and what behaviors, cognitions, and emotions are associated with these categories. When buying a gift for a newborn, one of the first questions we ask is if the baby is a boy or a girl. This category guides our choice of clothing or toys. When looking over the personnel at the dry cleaner, we presume the person who is sewing is the female clerk and not the male clerk because sewing is consistent with the female gender role, not the male gender role. When hiring a secretary, we presume all applicants are female because *secretary* is part of our female gender-role schema, not our male gender-role schema. In fact, to have male secretaries, we have come up with a new term: *administrative assistant*.

What does it mean to be **gender schematic**? Someone who is gender schematic uses the gender category to make decisions about what to wear, how to behave, what career to pursue, what leisure interests to pursue, and what emotions to present to others. Someone who is **gender aschematic** does not consider gender when making these decisions.

To understand this more clearly, let's take an example of another variable on which people vary in terms of schematicity: religion. For some of you, religion is central to your identities and one of the first things you notice about a person: whether the person is religious and, if so, to which religion he or she belongs. You notice whether a person observes religious practices and has any religious belongings in the home. And being religious (or not) influences your behavior. That is, you are religious schematic. For others of you, religion is not central to your self-concept, and you are religious aschematic; you will not notice whether a person engages in religious practices ("Did we say prayers before the meal at Joe's house? I really can't recall"), not notice if religious aschematic does not mean you are not religious; it just means religion is not something you think about and not something that influences your behavior. A strong atheist can still be religious schematic; an atheist may be well aware of religious practices and go to great lengths to ignore religion. This person is still letting religion influence behavior.

It is likely that all of us are gender schematic, to some extent. Bem (1981) argues that gender is a pervasive dichotomy in society that guides our thinking about what clothes to wear, what toys to play with, and what occupations to pursue. But there is variability among us in how readily we think of gender when processing information. The person who does not rely on male/female categories as a way of organizing the world is gender aschematic. This person is less likely to be concerned with the gender category when deciding how to think, feel, or behave. It does not occur to the person that a secretary cannot be male, that it is not okay for a male to wear a barrette, or that girls should not play with trucks.

Gender schema theory is a theory about the process by which we acquire gender roles; it is not a theory that describes the content of those roles. The theory simply states that we divide the world into masculine and feminine categories. The culture defines those categories. Gender schema theory combines elements of both social learning theory and cognitive development theory in describing how we acquire gender roles. Social learning theory explains how we acquire the features of the male and female gender categories and what we associate with those categories. Cognitive development theory describes how we begin to encode new information into these cognitive categories to maintain consistency. A child learns to invoke a gender-role category or schema when processing new information.

A construct with which you may be more familiar than gender schema theory is **androgyny**. Recall that the androgynous individual has both feminine and masculine attributes (Bem, 1981). Bem linked gender schematicity to the construct of androgyny. Because the gender aschematic person does not use gender as a guiding principle when thinking about how to behave, Bem suggested this person would incorporate both traditionally feminine and traditionally masculine qualities into her or his self-concept,

or be androgynous. Bem presumed the gender aschematic person would have the flexibility to develop both feminine and masculine qualities. By contrast, gender schematic people were thought to be sex-typed, that is, feminine if female and masculine if male. Theoretically, cross-sex-typed people (feminine males, masculine females) are also gender schematic; they would still use gender as an organizing principle but would be concerned with adhering to behavior consistent with the norms for the other sex.

Bem (1984) advanced her gender schema theory by showing that sex-typed people engage in gender schematic processing. For example, in one of her seminal studies, she flashed the 60 attributes of the Bem Sex Role Inventory on a screen. College students were asked to decide whether the attribute described them. The dependent variable in this experiment was how quickly the student made the judgment. Bem hypothesized that sex-typed respondents, compared to androgynous respondents, would decide more quickly that a sex-appropriate attribute described them and that a sex-inappropriate attribute did not describe them. For example, a feminine female could quickly decide that yes, she is "helpful" and no, she is not "loud." Sex-typed respondents were also expected to take longer to reject a sex-appropriate attribute and to take longer to accept a sex-inappropriate attribute compared to androgynous individuals. So that same feminine female would take longer to admit that no, she does not cook and yes, she is competitive. The results confirmed the hypothesis. In other studies, Bem found that sex-typed individuals were more likely to categorize a list of attributes in terms of gender and more likely to organize groups of others in terms of gender compared to androgynous persons. Bem also found support for her theory by demonstrating that sex-typed individuals prefer to engage in behavior consistent with their gender role and feel more uncomfortable performing gender-role-inconsistent behavior.

One difficulty with gender schema theory is its relation to androgyny. The androgynous person is supposed to be gender aschematic. Being gender aschematic implies the person does not think of the world in sex-related terms, yet androgyny is defined in terms of gender-related traits. Bem (1981) acknowledges that this measure of androgyny may not imply the flexibility in behavior she had hoped. Androgyny can be restrictive in the sense that the person has two ideals to meet: a masculine one and a feminine one. Androgyny also does not rid society of the two culturally defined gender categories, which was Bem's ultimate aim. Bem really advocated gender aschematicity, not androgyny.

Bem's (1984) gender schema theory obviously has some political overtones. Historically, Bem has advocated the minimization of differences between men and women—basically reducing the differences to biology alone. She has suggested society should rid itself of the social construction of gender associated with biological sex. In such a culture, there would be no need for the terms *masculinity* and *femininity*; the term *androgyny* would also be meaningless. Sex would be viewed as having a very limited influence on us, no more influence than, say, eye color. In fact, Bem encourages the raising of gender aschematic children. See <u>Sidebar 5.6</u> for a further discussion of this issue.



How to Raise a Gender-Aschematic Child

Bem (1984) suggests how to raise a gender aschematic child using practices she adopted in raising her son and daughter. These ideas are shown in <u>Table 5.3</u>. Her basic position is that you teach your child that sex is only a biological category, and the only way you can know whether someone is female or male is to see the person naked. Because society associates sex with much more than biology, the parent must go to some lengths to make sure prevailing stereotypes are not instilled in the child. This includes altering storybooks so all men are not viewed as having short hair and all women are not viewed as having long hair; all men are not viewed as heroes and all women are not rescued; all men are not depicted in blue and all women in pink. The parent would provide the child with a range of toys and not let the child's gender influence the choice of toys; both boys and girls would be given blocks, trucks, and dolls. There would be no such thing as "girl clothes" and "boy clothes"; both could wear shirts, pants, dresses, and barrettes.

Boys in dresses! Boys wearing barrettes! When I first present Bem's (1984) ideas in class, these remarks are the most commonly made. Students are all for letting girls wear any clothes and play with any toys, but someone usually draws the line at seeing a boy in a dress. Another common reaction from students is that a child should choose who he or she wants to be and how he or she wants to behave—that parents should not force the child to be gender schematic or gender aschematic. Bem would respond that a child is never "free" to behave as she or he pleases because society will provide clear messages about how to behave, and those messages will be sexist. Thus, if parents do not inoculate their children against gender schemas, society will impose those schemas. For those of you who are interested in the results of Bem's child-rearing practices, she published an autobiography describing her egalitarian marriage and her gender aschematic child rearing (Bem, 1998). At the end of her book, her children comment favorably on the way they were raised. And, yes, Bem's grown son still occasionally wears a dress.

Table 5.3 Bem's Ideas on How to Raise a Gender Aschematic Child

- 1. Teach what sex is: a biological distinction. (You cannot tell if someone is male or female unless you see the person naked.)
- Teach what sex is not: get rid of the cultural correlates of sex. Provide a child with both male and female toys and clothes. Censor books and television for depictions of men and women in traditional roles. Eliminate own gender-stereotyped behavior (e.g., only mom washes dishes, only dad washes a car).
- 3. Counter cultural stereotypes with counterexamples (e.g., Child: "Only men can be doctors." Parent: "But your Aunt Jean is a doctor").
- 4. Teach that society's view of gender is not only different from the one you are teaching but also incorrect.

Later, Bem (1995) realized her utopian ideals were not reachable. She then suggested an alternative strategy for minimizing sex differences, that is "turning down the volume on sex differences." Her new strategy was to "turn up the volume on sex differences." By this, she means we should have 1,000 categories for sex instead of only two. She suggests starting with a modest 18 categories, derived from all possible combinations of sex (male, female), gender role (masculine, feminine, androgynous), and sexual orientation (heterosexual, homosexual, bisexual). Today, she would have included the category of cisgender versus transgender. By having so many categories, it would be difficult to have clear-cut boundaries between any two categories. The categories would become fluid and, ultimately, the distinctions among them less important, if not meaningless. Psychological gender is already recognized as being dimensional rather than categorical (Carothers & Reis, 2013), meaning that there are continuums of masculinity and femininity. Just because someone scores high on one aspect of masculinity. The increasing awareness of transgender individuals and gender-variant categories is also a step in the direction of realizing the fluidity of gender.

Take Home Points

- Gender schema theory combines elements of both social learning theory and cognitive development theory; social learning theory explains how the content of gender schemas is acquired; cognitive development theory suggests that people use those schemas to guide their behavior.
- People who are gender schematic divide the world into feminine and masculine categories and allow the gender category to influence how they dress, behave, and think.
- A person who is gender aschematic relies on other categories besides gender to interpret the world.
- When Bem first put forth her theory of gender aschematicity, she reasoned that someone who is not constrained by the gender category would be likely to develop both feminine and masculine traits—or what is now referred to as androgyny.
- However, Bem really advocated a gender-aschematic society rather than an androgynous one.
- Later Bem developed the idea of "turning the volume up rather than down" on gender differences and asked us to consider the intersections among a number of categories including sex, gender role, and sexual orientation.

Considering the Context: Deaux and Major's Model

All the theories discussed so far emphasize how biological or social forces alone or in conjunction with one another could have led to sex differences in cognition or behavior or could have shaped the traditional male and female gender roles. Descriptions of each of these theories, as well as their key concepts, are presented in <u>Table 5.4</u>. Instead of focusing on how gender-related behavior is acquired, like the other theories reviewed in this chapter, Deaux and Major (1987) focused on the conditions that create the *display* of gender-related behavior. That is, they emphasized the proximal, or more immediate, causes of whether a sex difference is observed rather than the distal, or more distant, factors such as biology and socialization.

Theory	Description	Key Terms
Biological	Identifies genes and hormones as well as the structure and function of the brain as the cause of sex differences in cognition, behavior, and gender roles.	androgens, estrogens, congenital adrenal hyperplasia, corpus collosum, lateralization
Evolutionary	An extension of Darwin's theory of evolution that states different social behaviors may have evolved in men and women because it was adaptive for their survival.	reproductive success, maternal investment, paternity uncertainty, interactionism
Psychoanalytic	Original theory suggested that gender roles are acquired by identification with the same-sex parent. Modern versions emphasize the importance of all early relationships.	Oedipal complex, unconscious processes, identification, object- relations theory
Social learning	Contends that all behaviors—including those specifically related to gender role—are learned through reinforcement and/or modeling.	reinforcement, observational learning
Gender-role socialization	States that people and objects in the child's environment shape behavior to fit gender-role norms.	differential socialization, parental influence, sex-

Table 5.4 Theories of Sex Differences

		typing
Social role	Variant of gender-role socialization theory that	division of
	suggests differences in women's and men's	labor, agency,
	behavior are a function of the different roles that	communion,
	women and men hold in our society. Biosocial	nurturance,
	constructionist theory is a recent modification that	egoistic
	acknowledges the influence of evolutionary forces.	dominance
Cognitive	Assumes the child is an active interpreter of the	gender
development	world, and observational learning occurs because	identity,
	the perceiver cognitively organizes what he or she	gender
	sees. Social cognitive theory extends this position	constancy,
	by suggesting gender-role acquisition is influenced	categorization,
	by social as well as cognitive factors. The Gender	"pink frilly
	Self-Socialization Model extends the theory further	dress"
	by focusing on individual conceptions of gender.	
Gender	Contends that children acquire gender roles due to	gender
schema	their propensity to process information into sex-	schema,
	linked categories.	gender
		aschematic,
		androgyny

From a social-psychological perspective, the theories discussed so far in this chapter are fundamentally flawed because they do not take the situation, the context, into account. Deaux and Major (1987) noted that one reason men's and women's behavior is inconsistent across studies is that the situation has a strong impact on behavior. Thus, they incorporated the situation into their model of sex differences.

Deaux and Major's (1987) model emphasizes three determinants of whether a sex difference in behavior is displayed: (1) the perceiver's expectancies, (2) the target's (i.e., person who may or may not display the sex difference) self-concept, and (3) the situation. I review how each of these contributes to the display of sex differences.

Perceiver

The perceiver is the person observing the behavior. The perceiver has an expectation about whether a person, the target, will display a behavior. This expectation is likely to be confirmed by either **cognitive confirmation** or **behavioral confirmation**. Cognitive confirmation is the idea that we see what we want to see; it explains how two people can see the same behavior and interpret it differently. Have you ever watched a baseball game with a person rooting for the other team? What happens during those instant replays? You are sure the person on your team is safe, and your friend is sure the person is out. The two of you actually see the same replay but interpret the behavior differently and, not surprisingly, in line with what you hoped to see. Behavior is often subject to multiple interpretations, especially social behavior. Thus, the person who believes baby boys are more active than baby girls will probably maintain this belief despite numerous counterexamples because he or she is free to interpret a wide range of behavior as active or inactive.

Behavioral confirmation is the process by which a perceiver's expectation actually alters the target's behavior. The target then confirms the perceiver's expectancy. Imagine that a mother believes girls are more capable than boys of taking care of small children. This mother is likely to give her daughter more opportunities to take care of the new baby in the family. Thus it will not be surprising if the daughter becomes more skilled than the son at feeding and entertaining the baby!

Target

The target in an interaction is the person whose behavior is of interest. The target of an interaction influences whether she or he displays behavior consistent with stereotypes about sex differences by two processes: **self-verification** and **self-presentation**. Self-verification is our concern with behaving in ways consistent with our self-concept. If you are a member of the National Rifle Association (NRA), you may not be able to keep yourself from speaking about the importance of the Second Amendment. If you are a very traditional male, it may be important to you not to express emotions in any situation. Self-presentation is our concern with how our behavior appears to others. The NRA member may find it inappropriate to voice concerns about Second Amendment rights to a mother whose child was accidentally killed by a gun. The traditional male may realize certain situations call for emotional expression, such as a funeral.

There are individual differences in concerns with self-presentation and self-verification. **Self-monitoring** is an individual difference variable that describes the extent to which one is more concerned with self-presentation or self-verification (Snyder, 1979). A high self-monitor is someone who changes his or her behavior to fit the situation. This person will be outgoing at a party, yet serious during a study session. This person will be both supportive of a woman's right to an abortion when talking to a group of feminists but sympathetic to the plight of the unborn child when talking to a priest. This person is very much concerned with self-presentation. A low self-monitor typically behaves the same from one situation to the next. If this person is serious, he or she will be serious at a party, serious at a study session, and serious at a dinner. If in favor of reducing Social Security, this person will state his or her beliefs whether talking to a 30-year-old or a 70-year-old. The low self-monitor is most concerned with self-verification. The situation, however, will also influence whether we are more concerned with self-verification or self-presentation.

Situation

In some situations, you may be more concerned with adhering to your principles and values and want to behave in a way that is consistent with them. What will determine this? The strength of your values is one determinant. If the issue is something you care strongly about, you will stand firm in your beliefs no matter what the situation. If I

believe hunting is a valuable sport, I will voice this opinion to a group of people whom I expect will disagree with me, such as vegetarians. In other areas, however, I may be less certain about an issue. I may be able to see both the pros and cons of day care for children; thus, I will not be outspoken in advocating or rejecting day care in any situation and may tend to agree with both sides of the argument.

In some situations, you will be very much concerned with how you appear to others. These situations include ones in which other people have power over you and situations in which you need something from these other people. If you are a Democrat, and you discover your professor is a Republican, you may decide to conceal your political views. Why? Because you want the professor to like you, especially if you feel grades are going to be subjective. Obviously there are exceptions. If you feel strongly about being a Democrat or are a low self-monitor, you may share your political views with the professor anyway.

The following personal example illustrates how self-verification may operate in some situations and self-presentation may operate in others. In most situations, if someone asked, "Do you mind if I smoke?" I would say yes. I would be behaving true to my self-concept as a nonsmoker and one not very fond of smoke. However, a number of years ago, I was in a situation where I was surrounded by a half dozen male physicians who I was hoping would refer patients to a study I was conducting. The chief among the group, who was sitting next to me in a nonsmoking building, started the meeting by turning to me and asking, "Do you mind if I smoke?" I found myself quickly replying, "No, I don't mind at all." In this particular situation, self-presentation won out over self-verification; my goal of behaving in ways consistent with my self-concept was not as strong as my goal of not offending the physician so I would receive patient referrals.

Other aspects of the situation influence behavior. Some situations have high behavioral constraints; they provide strong cues as to how to behave. In these situations, most people will behave in accordance with those cues. For example, church is a situation with high behavioral constraints. Most people, regardless of individual difference variables, will behave in the same way during a church service: sit quietly, listen, try to stay awake, sing when others are singing, and recite passages when others recite passages. There is a set script for behavior. Deviations from these behaviors, such as giggling, are quite noticeable. Other situations are low in behavioral constraints. A party is such a situation. Some people will be loud and mingle with the crowd; others will sit quietly with one other person and talk for hours. Either behavior is acceptable. What situations are high and low in behavioral constraints with respect to gender? A wedding is a situation high in behavioral constraints. Clear guidelines dictate how the bride and groom are to dress and behave, and the guidelines are quite different for the two of them. The classroom is a situation low in behavioral constraints with respect to gender. There are clear guidelines for behavior (sit quietly, take notes, raise hand to answer a question), but these guidelines do not differ for women and men.

Deaux and Major's (1987) model of sex differences, shown in Figure 5.13, shows how these three components—perceiver, target, and situation—interact to determine whether
sex differences appear. The emphasis on the situation is a critical aspect of this model. Researchers even have shown that situational variables can influence the extent to which someone identifies as being heterosexual or homosexual. A series of studies showed that heterosexual men and women report less heterosexual behavior and greater attraction to same-sex persons after being primed with cues that show people are supportive of homosexual relationships than not (Preciado, Johnson, & Peplau, 2013).



how the perceiver, the target, and the situation determine whether sex differences in behavior are displayed in a given situation.

Source: Deaux and Major (1987)

Let's go through the model, step by step, with an example to show how aspects of the perceiver, target, and situation combine to influence behavior. In this example, the perceiver is a father, the target is his 3-year-old daughter, and the situation is that they are playing with toys at a day care.

Box A: This box represents the father's beliefs about women and men, that is, whether he is gender schematic and holds gender-role stereotypes, specifically about the toys that are appropriate for a girl to play with. As the father gets to know the daughter more, he will be less likely to rely on gender-role stereotypes (category-based information) and more likely to respond to target-based information (the attributes of his daughter).

- Box B: This box represents whether a gender schema is activated in the father's mind. A recent event could activate a gender schema. For example, on the way to the day care, the father could have heard a story on the news about differences in social abilities between boys and girls. Attributes of the daughter or the situation could activate a gender schema. Is his daughter dressed quite differently from the boys at the day care? Is she wearing a pink frilly dress? Or is the daughter wearing a shirt and pants that do not distinguish her from the other children? The day care also may make gender salient if the teacher has the girls on one side of the room and the boys on the other side of the room, or if it appears that children are playing only with members of their same sex.
- Box C: Here the father behaves toward his daughter. If he is highly gender schematic and has had gender schemas recently activated, perhaps he will offer his daughter a doll to play with. If he is gender aschematic and has not had gender schemas activated, he might offer his daughter the toy that looks most interesting to him or the toy he knows will be of most interest to her.
- Box D: This box represents the target's self-concept, part of which is whether the daughter is gender schematic. In this example, the daughter is likely to know she is a girl and probably has noticed that girls and boys play with different toys. The daughter, however, has her own unique interests in the toys. Let's imagine her favorite toy is a remote-control car and she does not like playing with dolls.
- Box E: The same things that activated the father's gender-related schema in Box B can activate the daughter's gender-related schema in Box E. This also includes how the father behaves toward her. Why did he offer her a doll when she never plays with dolls? Why does the teacher have all the boys lined up on one side of the room and girls on the other side?
- Box F: Here the daughter interprets the father's behavior, which is that he has just offered her a doll when she was about to play with the remote-control car. Now she has to decide whether to play with the doll, which would be behavior consistent with self-presentation (pleasing the father), or to play with the car, which would be behavior consistent with self-verification.
- Box G: The daughter behaves. The interesting part of this story is that regardless of whether the daughter plays with the doll or the car, the father's gender belief system (Box A) and the daughter's self-system (Box D) are likely to remain intact. If the daughter plays with the car, she will confirm her belief that she likes cars (Box J), which fits with her self-system (Box D). The father is likely to make a situational attribution for the behavior, such as, "The car is novel, but in time she will return to the dolls" (Box I). Thus the father's belief system (Box A) also remains intact. Alternatively, if the daughter plays with the doll, the father naturally sees that the behavior fits his belief system (Box I). The daughter will realize she is playing with

the doll so she can play with her dad and discount her aberrant behavior (Box J). She does not have to alter her self-system either.

Box H: This box has to do with the characteristics of the situation that might influence behavior. Is the behavior socially desirable? In our example, playing with a doll or car is socially desirable behavior. But what is socially desirable may differ for females and males. Is it socially desirable for a boy to play with a doll? The certainty of the perceiver's and target's self-concepts will influence the outcome. In our example, the 3-year-old is likely to have a quite malleable concept of what toys are appropriate for girls and boys. If the father has spent little time around the daughter, he, too, might be less certain about the toys she will like. Those who have the strongest stereotypes are most likely to have them confirmed. The situation also determines constraints on behavior. Playtime at day care is likely to be a situation with low behavioral constraints. Finally, the extent to which the target is concerned with self-presentation (i.e., pleasing her father) versus adhering to her self-concept (i.e., playing with what she really likes) will influence behavior.

Although the diagram may seem complicated at first glance, the interaction we reviewed is overly simplified. In every interaction, the perceiver is also a target, and the target is also a perceiver. So we could talk about how the daughter influences her father's behavior. We could also talk about how the other children and the teacher influence the father-daughter interaction. Each person has expectancies for the self and for others. The point is that in any given situation, many proximal variables determine whether a behavior occurs, specifically whether women and men display differences in behavior.

Numerous studies have supported this model by demonstrating situational influences on behavior. One such study showed that two features of the situation—instructions to cooperate or compete and the sex of the person with whom one is interacting influenced how adolescent boys and girls described their personality in terms of masculinity and femininity (Leszczynski & Strough, 2008). Two weeks before the experiment, seventh- and eighth-grade girls and boys completed a measure of trait masculinity and femininity. During the experiment, they played the game Jenga with a same-sex or other-sex person. Afterward, they were asked to complete state measures of masculinity and femininity. Both girls and boys reported more feminine selves when working with a female than a male and when cooperating than competing. When cooperating, males reported more masculine selves than females, but when competing masculinity scores were equal.

Take Home Points

- Unlike the other theories in this chapter, the Deaux and Major (1987) model emphasizes the more proximal causes of sex differences, highlighting the impact of the situation.
- Perceivers influence whether sex differences are observed through cognitive and behavioral confirmation.
- Targets influence whether sex differences are observed through self-verification and self-presentation.
- Features of the situation that influence the observance of sex differences are behavioral constraints, whether the situation calls for self-presentation, and the strength of one's views on the subject of interest.

Summary

I reviewed the different theories that explain the origins of the sex differences discussed in <u>Chapter 4</u> as well as how gender roles and gender identities are acquired. Biological theories of sex differences focus on the role of genes, hormones, and brain structure/function on sex differences in cognition and behavior. Gene-environment interactions likely play a role in gender-related behavior. Hormones also are connected to gender-related behavior, most strongly supported by studies of CAH girls. Studies on sex differences in brain structure and function are numerous, but the meaning of these findings unclear. Evolutionary psychology introduces evolutionary principles to explain sex differences in cognitive and social behavior. There are a number of social behaviors, such as sexual behavior and aggression, that are consistent with evolutionary theory. Biologic and evolutionary theories are increasingly interactionistic, recognizing that there is an interplay between predisposing and environmental factors in shaping gendered behavior.

Psychoanalytic theory began with Freud but has been updated by Chodorow. The basis of the theory, whether traditional or modern, is how identifying with the same-sex parent influences the acquisition of gender roles. Social learning theory states that reinforcement and modeling apply to the acquisition of gender-role behavior just as they do to any other behavior. The principles of social learning theory have been applied directly to gender-role acquisition in the form of gender-role socialization theory. Gender-role socialization emphasizes the role that social agents, in particular parents, play in developing children's gender roles. The evidence for parents' differential treatment of daughters and sons is contradictory; put simply, parents treat sons and daughters more similarly than differently, but the few differences that exist may have a large impact. Observational research finds larger differences in the way parents respond to sons and daughters than studies that rely on self-report. Social role theory is similar to gender-role socialization in that it emphasizes the social forces that shape gender-role behavior. However, social role theory examines those forces at a higher level, for example, by claiming that the division of labor between men and women in society (men working outside the home, women caring for children) fosters agentic and communal behavior. Interesting cross-cultural research confirms the notion that the different opportunities societies present to girls and boys can lead to the development of genderdistinct behavior. By contrast, cognitive development theory emphasizes the child as an active processor of the environment rather than a passive recipient of modeling and reinforcement. The Gender Self-Socialization Model emphasizes the individual's perception of gender in processing the environment. Gender schema theory integrates the principles of social learning theory (and gender-role socialization) with cognitive development theory. The principles of social learning theory are responsible for the content of the gender categories in society, and cognitive development theory is

responsible for our acting in accordance with those categories. Gender schema theory is really a theory of process, rather than content; people who are gender schematic behave in ways consistent with the gender schema of a given society; people who are gender aschematic do not use gender as a guiding principle for behavior.

Finally, Deaux and Major offer a theory that describes the more proximal determinants of men's and women's behavior. According to Deaux and Major, characteristics of the perceiver, the target, and the situation will determine at any given moment how people behave and whether a sex difference is observed.

Obviously, no one theory is correct in explaining all sex-typed behavior or how men and women come to possess gender roles and gender identities. Some theories have more evidence than others. Some theories are more easily testable than others. Some theories are more relevant to one aspect of gender than others; for example, hormones may play a greater role in aggression than in verbal ability. Each of these theories appears throughout this text, but the predominant theories discussed are ones that focus on interactions between biological and social/environmental factors.

Discussion Questions

- 1. Discuss the strengths and weaknesses of each theory of gender introduced in this chapter.
- 2. Which theory of gender is most difficult to test? Easiest to test?
- 3. For which sex differences in cognition and behavior do hormones seem to play the largest role?
- 4. If you were going to develop a study to determine whether parents treat sons and daughters differently, how would you go about developing this study? In particular, what specific behaviors would you measure?
- 5. How are gender roles portrayed in the media?
- 6. Give some specific examples of how our culture models and reinforces violence.
- 7. What is the masculine mystique?
- 8. How do the roles women and men hold in society contribute to agentic and communal behavior?
- 9. Distinguish between social learning theory and cognitive development theory. How does gender schema theory integrate the two?
- 10. Debate the advantages and disadvantages of raising a gender aschematic child.
- 11. Apply Deaux and Major's model to a specific behavior. Review each of the steps in the model shown in Figure 5.13.

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Key Terms

Androgens—Male sex hormones (e.g., testosterone).

Androgyny–Incorporation of both traditionally masculine and traditionally feminine qualities into one's self-concept.

Behavioral confirmation—Process by which a perceiver's expectation actually alters the target's behavior so the target comes to confirm the perceiver's expectancy.

Cognitive confirmation—Idea that individuals see what they want to see.

Epigenetics—the study of how the environment influences gene expression.

Estrogens—Female sex hormones.

Gender aschematic—Someone who does not use the gender category as a guiding principle in behavior or as a way of processing information about the world.

Gender constancy—Categorization of the self as male or female and the realization that this category cannot be changed.

Gender identity—Label determined by biological sex that is applied either to the self or other people.

Gender schematic—Someone who uses the gender category as a guiding principle in behavior and as a way of processing information about the world.

Heterosexual script—Stereotypical enactment of male and female roles in romantic relationships.

Homophily amplification hypothesis—States that interacting with similar others increases one's similarity to those others.

Intersex conditions—Conditions in which chromosomal sex does not correspond to phenotypic sex or there is an inconsistency within phenotypic sex.

Lateralization—Localization of an ability (e.g., language) in one hemisphere of the brain.

Masculine mystique—Image of masculinity upheld by society that consists of toughness, dominance, emotional detachment, callousness toward women, eagerness to seek out danger, and competition.

Normative male alexithymia—Socialization of males to become unaware of their emotions.

Schema—Category that contains information about the features of the category as well as its associations with other categories.

Self-monitoring—Variable that describes the extent to which one is more concerned with self-presentation or self-verification.

Self-presentation—Concern individuals have with how their behavior appears to others.

Self-verification—Concern individuals have with behaving in ways consistent with their self-concepts.

Social cognitive theory—States that cognitive development is one factor in gender-role acquisition, but there are social influences as well.

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Chapter 6

Achievement

... [T]here is reasonably strong evidence of taste differences between little girls and little boys that are not easy to attribute to socialization... . I guess my experience with my two and a half year old twin daughters who were not given dolls and who were given trucks, and found themselves saying to each other, look, daddy truck is carrying the baby truck, tells me something.

Do you recognize this quote? The person who shared this anecdote? This is a story that was told by Larry Summers, at the time president of Harvard University, who was trying to explain to a conference aimed at diversifying the science and engineering workforce why he thought there were gender disparities (Summers, 2005). Summers implied that there was a basic biological difference between men and women that accounted for the disparity, and he dismissed socialization and discrimination as having minimal impact. He made these remarks in January 2005, tried to clarify them a few days later, and outright apologized 1 month later. During the intervening month, he was educated about much of the research that you read in <u>Chapters 4</u> and 5 and some of what you will read in <u>Chapter 6</u>. It was too late, though. He inspired the furor of women's groups all over the country as well as the faculty of Harvard. One year later he resigned. It probably didn't help that the number of women faculty who had received tenure during his 5 years of administration had declined (Bombardieri, 2005). Yes, this is the same Mr. Summers who was appointed by President Obama in 2008 to be the Assistant to the President for Economic Policy and Director of the National Economic Council.

Is there any truth to Summers's statement? Are sex differences in math and science achievement due to biological differences between women and men? Biology has typically been dismissed as a compelling explanation for several reasons. Sex differences in achievement have changed dramatically over the 20th century; women's math scores have increased to the point of eliminating the sex difference in math test scores (recall <u>Chapter 4</u>); and sex differences in math vary across cultures (Else-Quest, Hyde, & Linn, 2010). The paradox that we are left to explain is why girls receive higher grades than boys in school, even in the traditionally masculine subjects of math and science, yet perform less well than boys on some standardized testing of the same domains, and fail to pursue careers in math and science to the extent that boys do. Is there an actual difference in girls' and boys' aptitude, or does the social environment play a role in these differences?

To understand the differences in the levels of women's and men's achievement, let's begin by evaluating the current status of women's and men's educational opportunities. Historically, men were more likely than women to attend college. However, by the early 1990s, women began to exceed men in the rate that they attended college. In 2013, 68% of females and 64% of males between the ages of 16 and 24 who had recently completed high school were enrolled in college (National Center for Education Statistics, 2014a). In that same year, 57% of bachelor's degrees were awarded to women (National Center for Education Statistics, 2014b). The sex disparity is even larger among African-American and Hispanic persons, with women earning 65% and 61% of the degrees, respectively. Women also are more likely than men to be in graduate school and earn 52% of doctoral degrees (Council of Graduate Schools, 2013). In 2014, women received 48% of the degrees in medicine (Association of American Medical Colleges, 2014) and 47% of law degrees (American Bar Association, 2014).

Although women have made huge strides in educational achievements, women and men continue to pursue different fields. As shown in <u>Table 6.1</u>, women are more likely than men to receive bachelor's degrees in elementary education and nursing, and men are more likely than women to receive degrees in computer science and engineering. Women are less likely than men to major in what are known as "STEM" (science, technology, engineering, and math) fields. There has been little change in these numbers over the last 10 years. In the area of computer science, there was an increase in the number of women who entered the field in the 1980s, but that increase was followed by a decline. In 1986, 35% of all bachelor's degrees in computer science were awarded to women, whereas in 2012 the number was 18%. Women are as likely as men to receive a science degree, but women tend toward the life sciences whereas men tend toward the physical sciences.

In the first section of the chapter, I describe a number of individual difference explanations for women's and men's choice of different areas of study and levels of achievement. These explanations pertain to characteristics of women and men. Men and women may be motivated to achieve in different domains and may have different beliefs about their abilities, which could influence their motivations. There are a variety of explanations as to why women do not realize their achievement potential, including ideas that women associate success with negative social consequences, lack selfconfidence, have lower self-esteem, and are faced with stereotype threat.

Table 0.1 referent of Datheror's Degrees Conterred to Males and remains from 2012 and 2012			
Field of Study	Percent	Percent	
	Male	Female	
Agriculture and natural resources	50.0	50.0	
Biological and biomedical sciences	41.3	58.7	
Business	51.8	48.2	
Computer and information sciences and support services	81.8	18.2	
Education	20.6	79.4	

Table 6.1 Percent of Bachelor's Degrees Conferred to Males and Females From 2011 and 2012

Engineering, engineering technologies, and engineering- related fields	82.4	17.6
Health professions and related programs	15.2	84.8
Mathematics and statistics	56.9	43.1
Physical sciences and science technologies	59.9	40.1
Psychology	23.3	76.7
Social sciences and history	50.8	49.2

Source: Adapted from National Center for Education of Statistics (2013)

In the second section of the chapter, I explore social explanations for sex differences in achievement. How do other people's expectations and beliefs—in particular those of parents and teachers—influence women's and men's achievement?

Individual Difference Factors

The Achievement Motive

Look at the picture of the two acrobats flying through the air depicted in <u>Figure 6.1</u>. What do you see? What kind of story would you write about the two acrobats? If you wrote about how hard the two people had worked to become acrobats, all they had given up for their profession, how successful they were, and the difficult feats they were trying to accomplish, you might be considered to have a high motive for achievement. At least, this is one way the need for achievement has been measured.

David McClelland and colleagues (McClelland, Atkinson, Clark, & Lowell, 1953) described the **achievement motive** as a stable personality characteristic that reflects the tendency to strive for success. The achievement motive was measured by people's responses to scenes from Thematic Apperception Test (TAT) cards like the one depicted in Figure 6.1. People would view the scene on the card and write a story about it. The content of the story was then coded for themes related to the achievement motive. Mentions of success, striving, challenge, and accomplishment would reflect themes of achievement. People who scored high in achievement motivation were found to persist longer at tasks and to reach higher levels of achievement. Those people were men. Achievement motivation did not predict these same outcomes in women. Some people suggested that women did not have as great a desire or need for achievement as men.



Figure 6.1 Adaptation of a Thematic Apperception Test (TAT) card depicting two acrobats flying through the air.

There were several problems with this conclusion. First, the domains of achievement studied (or depicted by the TAT cards) may have been more relevant to men than women, especially in the 1950s and 1960s. For example, viewing a TAT card that depicted two scientists in a laboratory may not have aroused the achievement motive in women because few women worked in science laboratories at the time. Women may not have been able to see themselves as scientists in a laboratory, or women may not have had any desire to be scientists in a laboratory. One factor that determines whether someone pursues success in an area is the value the person attaches to success in that area. Women, especially in the 1950s, may not have valued achievement in the sciences. It is unclear today whether there are sex differences in achievement motivation. A study of high school students in China found that girls scored higher than boys on achievement motivation (Nie & Liem, 2013).

Another difficulty with the study of achievement motivation in women is that the characteristics that defined the motive (assertiveness, independence, competitiveness) conflicted with the characteristics of the female gender role. Thus, another reason women did not fit into the theory of achievement motivation is that women recognized that achievement-related behavior would be inconsistent with their gender role.

What did women do, and what do women do, when they have a high need for achievement but believe achievement conflicts with their gender role? One response is to conceal achievements. Female students may tell their peers they scored lower on an exam than they really did. Another response is to compensate for the threat to the female gender role that achievement poses by adopting extremely feminine appearance and behavior. Another option is for a woman to master both roles: the role of high achiever and of traditional female wife and mother. Thus, high-achievement women may spend enormous amounts of energy both at work and at home to demonstrate that achievement does not conflict with or undermine femininity. One area of research that has addressed how women reconcile a need for achievement with a need to adhere to the female gender role is the fear of achievement or fear of success literature.

Fear of Achievement

Historical Literature

In the early 1970s, one explanation of why women did not reach high levels of achievement was that they suffered from a "fear of success." Matina Horner (1972) noted that competence, independence, and intellectual achievement were inconsistent with the norms for femininity but consistent with the norms for masculinity. Thus, women faced a dilemma when achieving. Women might withdraw from achievement behavior because they are concerned with the threat that achievement poses to their gender role.

Horner (1972) defined the **fear of success** as the association of negative consequences with achievement. For women, the negative consequences were feeling unfeminine and experiencing social rejection. A woman who believes graduating at the top of the class will lead people to dislike, tease, or avoid her may have a fear of success, whereas a woman who believes graduating at the top of the class will bring respect from peers and parents does not have a fear of success (Figure 6.2). In order to have a fear of success, however, the individual must also believe achievement is possible. People who realize they have no way of reaching a goal will not be concerned with the negative consequences of reaching the goal. Thus someone may believe getting an A on an exam will alienate friends but also realize that there is little chance of receiving an A on the exam; this person will not worry about the negative consequences of success. By contrast, the person capable of getting an A who believes this achievement will lead to rejection by peers is likely to have a fear of success. The person could respond to this fear by either decreasing the amount of effort put into the task (i.e., studying less) or hiding the achievement from peers.



Figure 6.2 The historical "fear of success" literature showed that women associated negative social consequences with high achievements, such as graduating at the top of one's class.

To summarize, there are two requirements for a fear of success: (1) the person must perceive achievement as possible, if not likely, and (2) the person must associate achievement with negative consequences. A fear of success is not the same as a desire to fail. The person who fears achievement does not seek out failure; instead the person avoids situations that might lead to high achievement and expends less effort so high achievement is not realized.

What was Horner's (1972) evidence for a fear of achievement among women? She

used a projective storytelling method. She gave college students the first sentence of a story and asked them to complete it. For example, female students were told "Anne is at the top of her class in medical school," whereas male students were told "John is at the top of his class in medical school." Students were then asked to complete the story. Horner reasoned that anyone who wrote a story that showed conflict about the success, denied credit for the success, or associated negative consequences with the success showed a fear of success. The majority of men (90%) wrote positive stories in response to this cue. A substantial portion of women (65%) wrote troubled stories that showed some conflict or negative consequences associated with Anne's achievement. For example, some women wrote stories about Anne purposely not performing well the next semester or dropping out of medical school. Other women wrote stories about Anne being alienated by friends and family and being very unhappy.

Horner (1972) conducted this first study in 1964 and replicated the findings over the next 6 years with other samples of college students and with high school and junior high school students. Interestingly, she noted a trend over time for the fear of success to increase among men. Men began to write stories that associated male achievement with selfishness and egoism. Conceptually, the fear of success is the same in men and women: the association of negative consequences with achievement. However, the fear of success was associated with distinct negative consequences for women and men. For women, the major negative consequence was social rejection; for men, the major negative consequence was self-absorption. Both led to unhappiness. Interestingly, these two concerns map onto the two negative gender-related traits discussed in <u>Chapter 2</u>: unmitigated communion and unmitigated agency. Unmitigated communion involves being overly concerned with others and their opinions, whereas unmitigated agency involves being overly absorbed with the self.

Horner (1972) found other indicators of women's fears of success. She noted that high fear of success women performed worse on a task when working with men than with women, admitted they would prefer to tell a male they received a C rather than an A on an exam, and were more likely to switch from nontraditional (e.g., lawyer) to traditional (e.g., teacher) college majors.

Horner's (1972) work has been criticized on many levels. Some have suggested that her projective test actually indicates a discomfort with gender-role-incongruent behavior rather than a fear of success. It turns out that *both* men and women write more negative stories in response to Anne rather than John graduating at the top of the class. Both men and women may be uncomfortable with the idea of women being successful or may realize that successful women face obstacles.

Contemporary LiteratureMost of the studies on fear of success were conducted in the 1960s and the 1970s. Is there any evidence of a fear of achievement in women or men today? Do today's college women feel uncomfortable outperforming men? Do women hide their good exam performances from friends, especially male friends? Do women continue to associate achievement with negative interpersonal consequences?

Some studies have attempted to develop more objective measures of the fear of

achievement by asking people directly whether they associate success with negative consequences, including negative peer reactions, social isolation, and pressure to live up to others' expectations. Women tend to score higher than men on these kinds of items (Fried-Buchalter, 1997). Early adolescent girls, in particular, may still associate success with some negative consequences. Bell (1996) held weekly discussions with elementary school girls to identify barriers to their success. She found that girls felt achievement and affiliation were opposites, that one could not do both. She referred to this as the "smart versus social" dilemma. The girls feared that achievement would jeopardize their relationships. Girls also identified a second dilemma, "silence versus bragging." The girls said they often hide their success because talking about it is like bragging and might make other people feel bad. Thus, a concern for others and relationships keeps the girls from announcing their achievements. The girls also stated that they felt uncomfortable being singled out by a success because their concerns were with establishing connections to others, not with differentiating themselves from others. The following exchange between the group leader and one of the girls illustrates these ideas (Bell, 1996, p. 422):

- JANE (after receiving a compliment on a science prize): Well, I don't feel that great when you say that to me because I feel like everybody's equal and everybody should have gotten a prize no matter what they did. I think Chris should have gotten it.
- MYRA: OK Jane, tell the group why you didn't say "I feel good about winning the prize."
- JANE: Well I feel like um, like everybody's looking at me and um saying, "Oh, she shouldn't have won that prize, I should have won" and everybody's gonna be mad at me because um, I won and they didn't.
- MYRA: Is there any situation that you could think of where you won an honor that you were deserving of and felt good about?
- JANE: If other people won also.

There are few recent studies of the fear of achievement, perhaps because scientists think the issue has disappeared. Conduct <u>Do Gender 6.1</u> using Horner's (1972) projective method and write some objective questions to see if the fear of achievement holds at your school.



Do Women Fear Achievement, and Do Men Fear Affiliation?

Try out Horner's projective test. Ask a group of students to write a story in response to the following sentence: "______ is at the top of her (his) class in medical school."

You choose the name. You might try a name that can be perceived as either male or female, such as Pat. Or, you might have half of participants respond to a male target and half to a female target. After participants have completed the story, have them respond to a few objective items that could measure fear of success, as discussed in the text.

Decide how you want to code the stories. Do you want to code violent imagery, negative imagery, or threat? Be sure to have clear operational definitions of anything that you code. Ideally, you would find another coder and evaluate the stories independently. Make sure the stories are anonymous with respect to sex when you rate them.

Are there sex differences in fears of success on the projective measure? On the objective measure? How do the objective and projective measures compare?

Leaving Traditionally Masculine Pursuits

One facet of the historical literature on women's fear of success is that high-achievement women switch from traditionally masculine pursuits to traditionally feminine ones. One study compared the career trajectories of women who entered STEM versus non-STEM fields over 12 years and found that 50% of women in STEM fields switched to another occupation compared to 20% of women in other fields (Glass, Sassler, Levitte & Michelmore, 2013). There are several reasons for the switch. The authors suggested that men in STEM fields tend to have more traditional gender attitudes, which may create a less friendly work environment for women. In fact, the authors found that women who were married to men who worked in STEM fields were less likely to switch. The authors argued that family factors were unlikely to explain the discrepancy because the two groups of women were equally likely to be married and have children and much of the transition out of STEM jobs occurred within the first 5 years of employment. It is interesting that much of the departure occurred among women in STEM jobs with advanced degrees, something one would expect to be protective against departure from the field.

One wonders if there aren't other factors about the STEM environment for women in advanced positions that lead them to leave the area. Some research has suggested that women leave STEM careers because of a desire for greater job flexibility, conflict between work and family, self-confidence, and lack of female role models (Hartman & Hartman, 2008). Find out on your own why women (and possibly men) switch from nontraditional to traditional majors with <u>Do Gender 6.2</u>.



Reasons for Switching From Nontraditional to Traditional Majors

Conduct interviews with both women and men who switched from nontraditional to traditional majors and from traditional to nontraditional majors. First, you will have to decide what the traditional majors for men and women are. For example, you might find five women who switched from science, math, or engineering to nursing, and five men who switched from the liberal arts to business. To gather more data on this issue, this could be used as a class project with the interview format standardized.

Ask a series of open-ended questions to find out why people initially chose their major, why they switched, if they had any difficulties switching, and how others reacted to their switch. Then, you might follow up with some closed-ended questions to make sure the issues you are interested in are addressed. For example, you might have some specific statements about negative peer reactions or fears of negative consequences associated with success.

Take Home Points

- People who have a fear of success are capable of high achievement but associate negative consequences with achievement.
- The basic concern is that achievement is inconsistent with the female gender role. Females are concerned that attaining high levels of achievement will have social costs.
- The fear of success literature was, and still is, quite controversial. There is concern with the validity of the projective tests that were first used to identify a fear of success in women. However, some self-report instruments show that women more than men associate success with negative consequences.
- Some women who start out in traditionally masculine fields leave those domains for more traditionally feminine pursuits. Further research with these women will tell how much of this change is due to the preferences on the part of women versus characteristics of the work environment.

Self-Confidence

Do women have less confidence in themselves compared to men? Despite the fact that girls do better than boys in school, girls often estimate their abilities as lower than boys and are more worried than boys about their grades in school. That is, females earn higher grades in most subjects in school but evaluate their competence in each of those subjects as lower than that of boys—with the exception of language. Interestingly, women will defend other women's abilities but not necessarily their own. Collis (1991) refers to this as the "We can but I can't" paradox. In general, women are more likely than men to underestimate their abilities and less likely to expect success. What are the consequences of a lack of self-confidence? When we expect not to succeed in a domain, we will give up more easily on a given task, choose an easier task, and pursue activities in other domains.

Nature of Task

Women are not less self-confident than men on all tasks. The nature of the task is an important determinant of sex differences in self-confidence. There are numerous studies that show women are less self-confident than men about their performance on masculine tasks, such as STEM domains (Jansen, Schroeders, & Ludtke, 2014), despite equal performance. A study of German fifth-graders showed that girls thought they had lower math ability compared to boys, despite the fact that their school performance was the same (Wach, Spengler, Gottschling, & Spinath, 2015). In fact, females' self-concepts about their abilities in STEM fields are often uncorrelated with their actual performance in those academic domains—which is not the case for males. For math in particular, girls have lower estimates of their ability compared to males and are less likely to expect to be successful compared to males, despite equal math performance (Else-Ques, Mineo, & Higgins, 2013). A study of medical students performing a clinical exam showed that women reported more anxiety and appeared less self-confident to objective observers compared to men—despite the fact that women and men had similar levels of

performance (Blanch, Hall, Rote, & Frankel, 2008). One study showed that confidence contributes to the sex differences in the mental rotation task (Estes & Felker, 2012). When men and women were told that their performance on a line judgement task was above average—thus, instilling confidence, scores on the subsequent mental rotation task increased.



Figure 6.3 There were no sex differences in math self-confidence among second- and third-graders (n.s. = not significant). Among fourth- and fifth-graders, boys were more confident than girls (* = significant). Source: Adapted from Muzzatti and Agnoli (2007)



Figure 6.4 Among second-graders, girls believed that girls were better than boys in math and boys believed boys and girls were about the same; by fourth grade, boys believed that boys were better than girls in math and this belief persisted through fifth grade; third- and fourth-grade girls thought the two sexes were roughly the same, but by

fifth grade girls shared boys' beliefs that boys were better than girls at math. Source: Adapted from Muzzatti and Agnoli (2007)

Given the fact that girls' and boys' school performance is the same in traditionally masculine subjects, like math and science, when do sex differences in self-confidence arise? This question was addressed in a study of Italian children (Muzzatti & Agnoli, 2007). As shown in Figure 6.3, there were no sex differences in math self-confidence among second- and third-graders, but boys were more confident than girls by fourth and fifth grades. In addition, stereotypes about math as a male domain emerged with age, as shown in Figure 6.4. Whereas second-grade girls tended to believe that girls were better than boys in math and second-grade boys believed that girls and boys had equal math ability, by fifth grade, girls shared boys' beliefs that boys were better than girls at math. Thus, it appears that sex differences in self-confidence appear by middle school.

The Appearance of Low Self-Confidence

It is possible that women only appear less self-confident than men. Girls might try to appear modest because they are concerned about how their superior performance will affect another person's self-esteem. One study showed that women recalled lower grades (12.78) than they received (13.32), whereas men recalled their grades accurately (recall 12.46; actual 12.30; Chatard, Guimond, & Selimbegovic, 2007). There is evidence that women feel uncomfortable promoting themselves and engage in less self-promotion than men when asked to do so (Moss-Racusin & Rudman, 2010). When college women were asked to write an essay promoting their own merits or the merits of another person, those asked to promote themselves were less interested in the task and wrote poorer essays (as estimated by themselves and neutral judges) compared to those asked to promote another (see left half of Figure 6.5; Smith & Huntoon, 2013). However, when women wrote the essays in the context of a noise generator that they were told would cause discomfort and anxiety, the women who engaged in self-promotion did not experience the same negative consequences; that is, they showed more interest in the task and wrote better essays (see right half of Figure 6.5). The authors argued that violating the norm to be modest arouses discomfort in women and when this discomfort was attributed to the noise generator, the negative effects of self-promotion were removed. Interestingly, women are more successful in promoting the merits of others than themselves (Moss-Racusin & Rudman, 2010). This will be elaborated on in Chapter <u>12</u> in the context of negotiation research. One problem with women "appearing" less confident is that behavior often shapes attitudes, as indicated by cognitive dissonance and self-perception theories. That is, women may come to believe the opinions that they express about themselves.

Women's Underconfidence or Men's Overconfidence?

The literature on self-confidence has typically been interpreted in terms of a female

disadvantage: Women have *less* confidence in themselves compared to men. But do women underestimate their abilities, or do men overestimate their abilities? One way to address this question is to compare women's and men's confidence to their actual performance. If someone expects to receive a 90 on a test and receives an 80, the person is overconfident. If someone expects to receive an 80 and receives a 90, the person is *under*confident. This kind of method was used with college business students who were asked to predict price/equity ratios (Endres, Chowdhury, & Alam, 2008). Men were more confident than women. However, when confidence was compared to accuracy, both men and women were found to be underconfident. In this case, women were more underconfident than men. By contrast, a study that compared exam performance to exam confidence across 25 universities that spanned five countries showed that both women and men were overconfident (Lundeberg, Fox, Brown, & Elbedour, 2000). The nature of the task may moderate these effects. In a study that examined confidence and performance in math, males were overconfident and females were underconfident (Lloyd, Walsh, & Yailagh, 2005).





Take Home Points

- Sex differences in self-confidence are linked to the nature of the task; that is, women are less confident of their abilities in traditionally masculine fields compared to men. Thus, lack of self-confidence could be a contributing factor to the underrepresentation of women in masculine areas of achievement, specifically math and science.
- Part of the sex difference in self-confidence is due to women appearing less confident. Women are more reluctant than men to promote their positive qualities, and are more successful in promoting the positive qualities of someone else than themselves.
- To the extent that a sex difference in self-confidence exists, it appears to be a combination of women being underconfident and men being overconfident.

Response to Evaluative Feedback

I began college with a major in journalism. I took some psychology classes along the way. Two things happened to make me switch from journalism to psychology: First, I discovered all my journalism assignments—news stories, feature stories, editorials, and investigations—were on psychological topics; second, not one of my journalism professors took me aside and told me I was a gifted writer. Receiving As on papers was not enough to make me think I could be a successful journalist; I was waiting for a tap on my shoulder. Ironically, after I added psychology as a major in my junior year, a journalism professor did take me aside and told me what I had wanted to hear. By then it was too late. I had already developed a passion for psychology.

While teaching at Carnegie Mellon, a similar experience occurred, but this time I was the one tapping someone else's shoulder. I had taken aside an undergraduate who was torn between art and psychology, and within psychology, torn between clinical work and research. I told her I thought she had all the skills needed to make an outstanding researcher: clear conceptual thinking, a strong methodological knowledge base, and creativity in experimental design. I did not think twice about this conversation until she told me the following semester that it had influenced her to switch her focus from clinical work to research. The interesting part of this story—and here is where it becomes relevant to the chapter—is that she shared the experience with her boyfriend, and he was confused. He could not understand why what I had said had made any difference to her.

Women may be more influenced than men by the feedback they receive from others about their performance. This could stem from a lack of self-confidence on the part of women, or it could stem from an openness to others' opinions; the sex difference can easily be cast in a negative or positive light. In either case, when women are told they have performed poorly or lack ability, they may be more likely than men to take the feedback to heart. Women's thoughts about themselves, including beliefs about their abilities, are more influenced by other people's appraisals of their abilities compared to men. The direction of the influence could be positive or negative, depending on whether the feedback is positive or negative.

Females' greater responsiveness to feedback was shown in an older study in which college students were asked to give a speech to a group of three other students who were confederates of the experimenter (Roberts & Nolen-Hoeksema, 1994). One of the confederates provided positive feedback, negative feedback, or no feedback. Prior to the feedback, women reported higher performance expectancies compared to men, possibly because giving a speech is considered to be a more feminine task. As shown in Figure 6.6, women's evaluations of their speech were more affected by the feedback than those of men. Women's evaluations of their speech became more positive in the positive feedback condition and more negative in the negative feedback condition, whereas men's evaluations were less affected by the feedback. Women were not more responsive to the feedback because they were less confident than men. Recall that women had higher initial expectancies than men. Women also were not more responsive to the feedback because they wanted to appear agreeable to the confederates; the evaluations were confidential. However, women indicated that the feedback was more accurate than men did. Thus, the authors concluded that women are more responsive to feedback than men because they find the feedback to be more informative about their abilities.



Effect of Feedback on Evaluation

Source: Adapted from Roberts and Nolen-Hoeksema (1994, Study 2)

One concern about these kinds of studies is that they are conducted with college students, and the feedback is given by peers rather than authority figures. We would

Figure 6.6 Effect of feedback on evaluation. Women evaluated their speech as more positive after receiving positive feedback and more negative after receiving negative feedback. Men's evaluations of their speech were relatively unaffected by the nature of the feedback they received.

expect both women and men to be more responsive to feedback from those judged to be more knowledgeable. An undergraduate and I tested whether there were sex differences in responsiveness to feedback in a real-world setting (Johnson & Helgeson, 2002). We measured the self-esteem of bank employees before and after they met with their supervisor for their annual performance evaluation. As shown in Figure 6.7, women's self-esteem improved slightly after receiving a positive evaluation and declined substantially after receiving a negative evaluation, whereas men's self-esteem was largely unaffected by the nature of the feedback. Women also took the evaluation process more seriously, regarded the feedback as more accurate, and viewed their supervisors as more credible sources compared to men. Men who received negative feedback appeared to prepare themselves psychologically for the upcoming evaluation by derogating the source of the feedback ("My supervisor isn't that smart") and the feedback system ("The evaluation process is not fair"). In general, the results of this study supported the laboratory findings.

One concern with women being more responsive to negative feedback than men is that employers might provide feedback differently to women than men. If employers are concerned that women will take negative feedback more personally than men, they might not provide women with the same level of critical feedback. A study of performance evaluations for junior attorneys at a Wall Street law firm revealed that male attorneys received higher numerical scores than female attorneys, but female attorneys received written feedback that was more positive (Biernat, Tocci, & Williams, 2012). The written feedback was submitted to a software program that showed the feedback to women contained more positive words than the feedback to men. More worrisome is that the numerical score received was positively correlated with the number of positive words in the narrative evaluation for men but not women. Why the disconnect between the numerical score and the written evaluation for women? Employers may be providing women with positive feedback that is either not relevant or less important, or employers could be using positive feedback to soften the blow of more critical negative feedback. The authors argue that employers may have different standards for females and males, implying that the positive comments made to females are really not all that positive!


women's self-esteem drastically decreased after receiving a negative evaluation. Men's self-esteem was unaffected by the feedback they received from their supervisor. Source: Adapted from Johnson and Helgeson (2002)

A construct relevant to responsiveness to feedback is **rejection sensitivity**, or the expectation to receive, perceive, and react strongly to rejection (Downey & Feldman, 1996). Regardless of whether women score higher than men on general measures of rejection sensitivity, women clearly score higher than men on gender-based measures of rejection sensitivity—meaning that women are more likely than men to perceive rejection due to gender or sexism (London, Downey, Romero-Canyas, Rattan, & Tyson, 2012). One way that women characterized by high gender-based rejection sensitivity respond to threats is by withdrawal. In a daily diary study of women attending law school, attributing negative events to gender was associated with keeping quiet and general withdrawal behavior for women high in gender-based rejection sensitivity. However, for women who scored low on gender-based rejection sensitivity, attributing negative events to gender was associated with taking action to address the threat. Thus, it is only women who are sensitive to rejection based on gender concerns who withdrawal from stressful situations.

- Women are more responsive to evaluative feedback than men—meaning that they use it to make inferences about their abilities.
- One reason that women are more responsive to feedback is that they view the information as more accurate—as more informative of their abilities.
- Men may discount negative feedback in an effort to protect their self-esteem.
- Women are higher in gender-based rejection sensitivity compared to men, meaning that they are more likely to perceive rejection based on gender and respond more strongly to it.

Self-Esteem

Does a lack of self-confidence and a greater responsiveness to evaluative feedback reflect a lower level of self-esteem on the part of women? A meta-analysis of sex comparisons in self-esteem found a small difference in favor of males (d = +.21; Kling, Hyde, Showers, & Buswell, 1999). However, effect sizes varied greatly by age, with the largest sex difference emerging during adolescence (d = +.33 for 15- to 18-year-olds). Effect sizes were smaller for younger and older respondents.

Is the sex difference in self-esteem among adolescents due to a decrease in females' self-esteem or an increase in males' self-esteem? Both boys' and girls' self-esteem decreases during early adolescence, but boys' self-esteem rebounds and shows a large increase during high school compared to girls (Twenge & Campbell, 2001). A comparison of White and Black girls showed that Black girls' self-esteem is less likely than White girls' self-esteem to decline over adolescence (Biro, Striegel-Moore, Franko, Padgett, & Bean, 2006), which may explain why the meta-analytic review showed that the sex difference in self-esteem was not significant among Black samples (Kling et al., 1999). A meta-analysis that focused on ethnicity showed that the sex difference in self-esteem is larger for Whites than other ethnic groups (Twenge & Crocker, 2002).

One study adopted an intersectionality approach to self-esteem by examining the joint influence of sex and race in a study of college students (Sprecher, Brooks, & Avogo, 2013). Overall, there was a sex difference in self-esteem, favoring males, and a race difference in self-esteem, favoring Black students. However, the sex difference depended on race: There was no sex difference in self-esteem among Black students, a trend toward a difference among Asian students, and significant differences among White and Hispanic students, as shown in Figure 6.8. You can see from the figure that there was more variability in girls' self-esteem across race than boys' self-esteem. These findings held when socioeconomic status was taken into consideration.

What are some of the reasons that females, especially White females, have lower selfesteem than males? One reason is that females have less favorable attitudes than males toward their gender role during childhood and adolescence. We saw in <u>Chapter 2</u> that girls were more likely than boys to want to become the other sex and that boys viewed changing their sex as a negative event, whereas girls viewed changing their sex as more of an opportunity. This widespread belief that males are more valued in society was best captured, in the Netflix series *Orange Is the New Black*, when one of the characters wondered why Sophia changed from the male to the female sex: "Why would anyone ever give up being a man? It is like winning the lottery and giving the ticket back." A second reason for girls' lower self-esteem compared to that of boys is girls' greater emphasis on popularity and increased contact with the other sex. Girls, in particular White girls, place a greater value on popularity than boys do. Being concerned with how others view oneself leads to fragile self-esteem because one's self-worth is dependent on how one is viewed by others at any given moment. In a study of 11th- and 12th-graders, girls' self-esteem was positively correlated with the quality of their other-sex relationships but not the quality of their same-sex relationships (Thomas & Daubman, 2001). Boys' self-esteem was unrelated to other-sex or same-sex relationship quality.

There are multiple dimensions of self-esteem. A meta-analytic review of the different domains of self-esteem showed that females score higher than males on behavioral conduct (i.e., how acceptable your behavior is; d = -.17) and moral-ethical self-esteem (i.e., satisfaction with morality, ethics; d = -.38), and males score higher than females on appearance (d = .35) and athletic self-esteem (d = .41; Gentile et al., 2009). Despite the fact that girls do better than boys in school and are more socially skilled, there are no sex differences in academic or social self-esteem.



Figure 6.8 Male college students have higher self-esteem than female college students, but this difference depends on race. Whereas there are no sex differences among Black students (n.s.), there are significant differences among White and Hispanic students (*), and a trend toward a difference for Asian students (+). Source: Adapted from Sprecher et al. (2013)

Interestingly, the sex difference in body satisfaction persists in adulthood (Algars et al., 2009). Even among adults over the age of 60, women are less satisfied with their bodies compared to men (Homan & Boyatzis, 2009), and age-related declines in body

satisfaction are stronger among women than men (Algars et al., 2009). Women are more anxious than men about the effects of age on their appearance, and women's investment in their appearance has been supported by brain imaging. A neural imaging study showed that women show greater brain activation than men when asked to compare their bodies to pictures shown of same-sex bodies in bathing suits (Owens, Allen, & Spangler, 2010).

The sex difference in body satisfaction is apparent among Whites, Asians, and Hispanics (Frederick, Forbes, Grigorian, & Jarcho, 2007). Some have argued that appearance is de-emphasized in the Black community as a part of self-esteem. A study of Black college students showed that body satisfaction was linked to self-esteem only among students who did perceive race as relevant to their self-concept (Oney, Cole, & Sellers, 2011). These issues will be discussed further in <u>Chapter 13</u>.

One way in which men's self-esteem is affected is when a romantic partner performs well on a task. Self-evaluation maintenance theory argues that self-esteem gets a boost when a close other does well on a task that is irrelevant to the self (*basking in glory*) but is harmed when a close other does well on a task that is self-relevant (Tesser & Smith, 1980). This is why you are happy when your best friend wins a piano competition if you do not play the piano but are unhappy when your best friend wins a 5K and you define yourself as a runner. Ratliff and Oishi (2013) found that men's self-esteem was adversely affected when their romantic partners did well on a task compared to doing poorly on a task—and the effect was stronger when the task was self-relevant. Women's self-esteem was completely unaffected by their romantic partner's performance. Does this mean that self-evaluation maintenance theory only applies to men? This issue warrants further investigation.

Gender roles may have stronger implications for self-esteem than sex, per se. First, masculinity or agency, as measured with the PAQ or BSRI, is strongly positively related to self-esteem. Femininity or communion, by contrast, is not related to one's overall self-regard but may be related to components of self-esteem (see Helgeson, 1994, for a review). Communion is often related to the social aspects of self-esteem, such as feeling comfortable and competent in social situations. One study showed that the links of agency and communion to self-esteem depended on which construct was self-defining (Gebauer, Wagner, Sedikides, & Neberich, 2013). The investigators studied people from 11 cultures and found that individual agency scores were more strongly related to self-esteem in cultures that valued agency and individual communion. They also found that agency was more strongly related to self-esteem in men and communion was more strongly related to self-esteem in women.

Gender typical behavior also has been linked to self-esteem. In a study of cisgender adults, perceiving one's personality to be similar to the personalities of other members of one's sex was linked to higher self-esteem (Tate, Bettergarcia, & Brent, 2015). However, researchers also have shown that gender typicality is linked to self-esteem only when gender-conforming behavior is freely chosen. When college students said that their agentic or communal behavior was freely chosen, gender-conforming behavior was related to higher self-esteem (Good & Sanchez, 2010). However, when students said they felt pressured to conform, gender conformity was related to low self-esteem. These findings held for both women and men.

- There is a small sex difference in self-esteem, in the direction of males having a more favorable view of themselves than females.
- Age is an important moderator of sex differences in self-esteem; the difference appears largest among adolescents.
- One dimension of self-esteem particularly relevant to adolescent females is body image. Adolescent girls are more unhappy with their bodies than adolescent boys, which may partly account for adolescent girls' lower levels of overall self-esteem. This sex difference extends into adulthood but varies across race and ethnicity.
- Males' self-esteem may be particularly affected when outperformed on a task by a significant other—especially when the task is self-relevant, consistent with self-evaluation maintenance theory.
- Gender-related traits, such as agency and communion, seem to show stronger relations to self-esteem than sex, per se.
- Gender typical behavior is related to self-esteem when freely chosen.

Stereotype Threat

Regardless of women's self-esteem or self-confidence, they are well aware of the stereotype that women have less aptitude in traditionally masculine domains, such as math and science, compared to men. The theory of **stereotype threat** suggests that the salience of these kinds of stereotypes has a negative impact on performance. Activating the stereotype increases the pressure during performance—a pressure that arises due to fears of confirming the stereotype.

Research Findings

In a typical stereotype threat study, persons are randomly assigned to a condition in which the stereotype threat is activated or not. The typical result is that people confirm the stereotype (e.g., women perform less well than men on math) when the stereotype is primed but that the sex difference does not appear when the stereotype is not primed or when a counterstereotype is offered (e.g., participants told there are no sex differences in math aptitude). There have been so many studies on this topic in recent years that a meta-analysis of studies across five different countries was conducted (Walton & Spencer, 2009). The finding was that stereotyped groups perform worse than nonstereotyped groups under conditions of threat, but that stereotyped groups' performance improves when the threat is removed.

The problem is that some stereotypes are so pervasive that they do not need to be made explicit in order to affect performance. For example, a study of stereotype threat concerning visual-spatial skills showed that college women performed worse than men when the stereotype was explicit (i.e., students told that men perform better than women) and when the stereotype was implicit (i.e., no information was provided; Campbell & Collaer, 2009). Only when the stereotype was nullified (i.e., students told that women and men perform the same on the task) was performance the same for women and men. These results are shown in Figure 6.9.

Stereotype threat is not limited to math and science. The stereotype that men are more athletic than women has adverse effects on female college athletes' performance (Hively & El-Alayli, 2014). Men are not invulnerable to stereotype threat. When female and male college students completed a social sensitivity test that involved decoding nonverbal cues, men performed more poorly than women when told the test measured social sensitivity but performed the same as women when told the test measured information processing (Koenig & Eagly, 2005). Thus, the theory of stereotype threat generalizes to any group of people for whom there is a stereotype—which is basically all groups!

Most of these studies show effects of stereotype threat on performance that is measured immediately after the prime. But are there long-term consequences of stereotype threat for self-esteem and motivation? In one study, stereotype threat was induced by having students take a math test for which past research showed men outperformed women (Lesko & Corpus, 2006). Women who thought they had very strong math skills (strong math identity) discounted their poor performance by saying the test was not accurate and not reflective of their ability. Thus, at least those who strongly identify with a domain may be able to discount poor performance induced by stereotype threat and continue to persist in the area. But how will people who do not identify with the domain or people who are novices respond to stereotype threat? Another study showed that stereotype threat had adverse effects on women's math performance but did not negatively affect their self-esteem because they disengaged from the task (Fogliati & Bussey, 2013). However, the cost of disengagement was a reduced motivation to improve one's performance. Thus, even when self-esteem is protected from poor performance, stereotype threat might discourage people from pursuing some domains.



Source: Adapted from Campbell and Collaer (2009)

Reducing Stereotype Threat

There are a number of ways to eliminate the adverse effects of stereotype threat. One is by making an unstable attribution for the stereotype. For example, one study showed that the effect of stereotype threat on girls' math performance was reduced when they read an article that emphasized the link of math performance to effort as opposed to ability (Good, Mangels, & Deering, 2014). When people think their poor performance is due to effort, they could be encouraged to try harder. When people think their poor performance is due to ability, they may be dissuaded from pursuing that area of interest. This is nicely demonstrated by the finding that the more academics in a specific field emphasize that ability is needed to succeed in the field, the lower the percentage of female Ph.D.s in that field (Leslie, Cimpian, Meyer, & Freeland, 2015). The same finding holds for African Americans—the more that academics emphasize the importance of ability to success in a field, the lower percentage of African-American Ph.D.s in that field. Even laypersons' beliefs about whether a field requires innate ability is associated with female representation in that field (Meyer, Cimpian, & Leslie, 2015).

These ideas about ability attributions were tested in an experimental study in which college students were told that a game that they were playing required either ability or dedication to succeed. Women college students were less interested than men college students in playing the game if it required ability but equally interested if it required dedication (Cimpian, Bian, & Leslie, 2014). The experiment was replicated with children. Studies like this suggest that we should be encouraging children to focus on effort rather than ability as an explanation for high achievement. However, the United States is fixated on ability—especially in boys. A journalist for *The New York Times* examined Google searches for asking if one's child is gifted and found that parents are 2.5 times more likely to ask if their son is gifted than if their daughter is gifted (Stephens-Davidowitz, 2014). See <u>Sidebar 6.1</u> for a discussion of Carol Dweck's work on fixed and growth mindsets consistent with the distinction between the emphasis on ability and effort.

***** Sidebar 6.1

Fixed and Growth Mindsets

Carol Dweck (2008) has been engaged in a program of research that distinguishes a fixed mindset from a growth mindset with respect to achievement. A fixed mindset is one in which performance is assumed to reflect ability that is unchangeable, whereas a growth mindset is one in which performance is assumed to reflect effort that is modifiable. The United States tends to emphasize a fixed mindset, although other cultures (e.g., Asian) are more likely to emphasize a growth mindset. In the United States, we often praise students for their intelligence or aptitude in an area rather than their effort, which leads to a fixed mindset. Those with a fixed mindset are more likely to avoid challenging tasks and to lose confidence when a task becomes difficult. Students with a growth mindset earn higher grades and recover more quickly from receiving a poor grade. A growth mindset also can protect against stereotype threat. Recall the stereotype threat study that showed priming the math stereotype (males perform better than females) did not hinder female performance when the stereotype was based on effort (Good et al., 2014)—that is, a growth mindset!

Teachers who adopt a growth mindset might be more successful in helping students to learn. In one study, Dweck and colleagues asked a group of adults to behave as teachers and give feedback to a seventh-grader who had received a 65% on a math exam. Half of the participants were told that math performance is due to innate ability (fixed mindset), and half were told that math performance can be learned (growth mindset). Those in the growth mindset condition provided more encouragement and more strategies for improvement to the student, whereas those in the fixed mindset condition gave more comfort to the student and were more likely to tell the student that math isn't for everyone. Thus, parents and teachers ought to praise students for their effort rather than their ability.

Dweck makes several recommendations, including:

- Teach students about research suggesting the brain is a muscle that gets stronger with exercise (i.e., "brain plasticity") and the view that talent can be developed.
- 2. Help students to see challenges, efforts, and mistakes as having value.
- 3. Provide process feedback—that is, feedback about effort and strategies (e.g., that was great that you could come up with a different way of solving the problem than the one you read about)—rather than person feedback (e.g., you are so smart!) or outcome feedback (e.g., the presentation is excellent!).

A second way in which stereotype threat has been eliminated is by disassociating one's identity from performance. This was accomplished in one study by activating the stereotype that men are better than women at math and then having women either record their own name or a fictitious name on a math test (Zhang, Schmader, & Hall, 2012). Men performed better than women when their own names were recorded, but there were no sex differences in performance when another name was recorded, as shown in Figure 6.10. Writing someone else's name on the math test boosted women's performance. Women who wrote their own name on the test also reported a greater sense of distraction while taking the test and greater concerns with evaluation apprehension (i.e., how will others view my performance?) than the other groups. The

use of another's name alleviated these concerns in women.





Source: Adapted from Zhang et al. (2012)

A third way in which stereotype threat has been reduced is by educating people about the phenomenon. For example, college students completed a series of math problems after being randomly assigned to one of three groups (Johns, Schmader, & Martens, 2005). In the first condition, the task was described as a problem-solving task. In the second condition, the task was described as a math test. In the third condition, the task was described as a math test, but students were told that stereotype threat could decrease their performance. Results showed that women performed the same as men in the first condition and worse than men in the second condition—the typical stereotype threat effect. However, women performed the same as men in the third condition—when the task was viewed as a math test but information on stereotype threat was provided. Related to the concept of education is the effect of role models on stereotype threat. In the domain of math, it turns out that stereotype threat is more likely to occur when mothers endorse gender stereotypes than when they do not (Tomasetto, Alparone, & Cadinu, 2011).

Finally, self-affirmation has been shown to reduce stereotype threat. Self-affirmation is the process of affirming oneself on values that are important to the self. When women were provided with the opportunity to choose their most important value from a selection of 11 values and to state the reasons why this was an important value, the effects of a subsequent stereotype threat manipulation disappeared (von Hippel, Wiryakusuma, Bowden, & Shochet, 2011). There are a number of mechanisms that have been postulated to underlie self-affirmation, but one of these has to do with a boost to self-esteem. Relatedly, another study eliminated the effect of stereotype threat on women's math performance by priming power (Van Loo & Rydell, 2013). Here, feeling powerful enabled women to overcome the adverse effects of a stereotype prime.

There is also evidence for stereotype *lift*—the idea that priming a stereotype can lead to reactance against the stereotype. In a study of college students who were majoring in science or art, activating the stereotype that males are better than females at science led to a decrease in performance on the mental rotation task among female art students but an increase in performance among female science students (Hausmann, 2014). That is, stereotype threat occurred for female art students, but stereotype lift occurred for female science students—perhaps because their identity as science students had been primed. Other research has shown stereotype lift in the domain of leadership for women. Women who read that effective leadership was linked to a masculine style of communicating ended up using a more direct and assertive communication than those who did not read this article (von Hippel et al., 2011). Thus, women responded to the stereotype that women are not effective leaders by engaging in behavior that they thought would disprove the stereotype. The conditions in which stereotype lift occur have not been identified.

Understanding Mechanisms

Researchers also have tried to understand *how* stereotype threat affects performance. One possibility is that stereotype threat provokes anxiety, which then interferes with performance (Bosson, Haymovitz, & Pinel, 2004). Others have suggested that stereotype threat interferes with performance by reducing one's ability to focus on the task. Recall the study described above by Zhang et al. (2012) depicted in Figure 6.10; the women who suffered from stereotype threat reported greater distraction.

Brain mechanisms having to do with cognitive capacity and working memory also have been implicated in stereotype threat. Working memory was identified as a mechanism that explained why women primed with power were not affected by stereotype threat (Van Loo & Rydell, 2013). As shown in Figure 6.11, the stereotype threat condition had less working memory than the no stereotype threat condition in the control and low-power conditions, but working memory was equally high in the two conditions when power was primed. There also appear to be unique aspects of the brain that are affected by stereotype threat, as shown by functional magnetic resonance imaging (fMRI; Krendl, Richeson, Kelley, & Heatherton, 2008). A group of college women who identified themselves with math (i.e., math was important to them) were asked to complete some math problems while in the scanner after being told that either there are sex differences in math ability (stereotype threat) or not (control). In the control condition, solving math problems was associated with activation of regions in the brain that are linked to math calculations (e.g., angular gyrus). In the stereotype threat condition, those same regions of the brain were *not* activated, but regions related to processing emotions (e.g., ventral anterior cingulated cortex) were activated.



- Stereotype threat is the idea that activating a stereotype may create a concern with confirming the stereotype and thereby interfere with performance. In the area of gender, it has most often been applied to women's math performance, but it can affect any group and domain for which there is a stereotype.
- In addition to performance deficits, stereotype threat may have long-term consequences in terms of deterring a group to pursue an area for which they have performed poorly.
- The effects of stereotype threat may be reduced by attributing the stereotype to effort rather than ability, by disassociating one's identify from performance, by educating people about stereotype threat, and by self-affirmation.
- Stereotype threat may interfere with performance by increasing anxiety, distracting one from attending to the task, and reducing cognitive capacity.

Conceptions of the Self

Cross and Madson (1997; Cross, Hardin, & Gercek-Swing, 2011) argue that many of the sex differences we observe in behavior are due to the different ways men and women define themselves. Men maintain an independent sense of self that is separate from others, or an **independent self-construal**; women, by contrast, maintain an interdependent sense of self in which others are integrated into the self, or a relational-**interdependent self-construal**. Men are more likely to describe themselves in terms of their independence from others (e.g., emphasizing personal attributes and skills), and women are more likely to describe themselves in terms of their connection to others (e.g., emphasizing roles and relationships to others). Women think more about other people, pay more attention to others, and have greater recall for information about others.

Sex differences in self-construal have been linked to information processing. For example, the confirmation bias is a form of information processing in which one seeks information consistent with beliefs. Recall the Deaux and Major (1987) proximal theory of sex differences discussed in <u>Chapter 5</u> in which we said that perceivers engage in cognitive confirmation—we see what we want to see. Women are less likely to engage in this biased information processing when making an interdependent decision, whereas men are less likely to engage in this biased information processing when making an independent decision—presumably because those are the areas of decision making in which women and men are most concerned with accuracy. In a study in which men and women were asked either to make a decision about where they should go on vacation (independent decision) or where they and their partner should go on vacation (interdependent decision), men engaged in less biased information processing in the independent decision (see Figure 6.12)—as determined by the kinds of vacation articles selected to read (Traut-Mattausch, Jonas, Frey, & Zanna, 2011).



Figure 6.12 Men engaged in less biased information processing in the independent than interdependent condition, whereas women engaged in less biased information processing in the interdependent than independent decision condition.

Source: Adapted from Traut-Mattausch et al. (2011)

However, sex differences in self-construal are not universal. Guimond and colleagues (2007) argue that sex differences in self-construal are variable and that social comparison processes influence these sex differences. When women and men make between-group comparisons (i.e., women compare themselves to men and men compare themselves to women), sex differences in self-construal increase. When men and women make within-group comparisons (i.e., men compare themselves to men and women compare themselves to women), sex differences in self-construal decrease. These researchers argue that one reason that sex differences in personality and values are stronger in more egalitarian Western countries than less egalitarian Eastern countries (Chapter 4) is that Western countries promote between-group comparisons. Eastern countries have such a large status difference between men and women that it makes no sense for them to compare themselves to one another. See if there are sex differences in self-construal at your school with Do Gender 6.3.



Self-Conceptions

Have a group of students respond to the question "Who am I?" Then, review each of the attributes and categorize them as emphasizing separation from others, connection to others, or neither. Make sure you are blind to the respondent's sex when you categorize the attributes.

Is it true that females define themselves more in terms of connection to others, and males define themselves more in terms of their separation from others?

Administer a measure of gender-related traits and see if agency, communion, unmitigated agency, or unmitigated communion are related to these categories. What would you predict?

One problem with suggesting that women have a more interdependent sense of self compared to men has to do with the way interdependence is conceptualized. There are two kinds of interdependence: relational interdependence and collective interdependence (Baumeister & Sommer, 1997). The relational aspects of the self are those that emphasize close relationships with other people. The collective aspects of the self are those derived from group memberships and affiliations. What appears to be men's desire for independence and separation may really be their desire to form broader social connections with others, such as those achieved by power and status. Women and men may be equally social but in different spheres: Women invest in a small number of relationships, and men orient themselves toward the broader social structure and embed themselves in larger groups. The helping literature illustrates this distinction. Recall that the meta-analysis on helping showed that men were more helpful than women (Eagly & Crowley, 1986), but an important moderator was the relationship to the recipient. Men help people they do not know, which is akin to helping society at large, whereas women help people they know and with whom they have a relationship, such as family and friends.

How are these different self-definitions related to self-esteem? It is not the case that a relational self-construal is related to low self-esteem. As noted above, agentic self-definitions are related to men's self-esteem, and communal self-definitions are related to women's self-esteem (Gebauer et al., 2013). Men's self-esteem seems to be based on power, differentiating themselves from others, effectiveness, and independent action, whereas women's self-esteem is based on relationships and connections (Miller, 1991).

Self-esteem is an area that especially benefits from intersectional considerations. Cultural and ethnic factors will interact with sex to influence the self-esteem. Although Western cultures emphasize individualism, achievement, and success, there are people whose opportunities to achieve are limited—by poverty or by discrimination. African Americans, in particular, may derive self-esteem from other domains. Because the family is central to the identity of African Americans, partly as a buffer against racism, African

Americans may derive more of their self-esteem from relationships. In a study of college students, Black students scored higher on a measure of collectivism than did White students (Oyserman, Gant, & Ager, 1995).

- Men's sense of self is based more on independence, whereas women's sense of self is based more on interdependence.
- Interdependence is a broad term, including a relational and a collective component. Women are more likely to emphasize the relational aspect, whereas men are more likely to emphasize the collective aspect.
- These different self-construals have been differentially linked to self-esteem in men and women.
- Sex differences in self-construal may be influenced by ethnic and cultural factors. Western cultures emphasize individualism, which is reflected in the independent self-construal.

Attributions for Performance

Several years ago, one of my daughter's friends was visiting and explained that she had tried out for a soccer team and did not make it. Was she upset? Did she think that she wasn't good enough for the team? No, she responded by saying that the team had made a mistake and would suffer for not having chosen her. So wise at the age of 13, she continued on by telling us, "I have to tell myself that. That's how I make myself feel better." This girl was demonstrating what is known in social psychology as the **self-serving bias**. The self-serving bias is the tendency to take credit for our successes and blame other people or other things for our failures. In general, self-serving biases are adaptive, in part because self-esteem is protected in the face of failure.

Dimensions of Causality

The self-serving bias has to do with the attributions that we make for performance. An **attribution** is the cause we assign to a behavior. Attributions can be classified along the two dimensions shown in Figure 6.13 (Weiner, Frieze, Kukla, Reed, Rest, & Rosenbaum, 1971). The first dimension represents the locus of the cause, internal or external. An **internal attribution** is located within the person, and an **external attribution** is located in the environment. A **stable attribution** is one that does not change across time or situations. An **unstable attribution** is one that does change across time and situations. In the context of performance (as shown in Figure 6.13), an internal, stable attribution would be your ability or lack thereof. An internal, unstable attribution would be how much effort you put into the task, presumably by studying. An external, stable attribution would be the difficulty of the test, an unchangeable, inherent characteristic of the task. An external, unstable attribution would be luck or some transient environmental factor, such as the weather.

	Internal	External
Stable	Ability	Task Difficulty
Unstable	Effort	Luck

Dimensions of Attribution

Figure 6.13 Two dimensions on which attributions (causes) can be classified: locus (internal vs. external) and stability (stable vs. unstable).

The locus of causality dimension has implications for self-esteem. An internal attribution for failure (I am stupid) will decrease self-esteem, whereas an internal attribution for success (I am smart) will increase self-esteem. An external attribution for failure will preserve self-esteem (It wasn't my fault that my computer crashed), whereas an external attribution for success does not confer any self-esteem (The teacher must not have been paying attention when she graded my essay).

The stability dimension has implications for persistence. An unstable attribution for failure (I did not study) may lead us to try harder or to try to change the environment. A stable attribution for failure (I do not have the ability) may lead us to give up. A stable attribution for success (The teacher is an easy grader) will encourage us to continue with the behavior or to keep the environment the same (e.g., don't switch teachers). An unstable attribution for success (The teacher didn't have her glasses on) merely tells us that the performance may not be repeated, so we will need to continue to exert the same level of effort or keep the environmental conditions the same (e.g., hide the teacher's glasses).

Sex Comparisons

Do women and men differ in their attributions for success and failure? In 1984, Kay Deaux developed a model of how people's expectancies about women's and men's performance would influence the attributions made. This model is shown in Figure 6.14. The first part of the model states that we attribute behavior to stable and internal causes if it matches our expectancy (i.e., a person fails whom we expect to fail or a person succeeds whom we expect to succeed; Weiner et al., 1971). Thus, if we expect men to perform well on masculine tasks, we should attribute their success to ability; similarly, if we expect women to perform well on feminine tasks, we should attribute their success to ability. In addition, if we expect women to fail at masculine tasks, we should attribute their failure to lack of ability. The second part of the model states that if a behavior violates our expectations, we attribute their success to effort and good luck. If we expect men to succeed at a masculine task, we should attribute their failure to lack of effort and bad luck. This model strongly suggests that the nature of the task should influence the attributions we make for men's and women's performance.

Expectancy Model of Attributions: Actors



Figure 6.14 Expectancy model of attributions: actors. This model shows that when performance fits our expectations (success following high expectations for performance, failure following low expectations for performance), we attribute the cause to stable factors. When performance does not fit our expectations (success following low expectations for performance, failure following high expectations for performance), we attribute the cause to stable factors. When performance does not fit our expectations (success following low expectations for performance, failure following high expectations for performance), we attribute the cause to use the factors.

Source: Deaux, K. (1984). From individual differences to social categories: Analysis of a decade's research on gender. *American Psychologist*, 39, 105–116.

Many of the attribution studies were conducted several decades ago. Not all of the more recent studies have supported this pattern of sex differences in attributions for performance. A meta-analysis found no sex of perceiver differences in attributions, meaning that women and men tended to make the same attributions for other women's and men's performance (Swim & Sanna, 1996). However, perceivers made different attributions on some tasks, in particular masculine tasks (e.g., those involving math abilities). On masculine tasks, perceivers attributed women's success to effort and men's success to ability. Thus, perceivers are attributing men's success to a stable cause and women's success to an unstable cause, implying that men's success is more likely than women's to be repeated. On masculine tasks, perceivers attributed men's failure to unstable causes, that is, lack of effort and bad luck, whereas perceivers attributed women's failure to the difficulty of the task. Again, perceivers are attributing men's failure to unstable causes that will not necessarily be repeated but women's failure to a stable cause that implies the failure will be repeated. The meta-analysis showed fewer differences in the attributions made for women's and men's performance on feminine tasks (e.g., those involving verbal abilities). To be fair, most studies examined only masculine tasks, and the majority of studies focused on college students.

A meta-analysis on the self-serving bias showed that there was no overall sex difference, but there was a sex by age interaction, meaning that the sex difference depended on the age of the respondents (Mezulis, Abramson, Hyde, & Hankin, 2004). Among children, girls displayed more of a self-serving bias than boys; among early adolescents, there was no sex difference; and among older adolescents and adults, men displayed more of a self-serving bias than women.

Attributions for performance have been studied among children, in an effort to understand how they perceive their performance. A study of 8- to 9-year-olds showed that boys and girls make different attributions for math performance even when their grades are the same. Girls were less likely than boys to attribute math success to ability but more likely than boys to attribute math failure to lack of ability, despite the fact that girls and boys had the same math grades (Dickhauser & Meyer, 2006). Even more worrisome is that these findings were strongest among the high-math-ability students. If girls and boys have the same grades, why are they assigning different causes to performance? It appeared that boys and girls relied on different information to infer their math abilities. Girls relied on teacher evaluations, whereas boys relied on both teacher evaluations and their objective math performance. Despite no difference in objective math performance, teachers perceived that girls had less math ability than boys. Girls assessed their own abilities in terms of these teacher perceptions.

Implications for AchievementWhat are the implications of sex differences in attributions for performance? If you fail an exam because you believe you do not have the ability, what do you do? You might give up on the subject, drop the class, and decide not to pursue other classes in that area. If you fail an exam and believe it was due to lack of effort (i.e., you did not try hard enough), what do you do? The answer is obvious: You try harder next time. Thus, the attributions we make for failure can influence whether

we persist in an area or give it up completely.

- To the extent that males and females make different attributions for their own performance, this difference appears on masculine tasks, which are basically achievement oriented.
- In general, men's success is attributed to internal causes, in particular, ability, and women's success is attributed to internal, unstable causes (e.g., effort) or external causes (e.g., luck). The implications are that men's success will be repeated, but women's will not. By contrast, men's failure is attributed to external causes or internal, unstable causes (e.g., lack of effort), and women's failure is attributed to internal, stable causes (e.g., lack of ability). The implications are that women's, but not men's, failure will be repeated.
- People's beliefs about the causes of their performance have implications for their future efforts in that area. If we attribute the cause of a failure to lack of ability, such as the case of females in math or males in English, we are less likely to pursue work in that area. If we attribute the cause of a success to an unstable factor, such as females believing they have to put considerable effort into math to do well, we also are less likely to pursue work in that area. We are more likely to pursue areas of interest in which we believe we have the ability to succeed.

Social Factors

Despite the fact that girls either perform better than or equal to boys in areas such as math, girls rate their ability lower and have more negative attitudes toward math compared to boys. What are the reasons for these discrepancies? One answer concerns the beliefs that other people hold about girls' and boys' abilities. Despite the small to nonexistence sex differences in most intellectual domains (see <u>Chapter 4</u>), people continue to believe that women and men have different abilities. I begin this next section of the chapter by describing the expectancy/value model of sex differences in achievement. This model rests heavily on gender-role socialization. Then I examine several sources of social influence. First, I examine the role of parents in influencing children's beliefs about their abilities. Both parents and teachers may communicate to children that they have different abilities and provide girls and boys with different experiences.

Expectancy/Value Model of Achievement

If girls perform better than boys in math and science at younger ages, why don't more women have careers in math and science? This question puzzled Jacquelynne Eccles and her colleagues, so they developed a theory to account for the discrepancy between men's and women's school performance and career choices. Their **expectancy/value model of achievement** suggests that men's and women's achievement-related choices are a function of their performance expectancies (Will I succeed?) and the value they attach to the area (Is this important? Do I care about it?; Eccles, 2014). The two are not independent, as performance expectancies influence values. That is, how much ability a child perceives she or he has in an area is likely to affect how much value is attached to the area. Performance expectancies and values influence the decision one makes to engage in an activity, the decision to persist in the activity, and ultimately performance in the activity.

Performance expectancies and values are influenced by gender-role socialization. People in children's environments—parents, teachers, peers—influence females and males to value different areas. Math, in particular, has been labeled as a masculine pursuit, which is one reason that females are less likely than males to pursue math-related careers (Cheryan, 2012). Performance expectancies and values also are shaped by the experiences children have and by their interpretations of those experiences. For example, girls and boys might have the same math grades but interpret them differently. If girls believe their high grades are due to effort and boys believe their high grades are due to inherent ability, boys will be more likely than girls to believe they will succeed in math in the future. It is the *self-perception* of ability rather than the actual ability that predicts whether students pursue a given domain.

Numerous studies have been conducted in support of this theory. In general, males perceive greater competence in math, science, and team sports, whereas females perceive greater competence in reading. The expectancy/value model predicts participation in activities, course selection, and occupational aspirations (Simpkins, Davis-Kean, & Eccles, 2005, 2006). In one study, females' competence beliefs in math predicted whether they enrolled in more math courses the next year (Crombie et al., 2005). Thus, males may be more likely than females to pursue a career in math not because of differences in actual ability but because of differences in "perceived" ability.

When comparing the effects of competence beliefs and values on outcomes, it appears that competence beliefs are more strongly linked to performance, and values are more strongly linked to what we pursue. Wigfield and Eccles (2002) argue that the reason there are fewer women in math and sciences has more to do with values than competence. Between the ages of 8 and 17, girls show less intrinsic interest in STEM fields than boys (Hill, Corbett, & St. Rose, 2010). One study showed that girls were less interested in math than boys, despite receiving the same grades—and the sex difference was even larger among gifted students (Preckel, Goetz, Pekrun, & Kleine, 2008). This could explain why there are fewer women entering the fields of math and engineering. A review of the literature concluded that the number one reason why women are underrepresented in STEM fields is female preference (Ceci, Williams, & Barnett, 2009).

One of the features of the expectancy/value model is that achievement-related behavior is understood as a choice between at least two behaviors. In other words, a boy who has equally good grades in all subject areas knows he will pursue a career in only one area. Even if the boy's grades in math and English are the same and he equally values math and English in elementary school, at some point he is likely to choose between the two areas and value one more than the other. It has been suggested that one reason that girls are less likely than boys to choose STEM careers is because girls with high math ability are more likely than boys with high math ability to also have high verbal ability (Wang, Eccles, & Kenny, 2013). This means that high math ability girls have a wider range of occupational choices. The data support this idea, as women who are proficient in math are more likely than men who are proficient in math to pursue advanced degrees in non-math-intensive fields, such as law, medicine, administration, and social sciences (Lubinski & Benbow, 2006). Thus, although achievement differences between women and men have decreased over time, the differences in the activities that women and men value have not changed to the same degree. Gender-role socialization may partly account for this, as parents, teachers, and counselors all have the opportunity to encourage or discourage pursuits in a given area.

Plenty of research suggests that women and men continue to value different pursuits. In terms of overall career choices, females value whether a job will make the world a better place and are interested in people-oriented jobs, whereas males value the status and money associated with a job (Lupart, Cannon, & Telfer, 2004). These divergent interests may explain why girls are underrepresented in computer science. Girls are likely to be attracted to occupations that involve interactions with other people, and the

computer scientist often is depicted as a nerd who works in isolation from others. In a series of focus groups with middle school and high school girls from 70 different schools, girls expressed a lack of interest in computer science—not because they lacked the ability but because they lacked the desire (American Association of University Women, 2000). The investigators summarized girls' responses with the phrase "We can, but I don't want to." Girls perceived the computer scientist to be male and antisocial; the career simply did not appeal to them. Today, girls are still less interested in computers than boys (Sainz & Lopez-Saez, 2010).

Girls and boys have also had different interests in sports and athletics, but the size of that difference has been reduced dramatically with the passage of Title IX. See <u>Sidebar</u> <u>6.2</u> for a discussion of recent challenges to Title IX.



The Future of Title IX

Title IX says "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity requiring Federal assistance." The law was enacted in 1972 and basically prohibits sex discrimination in educational programs that receive federal assistance. Title IX has made great advances in creating more equal educational opportunities for men and women. The athletic arena is where the greatest strides have been made. In 1971–1972, less than 300,000 women participated in high school athletics, whereas the figure for 2013–2014 was just under 3 million (4.5 million for men; National Federation of State High School Associations, 2015).

Institutions can show compliance with Title IX in one of three ways:

- 1. Provide athletic opportunities to women and men in proportion to their enrollment.
- 2. Expand programs for the underrepresented sex (i.e., women).
- 3. Accommodate the interests and abilities of the underrepresented sex (i.e., women).

At several points in time, Title IX has come under attack. One way that Title IX can be achieved is to eliminate teams; that is, if a school has a men's soccer team and no women's soccer team, it can eliminate the men's team rather than add the women's team. In response to several concerns, the secretary of education convened a commission to offer further guidance in regard to Title IX. In 2005, the commission made a number of recommendations, one of which was to use interest surveys to meet the third compliance measure. If a school can show there is less interest in women's soccer than men's soccer, the school would not have to provide a women's soccer team. One problem is that the existence of a team is what generates interest. The current level of men's and women's interest is likely to reflect the opportunities they had in the past. Another problem is that a lack of a survey response (even by email) was considered to reflect lack of interest. We know that people fail to respond to surveys for reasons other than lack of interest. In 2010, the Department of Education repealed this policy. Schools are no longer allowed to rely on surveys to demonstrate interest (or lack of) in a program.

In the next sections, I will discuss how the social environment can shape females' and males' expectancies and values.

- According to the expectancy/value model of achievement, we pursue areas of achievement in which we expect to succeed and that we value.
- Even when abilities seem to be equal, women and men have different expectancies for success in an area.
- Women and men attach different values to achievement-related pursuits. Women are less interested in STEM careers and more interested in jobs and careers that involve people compared to men.
- Women who are proficient in math are also likely to be proficient in other areas, providing them with greater flexibility in choosing occupations to pursue.

The Influence of Parents

A great deal of evidence indicates that parents influence children's perceptions of competence, values, and performance. Parents who support their children's studies, monitor their children's schoolwork, and spend time with their children on schoolwork have children who reach higher levels of achievement, partly because those are the girls and boys that expend more effort on academic studies (Kristjansson & Sigfusdottir, 2009). However, parents also have stereotypes about the subject areas in which boys and girls excel, and parents have opinions about the subject areas in which it is important for boys and girls to excel. Specifically, parents rate girls' math ability as lower than that of boys and believe math is more difficult for girls than for boys—despite equal performance by girls and boys in math during elementary school (Herbert & Stipek, 2005). Parents believe girls are more competent in English and boys are more competent in sports (Pomerantz, Ng, & Wang, 2004). Parents also believe that math and athletics are less important for girls than for boys and that English is less important for boys than girls. Parents' general sex stereotypes influence their beliefs about their children's areas of competence.

Rather than assume a bias on the part of parents, is it possible that their beliefs about their daughters' and sons' different abilities are accurate? It is difficult to assess whether one person has more inherent ability than another. If a sex difference appears on an objective indicator of performance, does this mean one sex has greater natural talent than the other? Not necessarily. Boys and girls may have had different experiences, which led to different performances. For example, women and men may have equal abilities in math, but different experiences provided by teachers, parents, relatives, and peers may lead boys to outperform girls. Even when more objective indicators of performance are taken into consideration (e.g., test scores, teachers' ratings of students, grades), parents still hold sex-differentiated beliefs about their children's abilities that exceed any observed differences in performance. It also turns out that parents who hold stronger stereotypes about women and men are more likely to translate those stereotypes into their beliefs about their individual daughters and sons.

Parents' stereotypes also lead them to make different attributions for girls' and boys' success in different subject areas. Parents are more likely to attribute boys' success in

math to talent (an internal, stable attribution) and girls' failure in math to lack of ability, whereas they attribute girls' success in literacy to talent and boys' failure in literacy to lack of ability (Rouland, Rowley, & Kurtz-Costes, 2013). Parents also believe that talent is more important than effort for success in math, which would imply that boys should be more successful at math than girls. Parents attribute math failure to lack of effort for both boys and girls, no doubt to preserve a positive image of their children. However, mothers are more likely to attribute girls' math failure to task difficulty. In summary, parents appear to be less confident about their girls' than their boys' math abilities.

Another way that parents communicate perceptions of their child's ability is in how they provide help. Helping a child with homework might seem as if it demonstrates parent support. However, it also may let the child know that the parent believes the child *needs* help—that is, it can communicate that the child lacks competence in an area. In a study of middle school children, parents who held stereotypes that girls were not as good in math as boys were more likely to intrude on girls' homework, and these were the girls who perceived that they had less math ability (Bhanot & Jovanovic, 2005). In another study, parent help with schoolwork was categorized as either "autonomy-granting" (e.g., emphasizing mastery of content over performance, communicating to children that they can do it on their own) or "controlling" (e.g., rewarding children for schoolwork, emphasizing that performance standards are important, communicating that children are not capable of solving problems on their own; Pomerantz & Ruble, 1998). Parents were found to use both autonomy-facilitating and controlling behavior with sons but controlling behavior alone with daughters. It is the controlling behavior that could undermine children's perceptions of competence.

We know that parents have different beliefs about their children's abilities. The next question is whether those beliefs influence the children's own perceptions of their abilities. A study of African-American seventh- and eighth-graders showed that parents' attributions for their children's success and failure in math and literacy was related to children's own attributions for their success and failure as well as their self-concepts (Rouland et al., 2013). For example, parents who attributed their boys' literacy failure to lack of ability had boys who ended up perceiving that they lacked literacy skills, and parents who attributed girls' success in math to ability had girls who believed they had higher math skills. Parents encouraged computer usage in boys more than girls, and boys ended up believing that they were better at computers compared to girls (Vekiri & Chronaki, 2008). Longitudinal research over 12 years has shown that parents believe that their sons have greater ability in sports than their daughters and their daughters have greater ability in music than their sons—but, interestingly, no differences in perceptions of children's math abilities (Simpkins, Fredricks, & Eccles, 2012). In this study, parents' beliefs about their children's abilities in sports, music, and math were associated with the opportunities they provided their children and the encouragement they offered, which later predicted the time children spent in these activities and the children's own selfconcepts of athletic, music, and math abilities.

The next question is whether parents' beliefs influence children's actual abilities or

only children's perceptions of their abilities. In other words, do parents' stereotypes about boys and girls become self-fulfilling prophecies so their sons and daughters differ in abilities as parents expect? The answer is yes; parents' beliefs influence children's actual academic achievements, independent of actual grades (Neuenschwander, Vida, Garrett, & Eccles, 2007).

Parents can influence their children's abilities in a number of ways. Parents encourage the pursuit of different activities by their emotional reactions to performance (e.g., joy rather than contentment with a child's A on an exam), interest shown in the activity, toys and opportunities provided to pursue an activity, time spent with the child on an activity, and direct advice to pursue an activity. For example, parents who believe boys are better than girls at math might buy a son a calculator, play math games with him, or teach him how to calculate baseball averages. They also might work with a son on math homework and express high praise to him for good math performance and great disappointment for poor math performance. These same parents may not provide a daughter with math-related opportunities, not encourage her to spend time on math homework, and show indifference to reports of high or low grades in math. In one study, fathers were found to use more cognitively complex language when talking with sons than daughters about science (e.g., asking more conceptual questions, using more difficult vocabulary), which conveys the importance of science to sons (Tenenbaum & Leaper, 2003).



Figure 6.15 A model describing how parents' beliefs can influence children's performance.

Research has shown that parents encourage computer usage, math and science, and sports for sons more than daughters by buying sons more items related to those activities and by spending more time with sons than daughters engaged in these activities (e.g., Simpkins et al., 2012). Just the opposite occurs for girls in the area of music. These behaviors are subsequently linked to children pursuing the activities that parents encourage. Not surprisingly, time spent on activity is linked to enhanced performance. The theoretical model by which parents may influence children's abilities is shown in Figure 6.15.

Parents' beliefs about their children's abilities have been shown to account for some of the achievement differences between Black girls and Black boys (Varner & Mandara, 2013). Parents have higher achievement expectations for Black girls than Black boys. One study showed no differences in parent expectations for Black boys and girls in kindergarten and first grade, but a decline in the expectations for boys by third grade, which led to the achievement gap (Graves, 2010).

Parents' beliefs about their children's abilities are especially likely to influence the children's perceptions and the children's actual abilities when parents believe that ability is fixed and not malleable. Pomerantz and Dong (2006) refer to the fixed view of competence as **entity theory**, which is much like Dweck's fixed mindset described in <u>Sidebar 6.1</u>. Self-fulfilling prophecies are more likely to occur when parents endorse the entity theory of competence. In a longitudinal study of fourth- through sixth-graders, mothers' perceptions of children's competence predicted changes in children's perceptions of competence 1 year later and changes in children's grades 1 year later—only among mothers who subscribed to the entity theory of competence.

- Parents have stereotypes that boys are better than girls in athletics and math and girls are better than boys in verbal abilities and music, regardless of actual school performance.
- Parents communicate these stereotypes to children by the activities they encourage, the toys they buy, the time they spend with children on specific activities, and the attributions they make for performance.
- Parents' communications influence children's ability perceptions and, ultimately, children's performance.
- Parents' beliefs may have a stronger influence on children's abilities among parents who hold an entity theory of ability.

The Influence of Teachers

Teachers can influence children's beliefs about their abilities by the attention and instruction they provide to students and by the nature of the feedback they provide about performance. Some of these effects are due to the stereotypes the teachers, themselves, hold. For example, one study showed that teachers believed a gymnast would perform better after 10 weeks of training when told the video that they had viewed was a male rather than a female (Chalabaev, Sarrazin, Trouilloud, & Jussim, 2009). Teachers' stereotypes that males have more athletic ability than females appear to extend to a female sex-typed domain.

Attention

In 1994, Sadker and Sadker published a book titled Failing at Fairness: How America's Schools Cheat Girls. In this book, they documented the results of extensive observational studies of teacher-student interactions in rural, urban, and suburban settings across the United States. In 1995, Brady and Eisler reviewed the literature on teacher-student interactions in the classroom, examining both observational and self-report studies. Both sets of investigators reached the same conclusions: From elementary school through graduate school, teachers interact more with boys than girls and give boys better feedback than girls. Teachers call on boys more often than girls, ask boys higher-level questions, and expand on boys' more than girls' comments. In college, professors give men more nonverbal attention than they give women: making greater eye contact with men and waiting longer for men to answer a question. White male students, in particular, seem to be given more "wait time"—time to think and respond to a question (Sadker & Zittleman, 2007). Girls are interrupted more than boys, and boys receive more criticism from teachers. Teachers, especially male teachers, seem to be reluctant to criticize girls because they fear upsetting girls. This is unfortunate because there are benefits to criticism. Teachers' lack of attention to female students is depicted in the cartoon shown in Figure 6.16.



Figure 6.16 This cartoon illustrates how teachers pay more attention to boys than girls, referring to the lack of attention to girls as a "girl's education."

Source: DOONESBURY © 1992 G. B. Trudeau. Reprinted with permission of UNIVERSAL UCLICK. All rights reserved.

One reason girls do not receive as much attention as boys is that girls behave well in school and do not demand as much attention as boys do. Part of the sex difference in children's grades has been attributed to the personality factor of agreeableness (Hicks, Johnson, Iacono, & McGue, 2008; Steinmayr & Spinath, 2008). That is, girls get better grades than boys because they are more agreeable and teachers perceive them as less disruptive. However, while the girls are behaving themselves, the teachers are spending time with the "difficult" boys. In other words, these girls suffer from benign neglect. Meanwhile, the boys' bad behavior is reinforced because it receives the teacher's attention. Conduct your own observational study of a classroom in Do Gender 6.4 to see if gender bias exists.



Classroom Behavior

Conduct your own observational study of classroom behavior. Record some or all of the following, noting whether the interaction involved a female or male student. Are there other features of teacher-student interactions worth observing?

- 1. Teacher calling on a student.
- 2. Teacher giving praise to a student.
- 3. Teacher criticizing a student.
- 4. Length of time the teacher waits for a response after calling on a student.
- 5. Nature of the teacher's response to a student's response (praises, criticizes, expands on, ignores the response).
- 6. Number of times the teacher interrupts a student.
- 7. Number of times the student interrupts the teacher or another student.
- 8. Student raising a hand.
- 9. Student shouting out an answer.

After conducting your observational study, you might also administer a questionnaire to the teacher and the students asking whether they observed different frequencies of behavior with male and female students. You can then compare your observational data to the student and teacher self-report data.

One study examined whether greater uniformity in teacher instruction in math was related to a smaller sex gap in math achievement with a cross-cultural study. Countries in which there was greater uniformity across teachers in the time they spent on math activities were associated with smaller sex differences in math achievement (Ayalon & Livneh, 2013). The authors concluded that greater standardization of instruction in math helps to reduce gaps in student achievement.

Feedback

The different kinds of attention girls and boys receive for behavior (girls for good behavior and boys for bad behavior) end up affecting how girls and boys respond to the feedback they receive from teachers about their academics. This was shown in an early observational study that has now become a classic in the field (Dweck, Davidson, Nelson, & Enna, 1978). Two raters observed instances of evaluative feedback given to children and noted whether the feedback was positive or negative and whether it pertained to the children's intellectual performance or to nonintellectual aspects of performance. Feedback about nonintellectual aspects often pertained to conduct, as in "Nick, please settle down and sit in your chair," or appearance: "Isabel, you have a lovely outfit on today." The investigators found no difference in the amount of positive or

negative feedback given to boys and girls but an important difference in whether the feedback pertained to intellectual or nonintellectual aspects of the children's performance. For girls, only 30% of the negative feedback pertained to nonintellectual aspects of performance, whereas 70% pertained to intellectual aspects of performance. For boys, 67% of the negative feedback pertained to nonintellectual aspects of performance, whereas only 33% pertained to intellectual aspects of performance. The authors suggested these differences make negative feedback a very salient indicator of poor performance for girls but an unclear indicator of poor performance for boys. When girls receive negative feedback, it is more likely to be related to their schoolwork than work-irrelevant domains, such as conduct or appearance; thus girls take negative feedback seriously. Boys, by contrast, are able to discount negative feedback because it usually has nothing to do with the intellectual aspects of their performance. Thus, when boys receive negative feedback about their work, they can reason, "The teacher doesn't like me. She is always criticizing me. She tells me to dress neater and to be quieter. What does she know about whether or not I can read?"

In the same study, positive feedback typically pertained to intellectual aspects of performance for both boys and girls. However, when compared to the positive feedback boys received, proportionally more of girls' positive feedback concerned nonintellectual aspects of their performance. Thus, positive feedback is a clear indicator of good performance for boys but not as meaningful for girls because it sometimes has to do with nonintellectual aspects of their performance. Girls, then, are unsure whether to take positive feedback about their work seriously because teachers are providing positive feedback about other domains not relevant to work, such as their appearance or behavior. Here, girls may conclude, "The teacher just likes me. She likes how neat I keep my desk and that I don't cause trouble. That's why I received an A on my homework." The investigators also found that teachers made different attributions for boys' and girls' failures: Teachers were more likely to make attributions to motivational factors, such as lack of effort, for boys than for girls.

If these findings hold true today, what are the implications for how teachers and parents should provide feedback to children? Should we start criticizing girls for behavior unrelated to their work so they can discount negative feedback and make external attributions for failure? That would not seem to be an optimal solution. Alternatively, we could make sure we are providing positive feedback to females about areas relevant only to work, so the positive feedback is salient and directly tied to their performance. The idea here is to eliminate the positive feedback about performance-irrelevant domains such as appearance. If we take Dweck and colleagues' (1978) results seriously, the idea of complimenting or praising children about something unrelated to their work to soften the blow before providing negative work-related feedback is doing them a disservice.

The study by Dweck and colleagues is nearly 40 years old. Is there any more recent evidence on this issue? Unfortunately, no one has tried to replicate this study in recent years. Research still shows that boys receive more negative feedback than girls in the classroom—especially about their conduct (Myhill & Jones, 2006). One study showed that this kind of negative feedback affects children's attitudes toward schoolwork and school in general (Morgan, 2001). Boys and girls were randomly assigned to receive positive competence feedback with or without negative feedback about the neatness and organization of their work. Both boys and girls who received the negative behavioral feedback expressed less interest in the project and liked the teacher less than boys and girls who received only the positive competence feedback. In contrast to the Dweck and colleagues' (1978) study, girls and boys who received the negative behavioral feedback also rated their competence on the task as lower. These findings suggest that the effects of negative behavioral feedback in the classroom may be far reaching and may explain why boys have less positive relationships with teachers and less favorable attitudes toward school compared to girls.

Effects on Performance

Teachers' beliefs about students' abilities have been shown to influence student performance. A longitudinal study of elementary students showed that teachers' beliefs about how much innate ability students had in math and reading predicted children's own perceptions of their abilities 4 years later, controlling for school grades and scores on an intelligence test (Upadyaya & Eccles, 2015). These findings suggest that students' beliefs about their abilities are being influenced by teachers in ways aside from the grades teachers assign. Teachers rate girls as having less math ability than boys, despite equal performance, and these beliefs explain a portion of the math achievement gap that develops over the elementary years (Robinson-Cimpian, Lubienski, Ganley, & Copur-Gencturk, 2014). There is also evidence that teachers, who are largely female, have their own anxieties about math, which they transmit to female but not male students (Gunderson, Ramirez, Levine, & Beilock, 2012). A longitudinal study of low-income urban youth showed that teachers' expectations about whether the child would attend college predicted changes in GPA over 3 years (Mistry, White, Benner, & Huynh, 2009). That is, students' GPA improved over 3 years when their initial teachers had high academic expectations for them.

Teachers also have different expectations for the performance of different racial and social class groups, which may influence performance. The intersectionality of gender with race and social class is observed in the low expectations teachers have for urban low-income Black males (Thomas & Stevenson, 2009). Teachers provide these boys with fewer math and science role models, less encouragement to enroll in advanced courses, and provide harsher punishment for offenses that are equal in severity to that committed by White boys. These are problems because teachers' expectancies predict students' performance. In a study of 83 ethnically diverse classrooms of elementary students, teachers had higher expectations of Euro-American and Asian-American students than African-American or Latino students, and these expectations contributed to the race differences in achievement (McKown & Weinstein, 2008). In a study of first-graders who
were and were not on meal subsidies, teachers viewed girls and boys not on meal subsidies similarly but rated the boys on subsidies as less attentive and having more behavioral problems than girls on subsidies (Entwisle, Alexander, & Olson, 2007). These findings are likely due to a complex interplay between teacher expectations and parent views of appropriate behavior, including the mentality "boys will be boys."

Not surprisingly, the high school dropout rate is 8.2% for Black boys and 12.6% for Hispanic boys compared to 5.5% for White boys (National Center for Education Statistics, 2014c). The ethnic and race differences are apparent in girls but not as dramatic: 6.6% for Black girls, 10.8% for Hispanic girls, and 4.7% for White girls. The suspension and expulsion rates are twice as high for boys as girls, and this generalizes across ethnic and racial groups. However, the racial and ethnic differences are even more dramatic. Nearly half of all Black children have experienced a suspension, compared to 27% of Hispanic children, and 18% of White children (National Center for Education Statistics, 2014d).

Despite the wealth of research on gender biases in the classroom, it is disheartening to learn that the issue is not addressed in the training of teachers. A review of 23 teacher education textbooks showed that only 3% of the space is devoted to gender-related issues (Sadker & Zittleman, 2007). The infusion of technology in the classroom was thought to reduce gender bias but has only served to perpetuate it (Plumm, 2008). Boys have more positive attitudes toward computers and technology and receive greater encouragement to use computers and technology. Boys' greater experience is undoubtedly related to their more positive attitudes. Computer texts and software also are created to be more appealing to boys and often contain stereotypical content, depicting males and females in traditional roles. Some propose single-sex education as a solution to the different experiences that girls and boys have in the classroom. As discussed in <u>Sidebar 6.3</u>, there is no clear evidence that single-sex education provides a solution to the problems discussed in this chapter.

***** Sidebar 6.3

The Single-Sex Classroom Debate

Title IX prohibits sex discrimination of federally funded programs. For this reason, public single-sex education was not permitted when Title IX went into effect. However, in 2006, the Department of Education made several amendments to Title IX to permit greater flexibility in single-sex education. These amendments included the permission of single-sex education for extracurricular activities and single-sex schools if equal opportunities are provided to the other sex in another school. Whereas there were about 12 schools that offered single-sex education in 2002, in 2011–2012, at least 506 public schools offered single-sex education (National Association for Single-Sex Public Education, 2013).

Several reasons have been offered for single-sex education, including religion, the distraction of being in the classroom with the other sex, and a belief that boys and girls have different learning styles. It is the latter belief that has inspired a heated debate. There are public figures who make the argument that girls and boys should be taught differently because they have different learning styles and interests based on biology. One of these people is Leonard Sax, the founder of the National Association for Single-Sex Public Education (renamed the National Association for Choice in Education in 2011). According to Sax, boys' and girls' brains operate differently, meaning that they need to learn differently. Unfortunately, much of this thinking is rooted in gender stereotypes. Such was the case when the American Civil Liberties Union filed a lawsuit against Breckinridge County Middle School in Kentucky for their use of single-sex classrooms to teach math and science (American Civil Liberties Union, 2012). The teachers at the middle school argued that boys and girls have different learning styles and that boys needed to have more active classroom experiences (including play games) because boys have "a lot of hormones inside them." They argued that girls are better able to listen and write down the answers and do better with softer lights and music. The teachers stated that boys were capable of higher thought processes and required more challenge—also that boys were capable of more abstract thought, whereas girls needed hands-on experiences. Yes, this occurred in 2012!

The evidence that sex differences in the human brain have implications for learning is extremely weak (Eliot, 2013). Even if there are sex differences in brain structure and function (as discussed in <u>Chapter 5</u>), there is a misconception that sex differences in neural anatomy reflect innate, fixed traits that cannot be changed. The concept of **neuroplasticity** has been put forth to reflect the fact that the brain can change both structurally and functionally based on experience.

Gender stereotypes about learning styles aside—is there evidence that single-sex education is advantageous for either females or males? A recent meta-analysis of 184 studies across 21 nations of children ranging from kindergarten through 12th grade concluded that there was no advantage of single-sex education (Pahlke, Hyde, & Allison, 2014). The investigators examined the findings from both "controlled" and "uncontrolled" studies. Controlled studies were methodologically stronger because they either randomly assigned children to single-sex or coeducation, or they controlled for preexisting differences between children who attend single-sex or coeducational schools. Whereas the uncontrolled studies showed a small benefit, the controlled studies showed trivial differences.

The primary determinants of students' success in school seem to involve characteristics of the students rather than single-sex versus coeducation. There is a confound between student characteristics and single-sex education, as the higher-achieving students and students from more highly educated families are more likely to take single-sex courses or enroll in single-sex schools. Thus, an "apparent" benefit of single-sex education is really due to a benefit of socioeconomic status. Even when single-sex education appears to be successful, investigators suggest that the factors responsible for the positive effects are ones that could be applied to coeducational schools. For example, single-sex schools may have teachers with higher qualifications and smaller classrooms compared to coeducational schools.

More recently, single-sex education has targeted minorities—particularly males. Single-sex male academies have appeared in several urban centers around the country with mixed results. Formal evaluations do not exist, but controversy has ensued over their mere existence. According to Goodkind (2013), these kinds of school reinforce gender and race stereotypes and further marginalize Black boys by communicating that they need to be separated by sex and that they are especially prone to the distraction of the other sex.

Yet the fire has not been put out on this debate. Recently, a study was published of a naturally occurring experiment in Seoul, South Korea, in which middle school students were randomly assigned to single-sex or coeducational high schools (Park, Behrman, & Choi, 2013). The boys and girls who attended single-sex schools showed higher scores on Korean and English tests and were more likely to attend 4-year colleges. The students who attended single-sex and coeducational schools were from comparable socioeconomic backgrounds and had comparable levels of achievement in middle school at study start; therefore, the results cannot be attributed to preexisting differences between the two groups.

Regardless of the effects of single-sex education on academic achievement, some argue that single-sex education is associated with other adverse effects. Girls in single-sex schools report a greater pressure to conform to gender roles than girls in coeducational schools (Drury, Bukowski, Velasquez, & Stella-Lopez, 2013). Sex segregation increases sex stereotyping (Halpern et al., 2011) by making the sex category even more salient and suggesting that sex is an important category to be considered when learning (Howard et al., 2011). Single-sex education communicates to children that girls and boys learn differently and these messages can become a self-fulfilling prophecy. Single-sex educational also removes the opportunity for girls and boys to learn to interact together in a supervised achievement environment, which is unfortunate as girls and boys will grow up and eventually interact with one another in both relational and work environments.

Take Home Points

- Teachers give boys more attention than girls in school.
- Teachers are more likely to criticize boys than girls in school—but criticism can be helpful as it provides feedback about how to change behavior.
- Teachers provide more negative behavioral feedback to boys than girls, which ends up reinforcing the behavior and allowing boys to discount negative feedback about their classwork.
- Teachers provide more positive behavioral feedback to girls than boys, which ends up diluting the positive feedback that girls receive about their classwork and potentially leads females to attribute positive feedback that they receive in the real world to extraneous factors.
- Teachers have different beliefs about girls' and boys' abilities, which translate into how they spend time with girls and boys as well as the nature of the feedback they provide. Like parents, teachers attribute girls' success in math to effort and boys' success in math to ability.
- Teacher expectations have been shown to affect student performance.

Summary

In the first part of the chapter, I examined a number of individual difference variables that might explain differences in the nature of women's and men's achievements. The early work in this area suggested women have a lower need for achievement compared to men. This hypothesis was later dismissed by suggesting that women's lack of achievement compared to men's stems from women's "fear of success." The fear of success literature was and continues to be fairly controversial, in part due to the projective nature of the fear of success measures. Recent studies, however, suggest there is still a concern among some women that success may have negative implications for relationships. Another reason women are thought to achieve less than men is that women have lower levels of self-confidence compared to men or lower levels of general self-esteem. Women's lower self-confidence and lower self-esteem are limited to certain circumstances, specifically when the task is in a masculine domain. Women also seem to take feedback more to heart than men, which means that their self-esteem is affected by others' positive and negative evaluations of their performance. In areas where women are presumed to be inferior to men, making those stereotypes salient adversely affects women's performance. There are a variety of ways in which "stereotype threat" has been mitigated, including increased attributions to effort, dissociation of performance from identity, education, and self-affirmation. In regard to self-esteem, it is more accurate to say men and women have different beliefs about their strong points and derive their selfesteem from different sources. Evidence suggests that men derive self-esteem more from individuating themselves from others (i.e., feeling unique in comparison to others), whereas women derive self-esteem from their connection to others.

A final individual difference factor that may have implications for women's and men's achievement has to do with the way they explain their successes and failures—at least in the area of masculine endeavors. In those domains, women are more likely than men to attribute success to effort or luck (unstable causes), whereas men are more likely to attribute success to ability (an internal, stable cause). Women are more likely to attribute failure to stable causes, such as lack of ability or task difficulty, whereas men are more likely to attribute failure to unstable causes, such as lack of effort or bad luck. Sex differences in attributions for performance on feminine tasks are less clear. Importantly, the different attributions women and men make for performance may have implications for the decisions they make about how hard to try in an area or even whether to pursue a particular area of achievement.

In the second half of the chapter, I explored social factors that might contribute to women's and men's beliefs about their abilities as well as their attributions for performance. According to the expectancy/value model, people pursue achievement in an area in which they expect to succeed and they regard as important and interesting. Whereas expectancies influence performance, values seem to have a stronger link to areas that women and men pursue. And it is clear that females with high math ability value STEM areas of pursuit less than males with high math ability. Children's expectancies and values are a function of gender-role socialization. One source of socialization is parents. Parents often have stereotyped views of boys' and girls' abilities, believing boys have greater athletic and math ability and girls have greater verbal and music ability, which they translate into beliefs about their specific sons' and daughters' abilities. Parents seem to hold these sex-differentiated beliefs even when girls and boys receive the same grades in school. Some evidence indicates that parents' beliefs about their children's abilities influence children's own self-perceptions and children's actual abilities. In other words, parents' stereotypes about girls' and boys' abilities may become self-fulfilling prophecies. The feedback and experiences that parents provide to their children may lead the children to develop the different abilities parents initially expected.

A second source of influence on children's beliefs about their abilities is teachers. Teachers pay more attention to boys than girls in the classroom. This may be due, in part, to boys' misbehavior demanding more attention. Teachers are more likely to criticize boys than girls; interestingly, criticism is linked to greater self-confidence. More important, the nature of the feedback that teachers provide to girls and boys differs. Boys seem to receive a great deal of negative feedback about work-irrelevant domains, which then leads boys to discount negative feedback about their work and maintain a belief in their abilities. This type of negative feedback also may undermine boys' interest in school. Girls, by contrast, seem to receive more positive feedback about work-irrelevant domains, which, unfortunately, leads girls to discount positive feedback about their work and make more unstable attributions for success. Teachers' beliefs about students' ability influence student performance.

Discussion Questions

- 1. Discuss the evidence in favor of and against a "fear of success" in women. What would be a good way to examine this issue today?
- 2. Of all the ideas discussed in this chapter, which do you find to be most convincing as an explanation of why women do not pursue STEM careers to the extent that men do?
- 3. Which is more adaptive: women's or men's response to evaluative feedback?
- 4. What are some of the ways to reduce stereotype threat?
- 5. Considering the results from the studies on evaluative feedback and the work by Dweck on teachers' attributions for performance, what is the best way to provide feedback to children? To adults?
- 6. Given what you have learned about the different ways women and men define their core selves, what would you predict influences women's and men's self-esteem?
- 7. Consider the expectancy/value model of achievement. In what domains would you predict that women and men would have similar expectancies and values, and in what domains would you predict that women and men would have different expectancies and values?
- 8. What are some of the specific ways in which parents' beliefs about their children's abilities could influence their children's actual abilities?
- 9. What do you believe are the major advantages and disadvantages of single-sex classrooms?
- 10. What could be done to reduce gender bias in the classroom?

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Key Terms

Achievement motive—Stable personality characteristic that reflects the tendency to strive for success.

Attribution—Cause assigned to a behavior.

Collective interdependence—Connection to others derived from group membership.

Entity theory (of competence)—Belief that competence is due to fixed ability and cannot be changed.

Expectancy/value model of achievement—Theory that achievement-related choices are a function of our expectancy for success and our value of the area.

External attribution—Cause assigned to a behavior that originates in the environment.

Fear of success—Association of negative consequences with achievement.

Independent self-construal—Sense of self based on independence, individuation, and separation from others.

Interdependent self-construal—Sense of self based on connection to others.

Internal attribution—Cause assigned to a behavior that originates within the person.

Neuroplasticity—The idea that the brain is able to change based on experience.

Rejection sensitivity—The expectation to receive, perceive, and react strongly to rejection.

Relational interdependence—Emphasis on close relationships.

Self-serving bias—The tendency to assign internal attributions for success and external attributions for failure.

Stable attribution—Cause for a behavior that does not change over time.

Stereotype threat—Theory that activating the female stereotype hinders women's performance.

Unstable attribution—Cause for a behavior that may change with time, day, or place.

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Chapter 7

Communication

"Why Men Don't Get Your Subtle Hints"
"Relationship Talking Points: Speak Your Spouse's Language"
(Wall Street Journal)
"8 Things All Women Desperately Wish Men Knew About Texting"
(Glamour)
"Can't understand your man? He could be speaking 'Menglish' (but here's how you can be fluent too)"
(Daily Mail)

(Huffington Post)

These are a few of the recent headlines that suggest men and women have difficulties communicating with each other. In 1990, Deborah Tannen wrote a popular book entitled You Just Don't Understand: Women and Men in Conversation. From this book, it would appear that women and men have completely different styles of conversation, completely different styles of nonverbal communication, and completely different styles of interacting with one another. Although some of the conversational excerpts provided in her book may ring true, the book is largely based on anecdotal evidence of men's and women's interactions. The stories ring true because they are consistent with our schemas about how women and men interact and because it is easier to recall schema-consistent information than schema-inconsistent information. The research evidence, however, shows that women's and men's communication patterns are much more varied. Many more variables than the person's sex influence communication-for example, the sex of the person with whom one is interacting, the situation in which people find themselves, the goal or purpose of the interaction, and the status of the interaction partners. Kathryn Dindia (2006), a gender and communications scholar, concludes that men and women are not from different planets or cultures and do not speak different languages. Rather than men being from Mars and women being from Venus, Dindia (2006) suggests that men are from North Dakota and women are from South Dakota-meaning that there are many more similarities than differences in communication.

This is the first chapter in the section on gender and relationships. Before discussing

specific aspects of men's and women's friendships, romantic relationships, and work relationships in the next chapters, I review the literature on how women and men communicate. This chapter focuses on both verbal and nonverbal communication. I begin by describing the research on men's and women's interaction styles in childhood and adulthood and the variables that influence those styles. I then turn to the literatures on verbal behavior—the language women and men use—and nonverbal behavior touching, gazing, and smiling. Communication styles have implications for leadership and influence—who becomes a leader, styles of leadership, and how female and male leaders are perceived. The last aspect of communication I examine is emotion—both experiences and expression. I conclude the chapter by reviewing the two most prominent explanations for the sex differences in communication suggested—status theory and social role theory.

Interaction Styles in Childhood

Two children are sitting quietly at a table in the family room coloring and talking about being best friends. A group of children are playing soccer in the backyard, shouting at one another to get to the ball. Who are the children at the table? In the backyard? Boys? Girls? Both? Can you tell?

There are certainly some differences in the ways girls and boys play. For example, girls are more likely to play in dyads, and boys are more likely to play in groups. Both girls and boys are also likely to be playing with the same sex. From very early on, children tend to prefer and seek out interactions with same-sex peers. Thus same-sex play, in and of itself, becomes a socializing agent that ultimately leads males and females to have different interaction styles (Fabes et al., 2014).

What is the evidence for same-sex play preferences? Do you recall playing with children of the same sex or children of the other sex? At what age? At ages 1 and 2, there are no preferences for same- or other-sex peers, but by age 3, there is a clear same-sex preference in girls (Maccoby, 1998). A year later, boys' same-sex preference emerges. The preference to interact with same-sex peers peaks between the ages of 8 and 11. The same-sex play preference also appears across very different cultures (Munroe & Romney, 2006).

Even though girls initiate the same-sex play preference, by age 5, the preference is stronger in boys than girls. Boys' groups are more exclusionary of the other sex than are girls' groups. Boys view other boys who play with girls as feminine, and boys do not tolerate feminine behavior in another boy. It is important for boys' sense of masculinity to demonstrate that they are not feminine and to reject all associations with femininity. Girls, however, do not feel the same need to reject masculinity. Girls are more accepting of masculine behavior in another girl (Maccoby, 1998).

Why do children prefer to play with others of the same sex? There are at least three reasons (Maccoby, 1998; Mehta & Strough, 2009). First, girls and boys have different styles of play and communication that are not always compatible. Second, girls find it difficult to influence boys, which makes interactions with boys less desirable for girls. Third, there is institutional support for same-sex play; that is, other people discourage other-sex interactions. In childhood, those other people are parents and peers. In adulthood, those other people are spouses/romantic partners, family, and friends. I discuss the evidence for each of these reasons.

Children's Styles of Play

Boys' play and girls' play is different (Fabes et al., 2014; Maccoby, 1998). Boys play in large groups, whereas girls are more likely to play with only one or two friends. Boys' exhibit what has been called "rough-and-tumble" play (see Figure 7.1); their play is rough, competitive, and emphasizes dominance. Girls' play is cooperative, prosocial, and

relationship focused. Girls' play is often conversational and involves more structured activities (e.g., drawing or painting; see Figure 7.2). Boys' play is boisterous, activity-oriented, and takes up a good deal of space (i.e., the street, the entire yard). Boys are more likely to play outdoors, whereas girls are more likely to play inside the house or stay within their yards. These sex differences emerge in childhood and persist or increase during middle childhood and adolescence. Even girls' and boys' fantasy play differs. Girls are more likely to pretend to play house or school, where one person enacts the role of teacher or parent and the other enacts the role of student or child; boys, by contrast, are more likely to emulate heroic characters, such as Superman. It is easy to see how these play styles might not be compatible.



Figure 7.1 This is a characteristic form of play for young boys, often referred to as "rough-and-tumble" play. Photo

courtesy of Abigail Vaughn.



Figure 7.2 This is a common form of play among girls-dyadic and quiet, with the opportunity for conversation.

Girls and boys also have different conversational styles, which map onto their distinct styles of play (Maccoby, 1998; McCloskey, 1996). Girls' conversation serves to foster connection, whereas boys' conversation is motivated to establish dominance. Girls express agreement with one another, take turns when speaking, acknowledge one another's feelings, and teach younger children how to play games—behavior that has been labeled **prosocial dominance** (Whiting & Edwards, 1988). Boys interrupt each other, threaten each other, refuse to comply with one another, try to top one another's stories, and call each other names—behavior that has been labeled **egoistic dominance**. Girls are more likely to make a polite suggestion ("Could you pick up the ball, please?"), whereas boys are more likely to order someone to do something ("Pick up the ball!"). It is not the case, however, that girls' play is completely free from conflict. We will discuss a kind of conflict referred to as relational aggression in the context of friendship in <u>Chapter 8</u>.

Yet there is some evidence that different play styles do not completely account for the same-sex play preference. It is also possible that same-sex play leads to different play styles rather than different play styles leading to same-sex play. The more time spent in same-sex play, the greater the influence of same-sex peers, which leads to greater sex-stereotyped play (Fabes et al., 2014). Martin and colleagues (Martin et al., 2012) illustrate

this phenomenon with the "Gender Segregation Cycle," shown in Figure 7.3. According to the Gender Segregation Cycle, the amount of time spent interacting with same-sex peers leads to increased sex-stereotypic thinking, to fewer positive attitudes toward the other sex, and to more negative attitudes toward the other sex. These attitudes then lead children to feel less capable of interacting with the other sex, which, in turn, perpetuates same-sex play. Thus, same-sex play in effect socializes boys and girls to interact differently. This cycle predicts that girls and boys will have difficulties interacting with one another when opportunities for mixed-sex interactions are presented. In fact, research shows that there are more difficulties when preschool, elementary school, and middle school students are asked to work together in mixed-sex compared to same-sex groups (DiDonato, Martin, & England, 2014).

If same-sex play increases stereotypical play styles, does other-sex play reduce stereotypical play styles? There is some evidence that this is the case. Mixed-sex play accounts for about 30% of children's interactions (Fabes, Martin, & Hanish, 2004) but is typically not dyadic (see Figure 7.4 for an exception; Fabes, Martin, & Hanish, 2003). There is some accommodation of play styles when girls and boys are together. For example, one study showed that boys' time spent playing with blocks decreased over the school year when they spent more time playing with girls, and girls' time spent playing with blocks increased over the school year when they spent more time playing with boys (Fabes et al., 2014).

Do parents' gender attitudes affect children's play behavior? A study that compared heterosexual, lesbian, and gay couples showed that children ages 2–4 of homosexual parents exhibited less sex-typed play than children of heterosexual parents (Goldberg, Kashy, & Smith, 2012). These findings are consistent with social learning theory, described in <u>Chapter 5</u>. However, the evidence was based on parental self-report, meaning that demand characteristics could be operating here. Homosexual parents are likely to have more liberal gender-based attitudes than heterosexual parents, so their observations might have been skewed to reflect their beliefs.



Figure 7.3 The Gender Segregation Cycle.



Figure 7.4 A girl and a boy playing together; cross-sex play is not the norm, especially dyadic cross-sex play.

Girls' Difficulty in Influencing Boys

A second reason children prefer to play with same-sex peers is that girls find it difficult to influence boys. According to Maccoby (1998), girls attempt to influence others by making polite suggestions, whereas boys are more likely to make demands. Boys are not responsive to girls' polite suggestions; thus girls' tactics are effective with other girls and with adults, but not with boys. The question is—why are boys unresponsive to girls?

The differences in interaction styles and influence styles explain why it appears that girls spend more time in close proximity to authority figures (e.g., teachers) than boys do. It was first thought that girls stayed closer to teachers because of their affiliative nature. However, girls stand near teachers only in the presence of boys. Girls likely believe that an adult authority figure will temper boys' dominant behavior.

Institutional Support

Different ways girls and boys play, interact, and attempt to influence one another might explain why girls and boys prefer to play with peers of their own sex. But what is the source of boys' and girls' divergent play styles? Why is boys' play louder and more aggressive than girls' play? One possibility is the *socialization* hypothesis. Children may model same-sex play from parents. Aside from each other, mothers and fathers are typically *friends* with people of the same sex. Parents also treat girls and boys differently in ways that might influence interaction styles. Parents handle girls more gently, talk more about emotions with girls, are more tolerant of fighting among boys, and are more likely to use physical punishment with boys. In addition, parents give children sex-typed toys and reinforce sex-typed behavior. These *small* differences in behavior could lead girls' play to center more on emotions and boys' play to be rougher. Again, the question is whether parents' differential treatment of girls and boys leads to different play styles, or whether the different play styles of girls and boys lead parents to treat them differently.

Parents, schools, and work environments all encourage same-sex interaction. Parents typically select same-sex playmates for their children. Think about who is invited to a 4-or 5-year-old's birthday party. It is usually the same sex—especially in the case of girls. The question is: Do parents seek out same-sex peers for their children to play with before the children are old enough to have strong preferences?

Schools reinforce the division of girls and boys in a number of ways, ranging from teachers' introductory "Good Morning, boys and girls," to sex segregation of sports. In my daughter's elementary school, girls and boys were not allowed to sit at the same table for lunch. Once I observed a group of 8- to 10-year-olds playing Red Rover at an after-school program. The teachers were distraught because the girls kept losing to the boys. There were about 7 girls on one team and 12 boys on the other. It did not occur to the teachers that boys and girls could be on the same team. Instead, the teachers tried to find ways to give the girls advantages to "even out" the teams.

Again, we can ask the question—do differences in same-sex play styles lead to sex segregated play, or does the encouragement of sex-segregated play lead to same-sex play styles? Regardless, to the extent that there are differences in play styles between girls and boys, more time spent with same-sex peers will reinforce and perpetuate those differences. Little research has tried to distinguish girls and boys who have stronger versus weaker same-sex peer preferences. This may shed some light on the origin of same-sex play preferences. Conduct your own research on the issue with <u>Do Gender 7.1</u>.



Which Girls Play With Boys and Which Boys Play With Girls?

Visit a local day care or preschool. Choose 10 children to observe, five girls and five boys. It would be preferable if you could choose these children randomly from a list of the children in the class. Each day observe a different child, recording how much time he or she spends in same-sex play and mixed-sex play.

Now, see if you can distinguish the children who engage in more or less mixed-sex play. Does the type of play differ? How do they speak to one another? If you can find out information about their families, you could determine if they come from different backgrounds, the nature of parent gender roles, and whether there are siblings in the household. You might also interview the children to measure variables that could distinguish those who play more or less frequently with the same sex, such as the child's gender-role attitudes. Ask Jonathan why he plays with Melissa, but not Marcus. Ask Tisha why she plays with Hannah, but not Ben.

Unless you follow the children over time, this cross-sectional study will not be able to distinguish cause and effect. That is, you will not know if individual difference variables led the children to become involved in more same-sex play or whether same-sex play shaped the children in some ways.

Take Home Points

- Both boys and girls develop a strong preference to play with members of the same sex.
- The same-sex preference appears first among girls but becomes stronger among boys.
- Same-sex play is more gender stereotyped than mixed-sex play, and mixed-sex play has the potential to reduce stereotyped play.
- Reasons for the same-sex play preference include different play styles, girls' difficulty in influencing boys, and institutional support.

Interaction Styles in Adulthood

There are parallels between the sex differences in interaction styles observed among children and those observed among adults. Much of the research on adult interaction styles comes from studies of how people behave in small groups. This research shows that men's behavior is more directive, dominant, hierarchical, and task focused; by contrast, women's behavior is more supportive, cooperative, and egalitarian. Studies of group interactions show that females engage in more **positive social behavior**, such as agreeing with others, showing group solidarity, encouraging others to talk, and making positive comments (Smith-Lovin & Robinson, 1992; Wood & Rhodes, 1992). Women are also likely to reciprocate positive social acts. In other words, women help escalate positive social behavior. Men talk more in groups compared to women (Smith-Lovin & Robinson, 1992), and men engage in more **task behavior**, such as asking for and offering opinions and suggestions (Wood & Rhodes, 1992). Men also engage in more **negative social behavior**, such as disagreement and antagonism, and help escalate negative social behavior (i.e., respond to negative social behavior with more negative social behavior; Wood & Rhodes, 1992). See <u>Table 7.1</u> for examples of these interaction styles.

Table 7.1 Sample Interaction Styles

 Task Behavior

 "We should move on to the next agenda item."

 Agreement

 "I agree that training is an important part of the program."

 Disagreement

 "I disagree that having more people on the project will help us reduce the cost."

 Questions

 "Why do you think increasing salary would motivate performance?"

 Negative Social Behaviors

 "If you think it is OK to cut people's vacations, then you are an idiot."

 Positive Social Behavior

 "We all have to figure out how to deal with people who do not do their share of the work."

Given this brief summary of quite distinct interaction styles, I now must caution you that sex differences in interaction styles are not that clear cut. The way women and men behave with one another is qualified by a host of other variables. As noted by Aries (2006, p. 77), "[W]e need to move beyond the conception that the interaction styles of men and women reside within individuals." The context is important.

Qualifiers of Sex Differences

One determinant of sex differences in interaction styles is the nature of the task. Men are more task oriented in masculine situations, whereas women are more task oriented in feminine situations. A task orientation includes making suggestions and providing information. Thus, a certain degree of confidence in or knowledge of the situation is required before we engage in task behavior. Women and men are likely to be more confident in situations relevant to their own sex, which enables them to make suggestions and provide information. Because masculine situations are studied more often, it may only appear that men are more task oriented than women.

Another major determinant of women's and men's interaction styles is the sex of the person with whom they are interacting. For example, in a study of dyads, Carli (1989) found that women displayed more positive social behavior (e.g., agreeing with their partners) and men displayed more task-oriented behavior and disagreement when they were interacting with members of the same sex. However, both women and men used more feminine behavior (e.g., agreement) with female partners and more masculine behavior (e.g., disagreement) with male partners. In other words, just as in the studies of children, men and women accommodated to each other. As shown in Figure 7.5, both men and women engaged in more task behavior when they were paired with men than with women (panel a), and both men and women engaged in more positive social behavior when they were paired with women than men (panel b). However, you can also see that the most task behavior occurs between two males and the most positive social behavior occurs between two females.

Similar findings were demonstrated with respect to cooperative and competitive behavior using the Prisoner's Dilemma task (Charness & Rustichini, 2011). Male dyads, female dyads, and mixed-sex dyads played the game in the presence of a same-sex or other-sex audience. Across dyads, it appeared that males and females were equally cooperative. However, the nature of the audience influenced men's and women's behavior. Men were more competitive when they were being watched by same-sex peers compared to other-sex peers, whereas women were more cooperative when they were being watched by same-sex peers compared to other-sex peers. Consistent with the previous study, men and women behaved the most differently from each other when were with (in this case being watched by) members of their same sex.



Figure 7.5 (a) Both men and women display more task behavior when they interact with a male than a female. (b) Both men and women display more positive social behavior when they interact with a female than a male. Numbers represent the percentage of all behaviors displayed in a particular dyad. Source: Adapted from Carli (1989)

Sex differences in interaction styles also tend to be greater when the interaction is brief and among strangers (Aries, 2006). This is the typical laboratory study. When we have little information about others besides their sex, we rely more on category-based expectancies (sex stereotypes) when making judgments or deciding how to behave. As people get to know one another and understand each other's abilities, sex becomes a less important determinant of interaction behavior.

Another variable that may influence sex differences in communication is the mode of communication. See <u>Sidebar 7.1</u> for a discussion of how males and females use online communication and <u>Sidebar 7.2</u> for a discussion on the effect of online communication on relationships.

₩ Sidebar 7.1

Females and Males and Online Communication

Today, we have many more forms of communication than face-to-face or even telephone. We communicate with one another on cell phones via text and on computers via email, instant messaging, Skype, and social networking sites. In 2015, 84% of American adults said that they used the Internet (Perrin & Duggan, 2015). There is still an age gap, but that gap is closing. Whereas 96% of young adults ages 18–29 use the Internet, 58% of seniors ages 65 and older use the Internet. There are also race differences in Internet usage which seem to be narrowing. Today, Internet usage is highest among Asian-Americans and lowest among Blacks.

Men and women are equally likely to use the Internet and online media, but differ somewhat in how they use these resources. Females are more likely than males to use online media for social reasons, and males are more likely than females to use online media for entertainment (Drabowicz, 2014; Ittel, Azmitia, Pfetsch, & Muller, 2014; Muscanell & Guadagno, 2012). This finding applies to studies of children, adults, and people in other cultures. There also is evidence that females use online media to maintain relationships, whereas males use online media to form new relationships (Morill, Jones, & Vaterlaus, 2013; Muscanell & Guadagno, 2012).

The use of online media among youth has received a great deal of attention as the vast majority have mobile phones and access to the Internet. Thus, today's children and youth are constantly "plugged in" (Ittel et al., 2014), as 92% of teens report going online daily, with more than half going online several times a day (Lenhart, 2015). Whereas 45% of teens ages 12–17 had cell phones in 2004, the figure was 88% in 2015 (Lenhart, 2015). Nearly three-quarters of teens either have or have access to a smart phone, with the figure being slightly higher for Black than White or Hispanic teens. Females and males are equally likely to use a cell phone.

Teens are major consumers of social media: 71% of teens use Facebook, 52% use Instagram, 41% use Snapchat, and 33% use Twitter (Lenhart, 2015). In terms of preferred social media, girls are somewhat more likely than boys to prefer Instagram, and boys are somewhat more likely than girls to prefer Facebook. The preferred mode of communication between teens is texting. The average teen sends and receives 30 texts per day.

Researchers and laypeople have become fascinated by the differences in the ways that girls and boys text (Bennett, 2015; Ling, Baron, Lenhart, & Campbell, 2014). Boys' texts are characterized as short and brisk, whereas girls' text are viewed as long, more personal, and containing superfluous information. (These differences map on to the differences in language discussed next in this chapter.) Girls are more likely to initiate the text, more likely to have longer episodes of texting (see Figure 7.6), and use more emoticons and acronyms than boys. Text punctuation has been imbued with a great deal of meaning. Girls are more likely than boys to use emotive punctuation, implying intensity or the lack thereof with a series of exclamation points and question marks(!!!??!!).



Figure 7.6 Two teenage girls communicating via text.



Online Communication and Relationships

Early research on online communication was not promising in terms of its benefits to relationships (Valkenburg & Peter, 2009). However, fewer people were online at the time so more Internet communication was with strangers than friends. But, today, the majority of people have some form of online access. The development of Facebook and instant messaging have encouraged communication with existing network members, and it is this form of communication that has the potential to strengthen social relationships and positively impact well-being.

Whose relationships benefit from online media usage? According to the "social compensation hypothesis," people who have difficulty negotiating in-person interactions might benefit the most from the anonymity of Internet and text communication. According to the "rich-get-richer hypothesis," people who are socially competent will benefit the most from another mode of communication. There is some evidence to support both of these hypotheses. Evidence for social compensation comes from research that shows online communication benefits males more than females because it facilitates self-disclosure in males (Valkenburg & Peter, 2009). However, the rich-get-richer hypothesis has also received a great deal of support (Ittel et al., 2014), as people with the most social skills might be able to use the Internet more effectively.

In the end, technological advances have made it easier for people to communicate with one another. Never before have people been so accessible. It remains to be seen what the long-term impact of this communication is on the nature of relationships, and if the effects vary for males and females.

Take Home Points

- There are differences in the styles women and men exhibit when interacting in small groups. Women engage in more positive social behavior (e.g., agreement), and men engage in more task behavior (e.g., providing or asking for information) and negative behavior (e.g., disagreement).
- These differences are influenced by whether the group is composed of same-sex or other-sex persons. In the presence of the other sex, men and women accommodate to each other. In the presence of the same sex, differences are magnified.
- Interaction styles also are a function of the nature of the task. Both women and men exhibit more taskoriented behavior in areas in which they have expertise.
- Sex differences in interaction styles are more commonly found in laboratory studies of people who do not know each other. Interaction styles among people in ongoing relationships may be influenced by factors other than sex.
Language

Imagine the following interaction:

Person A:	I haven't talked to you in so long. What's up?		
Person B:	I've been really stressed out lately. Things are kind of weird at home.		
Person A:	What's been going on?		
Person B:	It's my brother.		
Person A:	Uh-huh.		
PERSON B:	It's never anything specific, but he's just really, really annoying me and there's nothing I can do about it. You know?		
PERSON A:	That sounds tough.		
Person B:	I've even been having dreams where he's doing something really awful.		
Person A:	It's probably a good thing that you don't have to live with him anymore, don't you think? But it seems like it still haunts you. It must still bother you if you have dreams about him a lot and stuff.		

Now consider the following interaction:

Person A:	Pat still hasn't given me back that money I let him borrow.
Person B:	I wouldn't have given it to him in the first place.
Person A:	I wouldn't either but he was in a bind and
Person B:	Dude, you just don't get it. I told you a long time ago: You never lend money to that guy. Never. I've known him forever and you can't trust him.

The two interactions are both same-sex interactions. Can you tell which one is between two women and which is between two men? How? There are aspects of language that distinguish men's and women's speech—but usually only when they interact with the same sex. The language used in mixed-sex interactions is much harder to distinguish. The two same-sex interactions provided are stereotypical. The first interaction was between two women, and the second was between two men. The speaking styles differed on a number of dimensions discussed in this section.

One of the most common perceptions we have about the differences between women's and men's language is that women use more of it! That is, women talk more than men.

In the interactions just described, the women's conversation was longer than the men's. Does this stereotype have a basis in reality? In a meta-analytic review of the literature on children's language, girls were found to talk more than boys (Leaper & Smith, 2004). However, the effect size was small (d = -.11), and sex differences were larger among younger children. By contrast, in a meta-analytic review of adult speech, men were more talkative than women (d = +.14; Leaper & Ayres, 2007). However, there were several moderators of the latter effect, including the way that language was measured, the nature of the relationship, and the sex composition of the interaction. There were no sex differences in the number of words spoken, but men spoke for longer periods of time and spoke more words per turn, suggesting that men's talkativeness conveyed dominance. To support this theory, men were also found to talk more than women in mixed-sex than same-sex interactions-especially when the dyad examined was a husband and wife. When talkativeness was examined in a study of naturally occurring conversations over four to seven days among young adults in the United States and Mexico, there was no sex difference in talkativeness (Mehl, Vazire, Ramírez-Esparza, Slatcher, & Pennebaker, 2007). This may have occurred because these young adults spent the majority of their time in same-sex interactions.

Aside from general amount of talking, are there specific features of language more characteristic of women or men? Features of language that have been studied are shown in Table 7.2 (Mulac, Giles, Bradac, & Palomares, 2013; Newman, Groom, Handelman, & Pennebaker, 2008). One way in which women's language is said to differ from that of men is in the use of tentative language, which includes hedges (e.g., sort of, kind of, maybe), qualifiers, disclaimers, tag questions, and intensive adverbs (e.g., I "totally" agree, so, really). A meta-analysis showed a small difference in the use of tentative language in the direction of women (d = -.23; Leaper & Robnett, 2011). Men are also more likely than women to refer to quantity in language (e.g., "That house is as large as a football field"; "I had to walk four times as far to school as my son does"); to use directives; to make reference to themselves (i.e., use "I"); to use judgment adjectives (e.g., "This is a ridiculous assignment"); and to use offensive language. Women are more likely than men to refer to emotions in language, use longer sentences, ask questions, offer the minimal response (e.g., uh-huh, okay, nodding), and make exclamations. Men are more likely to talk about sports and to use assertive language, whereas women are more likely to use social words in language and express agreement. Some of these differences can be found in the example interactions I provided. When college students were asked to describe a set of neutral photographs, male writers' language contained more quantitative words, more "I" references, and female writers' language was longer and contained more emotions (Mulac et al., 2013). Students are clearly aware of these sexstereotypic differences because when asked to write "like a male" or "like a female" the same differences appeared. That is, those who were asked to write like a male use more quantitative words and negations, and those who were asked to write like a female used more emotion words, judgmental adjectives, and wrote longer essays.

To better understand the language men and women use, we can classify it along three

dimensions (Mulac, Bradac, & Gibbons, 2001). First, language is direct or indirect. Men's language is more direct because they use directives; women's language is more indirect because they ask questions and use qualifiers and hedges. Second, language can be succinct or elaborative. Women's longer sentences and use of intensive adverbs make their language more elaborative. Third, language can be instrumental or affective. Men's reference to quantity is instrumental, and women's use of emotion words is affective. Thus men's language can be said to be instrumental, succinct, and directive, whereas women's language is affective, elaborative, and indirect. Even among children, girls' language is more affiliative and boys' language is more assertive (Leaper & Smith, 2004).

Feature	Example	Sex Difference
Self-reference	"I"	Male
Directive/imperative	"Close the door"	Male
Quantity terms	"Five miles"	Male
Intensive adverb	"so"; "really"	Female
Use emotions	"afraid"; "loved"	Female
Ask questions	"Why?"	Female
Hedges	"sort of"; "kind of"; "maybe"	Female
Exclamation	"wow"	Female
Sentence length	longer sentences	Female
Judgment adjectives	"good"; "stupid"	Male
Offensive language	swear words	Male
Minimal response	"OK"; "uh-huh"	Female
Qualifiers	"unless"	Female

Table 7.2 Features of Language

Qualifiers of Sex Differences

I do not want to overstate these sex differences because there are many qualifiers here. One factor that influences the language women and men use is the sex of the person with whom one is talking. The meta-analytic review of children showed that sex differences in talkativeness (girls more than boys) were larger when children interacted with adults compared to peers (Leaper & Smith, 2004). The meta-analytic review of adult language showed that sex differences in talkativeness varied greatly by interaction partner (Leaper & Ayres, 2007). Men were more talkative than women to spouses/partners (d = -.38) and strangers (d = -.17), but women were more talkative than men to classmates (d = +.54) and to their own children (d = +.42). In addition, sex differences were larger in mixed-sex interactions (d = -.28) than same-sex interactions (d = -.08). Thus, among adults, it appears that men's greater talkativeness is limited to contexts in which there is a status difference.

A more recent study demonstrated the importance of an intersectional approach to the study of language by considering both the sex and the race of the interaction partner. In

a study that examined talkativeness in all-White groups and mixed-race (White and Black) groups, men were found to talk more than women in the all-White groups, but White men and women talked equally in the mixed-race groups (Toosi, Sommers, & Ambady, 2012). White men's talkativeness was not affected by the racial composition of the group, whereas White women talked more in the mixed-race groups than the all-White groups. These findings suggest that men's greater talkativeness compared to women is linked to status. Women may have felt more comfortable talking in the racially diverse groups. The increase in White women's talking in the diverse groups did not come at the expense of Black men and women talking. In the diverse groups, men and women—White and Black—talked equally.

The interaction partner also influences sex differences in the nature of language used. Sex differences in affiliative speech (female more) and assertive speech (male more) are larger when interacting with strangers than when interacting with people who are known (Leaper & Ayres, 2007), underscoring the idea that female and male behavior differs the most when people do not know each other. However, sex differences also were larger for affiliative and assertive behavior in same-sex than mixed-sex interaction patterns, suggesting that women and men accommodate to one another in each other's presence.

There also is evidence that the language we use is a function of our partner's language. A laboratory study in which college students had an email conversation with someone who used gender-consistent language or gender-inconsistent language showed that participants' language matched their partners (Ye & Palomares, 2013). Both male and female respondents used more emotion words when their partner used more emotion words, regardless of whether the partner was male or female. Thus, the language partners used had more of an effect on language than the sex of the participant or the sex of the partner.

The topic of the conversation is another variable that influences language used. Women and men may use different language because they talk about different topics. In one study, titled "Girls Don't Talk About Garages," college students could accurately predict the sex composition of a dyad talking-not because of the language used but because of the topic discussed (Martin, 1997). Male same-sex dyads talked about sports, women, being trapped in relationships, and drinking; female same-sex dyads talked about relationships, men, clothes, and feelings. Recall the interactions described at the beginning of this section. How did you know the first interaction was between two women and the second was between two men? One way you distinguished the conversations may have been the topic. The topic of the first interaction was a relationship problem, and the topic of the second was money. In the study of college students, perceivers were more accurate in identifying same-sex dyads than cross-sex dyads. The greatest confusion was between female-female dyads and cross-sex dyads. The conversations and language used in cross-sex dyads may be more similar to those used in female same-sex dyads. As you will see in Chapter 8, men are more likely than women to change their behavior when interacting with the other sex. Find out for yourself if your classmates can identify the storyteller with <u>Do Gender 7.2</u>.



Sex Differences in Language Use

Have five female friends and five male friends write stories about a specific topic—but the same topic (current relationship problem, how they feel about school, relationships with parents, or earliest memory). See if your classmates can guess the sex of the writer better than chance (i.e., more than 50%). Ask what information they used to identify the sex of the speaker. Also ask them to rate the stories on the use of the language features shown in Table 7.2. Compare the accurate guesses to the inaccurate guesses to see which information was more diagnostic.

To make matters more complicated, the nature of the topic and the sex of the interaction partner may interact to influence language. One study showed that females used more tentative language than males for masculine topics and males used more tentative language than females for feminine topics—but only when communicating with the other sex (Palomares, 2009). There were no differences in tentative language when communicating with the same sex.

The same concern I raised about the brevity of interactions for the study of interaction styles applies to the study of language. Sex differences in language are more likely to be found in shorter interactions. In experimental settings, participants are strangers and interactions are brief. This is the kind of situation in which sex is salient and stereotypes are likely to operate. Gender salience has been linked to increased sex differences in language (Palomares, 2008; 2009). For example, one study showed that women used more emotion language than men when they were induced to think about themselves in terms of their sex (gender salient) but not in terms of their student status (Palomares, 2008). Another study showed that gender salience only affected the language of gender schematic people—that is, people who are sensitive to gender (Palomares, 2004). Sex differences in communication disappear when longer interactions are examined; as men and women become familiar with each other, their speech becomes similar.

To the extent that sex differences in language are due to socialization, these differences may not generalize to other cultures with different socialization practices. There is a fairly large literature comparing communication in the United States to communication in Japan (Waldron & DiMare, 1998). Many of the sex differences in language found in this chapter do not generalize to Japan. For example, sex differences in assertive language found in the United States are not found in Japan (Thompson, Klopf, & Ishii, 1991). In general, the language that the Japanese use is more similar to the language used by women in Western cultures (e.g., the United States; Wetzel, 1988). Parallels have been drawn between Japanese versus Western language and female versus male language. The Japanese value language that communicates sensitivity to others' needs and language that includes empathy and agreement. Whereas people from Western cultures would view this language as powerless language, the Japanese do not.

Power, in and of itself, is viewed differently by the two cultures. Americans, for example, view power as an attribute of a person, so a person can use more or less powerful language; the Japanese view power as an attribute of a social role or a position. Thus, the position confers power, regardless of the language used. It does not make sense to talk about powerful language in Japan. In fact, language viewed as dominant in the United States—being assertive, interrupting someone, challenging someone—is viewed as childish in Japan.

Take Home Points

- Men's language is more direct, succinct, and instrumental, whereas women's language is more indirect, elaborative, and affective.
- Sex differences in language are moderated by a host of variables, including the sex of the interaction partner, the race of the interaction partner, the length of the interaction or knowledge of interaction partners, and the gender salience of the situation.
- Women's and men's language becomes more similar in mixed-sex than same-sex dyads, providing some evidence of accommodation.
- Topic is a greater distinguisher of male versus female conversation than language.

Nonverbal Behavior

Recall the two interactions described in the previous section on language. Now, imagine you can see the people talking. What aspects of their behavior—other than their language —provide you with information about the interaction? Is it only people's verbal response that indicates whether they are listening? What about eye contact? What about posture? If someone touches you, does it increase the intimacy of the interaction or make you feel uncomfortable?

A lot more information is contained in an interaction besides the language used. Aspects of communication that do not include words are referred to as *nonverbal behavior*. The domains of nonverbal behavior that scientists have investigated, especially with respect to gender, are smiling, gazing, interpersonal sensitivity (decoding), accuracy in conveying emotion (encoding), and touching.

In 2000, Hall, Carter, and Horgan conducted a meta-analytic review of the literature on nonverbal behavior. They concluded that (1) females smile and gaze more than males; (2) females stand closer to others, face others more directly, and are more likely to touch other people; (3) males have more expansive body movements (i.e., take up more space) than females; (4) females are more accurate in interpreting others' emotional expressions and are better able to convey emotions than males. These findings are still true today (Hall & Gunnery, 2013), although it is acknowledged that most of this research is based on White middle-class college students. Thus, it is not surprising that college students' perceptions of sex differences in nonverbal behavior correspond with the sex differences found in meta-analytic reviews (Briton & Hall, 1995). People's beliefs about sex differences in nonverbal behavior appear to be consistent with the literature. In a review of the literature on sex differences in nonverbal behavior, Hall (2006) concluded that these differences, in particular smiling and decoding, are larger than most sex differences and larger than most social-psychological effects.

Like the other behaviors we have examined in this chapter, women's and men's nonverbal behavior cannot be fully understood without considering the sex of the person with whom one is interacting. Again, women and men accommodate to each other. The sex difference in smiling, gazing, distance, and touch is much larger when comparing same-sex dyads to mixed-sex dyads. For example, the most smiling will be observed between two women, and the least smiling will be observed between two men. Two females will stand closest to one another, two males will stand farthest from one another, and a male-female dyad will fall somewhere in between.

Sex comparisons in nonverbal behavior also may be affected by sexual orientation. One study examined the nonverbal behavior of heterosexual, homosexual, and mixed dyads and found that heterosexual dyads displayed the most gender stereotypic behavior (i.e., open posture if male and closed posture if female; Knofler & Imhof, 2007). In addition, heterosexual and homosexual dyads engaged in more direct full-face communication than mixed dyads, and mixed dyads displayed fewer direct gazes and maintained shorter eye contact than heterosexual or homosexual dyads. These findings suggest there was greater discomfort in the mixed dyads. The results are all the more interesting because participants were not made aware of one another's sexual orientation.

Smiling

Several meta-analyses indicate that females smile more than males (Hall et al., 2000; LaFrance & Hecht, 2000; LaFrance, Hecht, & Paluck, 2003). The effect size seems to be moderate, in the d = -.40 range. The sex difference appears to be largest among teenagers (LaFrance et al., 2003). A study of yearbook pictures from K through 12th grade showed that the sex difference emerges at about sixth grade and that the sex difference is larger for African-American than European-American students (see Figure 7.7; Wondergem & Friedlmeier, 2012). Whereas there was no difference between African-American and European-American girls, African-American boys smiled less than European-American boys. This sex by race interaction emerged around eighth grade, a time during which the authors suggested ethnic identity increases. Perhaps African-American boys begin to smile less at this age in an effort to conform to masculine norms. The African-American boys were especially likely to decrease their smiling when they attended predominantly African-American schools, suggesting they may have perceived pressure from same-race peers to conform to gender and ethnic norms.

There are several situational variables that influence the sex difference in smiling. First, the sex difference in smiling is larger in social settings and is especially large when people know they are being observed (LaFrance et al., 2003). Second, there is cross-cultural variation in the sex difference, with the largest sex difference appearing in Canada (d = -.59) and the smallest sex difference appearing in Britain (d = -.13; LaFrance et al., 2003). Finally, smiling seems to be more strongly correlated with personality variables associated with sex, such as sociability, nurturance, and femininity, rather than sex per se (Hall, 1998).



European Americans.

Source: Wondergem, T. R., & Friedlmeier, M. (2012). Gender and ethnic differences in smiling: A yearbook photographs analysis from kindergarten through 12th grade. Sex Roles, 67, 403–411. *Reprinted with permission of Springer Science+Business media*

Gazing

Gazing is a difficult nonverbal behavior to interpret. In general, gazing is thought to convey interest and attention; thus, it is not surprising that sex differences in gazing have been found in the direction of women gazing more than men. Furthermore, sex differences in gazing (female more than male) are typically larger when the situation evaluated is a friendly one. Yet, in other situations, gazing can convey a different message, in particular, a message related to status. A high-status person, for example, may gaze intently at the person to whom she or he is speaking. To confuse matters even more, sex differences in gazing do not generalize to all other cultures. For example, in Japan, it appears women make less eye contact than men, especially during interactions with other women. Eye contact here may convey dominance.

Interpersonal Sensitivity/Decoding

Interpersonal sensitivity, sometimes referred to as *decoding* ability, is defined as correctly interpreting and assessing others, including their nonverbal behavior and their

emotions. Females seem to be more sensitive than males to nonverbal cues, meaning they can more accurately interpret the meaning of nonverbal behavior (Hall & Gunnery, 2013). Females are better able to understand the meaning behind nonverbal cues such as facial expression, vocal intonation, and body position. This finding seems to generalize to people in other countries, such as Malaysia, Japan, Hungary, Mexico, New Zealand, Hong Kong, and Israel (Hall et al., 2000). A meta-analytic review of the literature showed that females are better than males at decoding emotion via either auditory or visual displays (d = -.19; Thompson & Voyer, 2014). The effect size was larger for negative emotions and for male actors, meaning that females are especially good at decoding negative emotion and emotion in males. The sensory modality was not a moderator, meaning that women were better than men in decoding emotion from either auditory or visual cues. The sex difference also appears to be stable over time, as the year of publication was not a moderator.

The female advantage in decoding also extends to more automatic processing. That is, women are better than men in detecting emotion from subliminal primes of facial expressions (Donges, Kersting, & Suslow, 2012) but only if the subliminal primes are of positive facial expressions. Another study confirmed this finding by showing that 13- to 16-year-old girls were better able than boys to identify the predominant emotion in blended facial expressions (Lee et al., 2013). Girls were more accurate and faster than boys in recognizing the correct emotions.

Deception is an exception to females' ability to accurately interpret other's feelings. Females are not more accurate than males at detecting deception unless language is involved, in which case women outperform men (Forrest & Feldman, 2000). If females' decoding ability is related to their orientation toward relationships, it is not a surprise that females are not as good as males at detecting lies. The ability to detect deception is not necessarily a skill that would foster relationships, whereas accurately interpreting others' emotions certainly would.

The female hormone, oxytocin, has been linked to emotion recognition (Shahrestani, Kemp, & Guastella, 2013). However, it is not clear if oxytocin benefits women and men equally, or if oxytocin accounts for the female advantage in emotion recognition. Oxytocin also has been linked to how faces are perceived. One study showed that intranasal administration of oxytocin was linked to perceiving faces more favorably among women but less favorably among men (Hoge et al., 2014). These kinds of studies suggest that it is important to consider whether oxytocin has similar effects in women and men.

Encoding

The counterpart to understanding another's emotions is the ability to convey one's own emotions accurately. Encoding reflects the capacity to convey emotions without intentionally doing so. Because emotional expressiveness is central to the female gender role, it is not surprising that women are better at encoding than men (Hall et al., 2000). That is, others are better able to judge the emotions of a woman than of a man. Again, the difference is larger when judging facial expressions than vocal cues. It is not clear whether a sex difference in encoding occurs among children.

One situation in which females use nonverbal cues more than males is when they want to communicate sexual or romantic interest (Hall & Gunnery, 2013). From observational studies in bars and clubs, it appears that women signal interest with positive facial expressions (e.g., smiling), gazes (prolonged or darting), and positive self-touch (e.g., smoothing hair). Males exhibit far fewer nonverbal cues.

Touching

It is difficult to make a generalization about sex comparisons in touch because there are so many moderator variables, including the nature of the touch and the context in which it occurs. The sex composition of the dyad is a strong determinant of touch. In an observational study of touch across a variety of settings, women were significantly more likely than men to receive touching, and there was a trend for men to be more likely than women to initiate touch (Major, Schmidlin, & Williams, 1990). Both of these findings are misleading, however, because touching was best understood by considering both the sex of the initiator and the sex of the recipient. As shown in Figure 7.8a, there was greater cross-sex than same-sex touch. Within cross-sex dyads, males were more likely to touch females than females were to touch males. Males initiated more touch—but only toward females.





Other contextual factors, such as age and relationship status, have been investigated in regard to touch. In contrast to interactions among adults, interactions among children show greater same-sex than cross-sex touch (see Figure 7.8b). Among children, it appeared that females were more likely to initiate touch, but this was due to the high

proportion of touching in the female-female dyad compared to the other three dyads. From preschool through high school, same-sex touch is more common than cross-sex touch—especially for females (Gallace & Spence, 2010). However, from college through adulthood, cross-sex touch is more common than same-sex touch. In cross-sex touch among adults, who initiates the touch may depend on age. In an observational study of touch among teenagers and adults, men initiated touch toward women among the younger group, but women initiated touch toward men among the older group (Hall & Veccia, 1990). In that study, age is confounded with relationship status, such that younger people have less developed relationships than older people. Thus, men may initiate touch among the younger people to indicate their control of a newly formed relationship. Women may initiate touch among the older people as an expression of the intimacy of the more developed relationship. An evolutionary explanation for this behavior is that men use touch to preserve the intimacy of the relationship during the early stages, and women use touch to preserve the intimacy of the relationship during the later stages.

One interesting arena in which to explore touch is sports. Here it is more acceptable for men to touch one another. When male baseball and female softball teams were observed over 20 games, there were no sex differences for the majority of the 32 kinds of same-sex touch coded (Kneidinger, Maple, & Tross, 2001). Among the sex differences that did appear, they were typically in the direction of females engaging in more touching. Specifically, females were more likely to engage in intimate forms of touch with one another, such as group embraces. The outcome of the event also influenced sex differences in touch. After a positive event, women and men were equally likely to touch. However, after a negative event, women were more likely than men to touch probably reflective of women conveying greater sympathy for one another.

Conduct your own observational study of touch in <u>Do Gender 7.3</u> to see what variables influence touch.



Observational Study of Touching

Conduct an observational study of touching. Choose a setting, for example, the cafeteria, an airport, a mall, or a bar. Have the class break into groups so each group can observe a different setting. Record instances of touch. Record the sex of the initiator and of the recipient. Come up with a list of other variables to record that may help you understand touching, such as type of touch, intention of touch, length of touch, age of participants, and relationship status.

Take Home Points

- There are fairly robust sex differences in nonverbal behavior.
- Women smile more, gaze more, are better able to express an emotion, and are better able to read another person's emotions.
- The sex difference in smiling appears around sixth grade.
- Females are better than males at decoding emotion via auditory or visual cues; the effects are stronger for negative emotions; and the effect extends to automatic processing.
- The sex difference in touch depends on many factors, including the target of the touch, the age of the participant, and the relationship between the two people. One reason findings are so variable is that touch has many meanings; it can be used to indicate status or to express intimacy.

Leadership and Influenceability

An important behavior that occurs in the context of social interactions is interpersonal influence. Recall that one reason children play with members of the same sex is that girls find it difficult to influence boys. Does this difficulty hold up among adults? Are men more influential than women, and thus more likely to become leaders? Who is susceptible to influence? First, I review who is influenced and then who is influential and likely to emerge as a leader in groups. I discuss the different leadership styles and how female and male leaders are perceived.

Who Is Influenced?

It turns out that dispositional characteristics do not predict who is easily influenced as well as situational characteristics. Women may be more easily influenced than men, but it is because they find themselves in different situations than those of men. People interact differently with women than with men, and the interaction style used with women leads to influence.

This idea was shown in a now-classic dyadic interaction study conducted by Carli (1989). Men and women were placed in same-sex or mixed-sex dyads and asked to talk about an issue with which they disagreed. Participants' opinions on lowering the drinking age and providing free day care for working parents were obtained prior to creating the dyads so that disagreement on the issue could be assured. The pair then discussed the topic for 10 minutes. One of the partners in each dyad was randomly assigned to try to persuade the partner to her or his point of view. The discussion was videotaped and later coded for number of task contributions (giving suggestions or opinions), agreements, disagreements, questions, negative social behaviors (showing negative affect), and positive social behaviors (showing positive affect). After the discussion, each member of the dyad indicated privately what his or her opinion was on the topic. The change in opinion from before to after the discussion was the measure of influence.

Neither task behavior nor positive social behavior was related to attitude change. Disagreement was related to *less* attitude change, or less influence. The only interaction style associated with greater influence was agreement. People who interacted with a partner who expressed at least some agreement were more likely to change their attitudes in the direction of the partner than people who interacted with a partner who expressed complete disagreement.

At first glance, this may seem counterintuitive—agreement leads to more influence and disagreement leads to less influence? We are more receptive to the ideas of someone who finds a way to agree with us; disagreement puts us on the defensive. Our intuition is to disagree with someone to try to change the person's mind. When people were randomly assigned to the condition in which they had to persuade their partners, they used more disagreement, less agreement, and more task behavior—but only with males, not with females. Unfortunately, this is exactly opposite of the kind of behavior that is persuasive. Thus, it is not surprising that women and men were more successful in persuading females than males; women and men were more likely to agree with females.

Thus, women are not more easily influenced than men due to some fundamental female trait, but due to the fact that people feel more comfortable in interactions with women and display more agreeable behavior. Women are more easily influenced than men because of the way people behave toward them. People use ineffective influence strategies with men (e.g., disagreement) but express agreement with women, and agreement leads to influence. Figure 7.9 illustrates the process by which women come to be more easily influenced than men.

Who Is Influential? Who Emerges as the Leader?

Male and female students view leadership roles in organizations as equally desirable, but women perceive that they are less likely to attain these positions compared to men (Killeen, Lopez-Zafra, & Eagly, 2006). A meta-analysis of group interaction studies evaluated who emerged as the leader in the group (Eagly & Karau, 1991). Leadership was measured by both objective indicators of group participation as well as respondents' reports of who appeared to be the group leader. Across laboratory and field studies and across both measures of leadership, men were more likely than women to emerge as leaders. Men contributed more to the group and were more likely to be perceived and chosen as leaders. The nature of the leadership role influenced who emerged as a leader. Men were especially likely to emerge as leaders when task leadership was needed (d = +.41). When the nature of the task was not specified, men also were more likely to emerge as leaders, but the effect was smaller (d = +.29). When social leadership was necessary, there was a small effect for women to be more likely to emerge as leaders (d = -.18).



Figure 7.9 Model of influence process.

The meta-analytic review also showed that the length of the interaction influenced who emerged as a leader (Eagly & Karau, 1991). Males were more likely to emerge as leaders when the group interaction lasted less than 20 minutes (d = +.58), but there was

no sex difference if the group lasted longer than one session (d = +.09). One reason that men are presumed to be leaders is that being male is associated with dominance, a trait also characteristic of a leader. However, when people are given the opportunity to detect dominance by interacting with one another, the dominant person is chosen to be the leader regardless of sex (Davis & Gilbert, 1989).

Another study showed that we rely on gender-role stereotypes or category-based expectancies in the absence of information about leadership but select the best leader in the presence of relevant leadership information. When no information about the leader was provided, males were more likely to select the male than the female as the leader; however, when told the person possessed leadership qualities, males and females were equally likely to be selected as leaders (Bosak & Sczesny, 2011). It is important to realize that respondents have little information about leaders in laboratory studies, but much more information about them in the real world. Apparently, when we have information about leaders, we use it.

Sex may intersect with race in predicting leaders. In the previously mentioned study that compared all-White groups to racially diverse groups (Toosi et al., 2012), group members rated men as more influential than women in the all-White groups but rated men and women—Black or White—as equally influential in the racially diverse groups. The investigators suggested that diverse groups with respect to both race and sex may be perceived as more complex and diminish the salience of sex and race alone.

Leadership Styles

Do men and women have different styles of leadership? According to social role theory, women and men should behave similarly when occupying similar roles. However, because gender roles may still be operating on the part of the leader as well as on the part of perceivers, men's and women's behavior is likely to differ when they take on the leadership role (Eagly & Johannesen-Schmidt, 2001). For women, there is a conflict between the characteristics of the leadership role and the female gender role.

Leadership styles have been grouped into three broad categories: transformational, transactional, and laissez-faire. A transformational style involves inspiration, motivation, and being a role model. A transactional style of leadership is a more conventional style that involves monitoring subordinates, rewarding behavior, and intervening. A metaanalysis of these three leadership styles showed that women had a more transformational style than men (d = -.10), the effects for transactional leadership were mixed, and men were more likely to use laissez-faire leadership than women (d = +.16; Eagly, Johannesen-Schmidt, & van Engen, 2003). A second meta-analysis revealed similar results (van Engen & Willemsen, 2004). The meta-analysis showed that the sex difference in the transformational style is larger in more recent than in older studies. Interestingly, studies authored by males (compared to females) were more likely to show that women had a transactional style of leadership. The use of a transformational style of leadership should help women overcome some of the gender-related barriers to leadership because this style combines agentic and communal behavior. Indeed, leaders who are viewed as the most transformational are described as combining both communal and agentic characteristics (Kark, Waismel-Manor, & Shamir, 2012).

Which style of leadership is most effective? A meta-analytic review showed that the transformational leadership style was most effective (Judge & Piccolo, 2004). A transformational leader is viewed as being better able to manage conflict, regardless of leader sex (Odetunde, 2013). In an experimental study in which college students evaluated a leader named "Pat" (sex purposely ambiguous), he or she was perceived more favorably when using a transformational style of leadership than a transactional style of leadership—regardless of whether Pat was believed to be male or female (Embry, Padgett, & Caldwell, 2008). A study of hospital employees in Australia showed that managers with a transformational style had employees who were more innovative—but the relation was stronger for male than female leaders (Reuvers, van Engen, Vinkenburg, & Wilson-Evered, 2008). Reuvers and colleagues suggested that the gendered setting of the workplace (i.e., hospital where majority of nurses are female) might account for the finding.

Perception of Female and Male Leaders

It is not so much that women and men behave differently as leaders as it is that their behavior is perceived differently. Leaders are perceived to be male, masculine, and agentic (Koenig, Eagly, Mitchell, & Ristikari, 2011), and these characteristics are incongruent with the female social role, an effect referred to as the **role congruity hypothesis** (Eagly & Karau, 2002). The leadership stereotype has diminished somewhat over time and is not as strong among females as it is among males. Most difficulties women encounter as leaders occur in male-dominated settings, when women display stereotypical masculine behavior, and when they are evaluated by men (Ayman & Korabik, 2010).

There are two kinds of prejudice against female leaders (Eagly & Karau, 2002). First, due to descriptive stereotypes, people may evaluate a female leader less favorably than a male leader because she lacks the agentic qualities needed for leadership. Second, due to prescriptive stereotypes, people may evaluate a female leader less favorably than a male leader *if* she possesses agentic leadership qualities because those qualities conflict with the female gender role. Numerous studies have shown that female leaders are viewed more negatively than male leaders when they display agentic qualities—by both males and females (Phelan & Rudman, 2010). One such study presented business employees with vignettes of male and female leaders who exhibited either an autocratic (controlling, power-oriented, formal) or charismatic (sensitive, trustworthy, likeable) leadership style and were either working for organizations that were succeeding or failing (Lopez & Ensari, 2014). In the case of failure, both female and male respondents blamed the autocratic female leader more than any of the other leaders.

One reason that women who display agentic qualities face difficulties as leaders is

that they are presumed to lack communal qualities. Displays of agency in women seem to imply a lack of communion. When students viewed a masked person on a video, those who inferred the leader was female rated her as more dominant, more assertive, and less warm compared to those who inferred that the leader was male (Koch, 2004). A study of college students showed that a high-agency man was viewed as more qualified for a job that required social skills than a high-agency woman (Rudman & Glick, 2001), presumably because the high-agency woman is thought to lack social skills. These studies suggest that the difficulty for female leaders comes not from the presence of agentic characteristics but from the fact that agentic characteristics imply a lack of communal characteristics in women-and a lack of communal characteristics is detrimental to women. When Hillary Clinton ran for the Democratic nominee for president of the United States in the 2008 election, her strong, decisive, and overall agentic manner was judged harshly. People responded similarly to her 2016 campaign. In 2008, her ratings became more positive after a brief episode in which she shed a tear in response to an interviewer asking her how she was able to get out of the house every day to hit the campaign trail. The expression of emotion reminded people of her communal qualities.

To be effective leaders, research suggests that women need to combine agentic qualities with communal qualities (Johnson, Murphy, Zewdie, & Reichard, 2008). One study showed that providing information about a leader's communal traits offset the penalty applied to agentic women (Heilman & Okimoto, 2007). College students read vignettes about a manager of a finance department (masculine occupation) that either contained communal information (i.e., caring and sensitive), positive noncommunal information (fair minded), or no additional information. The woman was perceived as less desirable as a boss, more hostile, and less likeable than the man in the control and noncommunal conditions, but these biases disappeared in the communal condition, as shown in Figure 7.10.

Another way that women can overcome the bias against female leaders is to establish a "shared identity" with others. This was demonstrated in a study of college students who listened to a recording of a female speaker who used assertive or tentative language and was referred to as either a typical female (sex salient) or a typical college student (student salient; Reid, Pipe, Riley, & Sorensen, 2009). When her sex was made salient, men were more influenced by the tentative than the assertive speaker. However, when her student status was made salient, men were more influenced by the assertive than the tentative speaker. Reid and colleagues (2009) argued that by making her student status salient, they were establishing a shared identity between the female leader and the male respondents. In this condition, men viewed the assertive woman to be more competent and more similar to them than the tentative woman. Female respondents were not influenced by the speech style or the salience condition, most likely because they shared both sex and student status identities with the female leader. These findings suggest that one way in which strong women can influence men is to emphasize a shared status—that is, to find a way in which men can identify with them.



Figure 7.10 Women were viewed as less desirable than men as a boss in the control condition and the positive noncommunal information condition, but there was no sex difference in desirability when communal information was provided. * = significant; n.s. = not significant Source: Adapted from Heilman and Okimoto (2007)

The finding that women are penalized for agentic behavior may apply more to White women than women of other races and ethnicities. Adopting an intersectional perspective, one study showed participants photographs of leaders and manipulated the race and sex of the hypothetical leader who was then described as behaving in a dominant or communal way (Livingston, Rosette, & Washington, 2012). As shown in Figure 7.11, among female leaders, White women were judged more negatively when they displayed dominant rather than communal behavior, consistent with the role congruity hypothesis. However, Black women did not incur this same cost, as they were judged similarly regardless of behavior. The only finding for male leaders is that participants judged Black men negatively when they displayed dominance compared to communion, whereas the judgment of White men was not affected by their behavior. Here, Black men are penalized for displaying gender-consistent behavior. The participants in this study were described as non-Black.

There also is evidence that both females and males suffer when they make mistakes in role-incongruent leadership positions. In one study, participants read about a woman or a man who were in one of two high-status occupations—the president of a woman's college (congruent for women, incongruent for men) or the police chief (congruent for

men, incongruent for women). When a mistake was made, women and men in genderincongruent occupations were judged as less competent than women and men in gendercongruent occupations, presumably because participants thought the people in the gender-incongruent occupations had less ability (Brescoll, Dawson, & Uhlmann, 2010). When no mistake was made, however, occupation congruence was unrelated to judgments of competence.



Figure 7.11 White female leaders were judged more negatively (lower leader status) when they displayed dominant compared to communal behavior, whereas behavior did not affect judgments of Black female leaders. Among men, Black leaders were judged more negatively when they displayed dominant compared to communal behavior, whereas behavior did not affect judgments of White leaders.

Source: Livingston et al. (2012)

There is evidence that leaders are perceived more favorably when their leadership role is congruent with gender roles. A meta-analysis of 95 studies on leader effectiveness showed the sex of the leader had no relation to judgments of effectiveness (d = -.05; Paustian-Underdahl, Walker, & Woehr, 2014). However, males were perceived to be more effective than females in male-dominated organizations, such as government, and females were perceived to be more effective than males in social service organizations.

Personality characteristics also might be linked to sex-biased perceptions of leaders. Although females and males seem to be equally vulnerable to biased evaluations of agentic behavior in females, one might expect that those who hold more traditional gender-role attitudes would be most biased. One study showed that this was the case but only among people who had an entity rather than an incremental view of leadership (Hoyt & Burnette, 2013). Recall that entity theorists are more likely to endorse the view that ability is fixed and cannot be changed.

If female leaders are harmed by an assumed lack of communal characteristics, how are lesbian and gay leaders viewed? There is very little research on views of LGBT (lesbian, gay, bisexual, and transgender) leaders. Whereas sex and race are visible to others, sexual orientation is not. We do know that LGBT leaders who self-disclose are viewed more favorably than those who try to conceal their sexual orientation (Fassinger, Shullman, & Stevenson, 2010). The burden for gay men may be to prove their masculinity, whereas the burden for lesbians may be to prove their femininity. Because lesbians are stereotyped to be masculine, displays of agency in lesbian leaders may imply a lack of communal characteristics—even more so than among heterosexual women. It is not clear if this lack of communal characteristics will have the same negative repercussions among lesbians, though, because lesbian women may not be held to the same heterosexual expectation to possess communal characteristics.

In the end, there are penalties for counterstereotypical behavior that then perpetuates the stereotypes (Phelan & Rudman, 2010). That is, perceivers do not revise their beliefs about appropriate behavior for females, and females' behavior is constrained by genderrole stereotypes.

Effects of Female Leaders on Group Performance

The problems that women face in leadership positions not only have consequences for the women themselves but also for the groups that they lead. This concern is especially salient in the following study of group interactions. In this study, 40 teams of three to five students were assembled to work on a decision-making task (Thomas-Hunt & Phillips, 2004)—a task that was determined to be masculine in nature. Each group contained a female or a male expert; expertise was established by individual performance on the task prior to group discussion. Although there was no sex difference in individual performance, female experts were judged as having less knowledge about the task than male experts. Female experts had less influence on the group's overall performance, and groups that contained a female expert had a poorer outcome compared to groups that contained a male expert. Why? Female experts may have been less likely to assert themselves and contribute to the group decision because they are aware that they are punished for agentic behavior. In the end, this means the groups with female leaders were not able to take advantage of their expertise.

A second study also showed that groups are not able to take advantage of female expertise, but from a different perspective. Science, engineering, and computer science teams from a large university were involved in the study (Joshi, 2014). Team members reported their highest level of education completed and evaluated each other's expertise. Females rated others' expertise based on their education, regardless of whether they

were female or male. By contrast, males paid no attention to education and simply rated female team members as having less expertise than male team members. These findings were replicated in a second study that also examined team members' gender identification. Male evaluators who strongly identified with being male rated moreeducated women as having *lower* expertise than less-educated women. The authors concluded that group members will not be able to take advantage of female expertise in male-dominated settings because the majority of the evaluators are men.

There is other research that shows people are biased against groups that include female members. Graduate students in a management course were randomly assigned to five-person groups to build a complex Lego model, a stereotypical masculine task (West, Heilman, Gullett, Moss-Racusin, & Magee, 2012). Although the proportion of women in the group did not predict performance, which was evaluated by outside judges, individual group members gave more negative evaluations to groups that contained a higher proportion of women. Ten weeks later, group members also indicated they were less willing to work with groups that contained more women.

Real-World Leaders

Outside the laboratory, it appears that women have made some progress in terms of leadership. When women and men are asked whether they would prefer to work for a female or male boss, the preference for a male boss has declined substantially—especially among men (see Figure 7.12; Newport & Wilke, 2013). In 2013, 29% of males said they would prefer a male boss, 18% a female boss, but the majority—51%—had no preference. Among females, 40% said they would prefer a male boss, 27% a female boss, and 32% had no preference. A nationwide survey showed that Americans regard men and women as equally capable of leadership and as of having the same traits required of leadership, such as intelligence and innovation (Pew Research Center, 2015). About 40% of Americans (slightly more women than men) stated that the reason that there were not more females in leadership positions was because of a double standard—that more is expected out of women than men.



for women.

Source: Adapted from Newport and Wilke (2013)

Take Home Points

- Women are more easily influenced than men because people adopt a more agreeable interaction style with women than men. And agreement leads to influence.
- Men are more likely than women to emerge as leaders in laboratory studies where participants are often strangers and have only a brief opportunity to interact. When information is provided about leadership qualities, leaders are chosen based on the qualities rather than sex.
- Women are more likely than men to display a transformational style of leadership, which has been shown to be the most effective style of leadership.
- Female leaders are judged more harshly than male leaders when they display agentic characteristics—in part because agentic characteristics imply a lack of communion in women (but not men).
- Groups that contain female leaders may underperform because group members are not able to take advantage of female expertise. Factors related to the leader and the group members may contribute to this problem.
- Despite the fact that women are more likely than men to use a transformational leadership style, the style that has been shown to be most effective, people still prefer to have men than women as their bosses, although an increasing number of people say they have no preference

Emotion

Two people receive news that an accident has caused a neighbor to lose her baby. One cries; the other does not. You probably imagine that the one who cries is female, the more emotional sex. Two people witness some teenagers soaping their car on Halloween. One yells at the teenagers and chases them down the street; the other ignores the incident. You probably imagine the one yelling is male, the more ... the more what? Yes, anger, too, is an emotion. So, who is the more emotional sex?

Certainly the stereotype claims women are more emotional than men. In fact, one of the items on the PAQ (Personal Attributes Questionnaire) femininity scale is "very emotional." However, the femininity scale is really a measure of communion or expressiveness rather than emotionality. How should we decide whether women or men are more emotional or whether the sexes are equally emotional? Researchers have examined three primary sources of information to address this issue: people's self-reports of their experience of emotion, people's nonverbal expressions of emotion, and people's physiological responses to emotion stimuli. Unfortunately, there is not a consistent pattern of findings across these three modalities as to whether one sex is more emotional than the other. I review each source of information.

The Experience of Emotion

First, we can ask whether women and men experience emotions similarly. Many investigators argue that men and women have similar emotional experiences. We typically address this question by asking women and men to provide direct reports as to how often they experience a particular emotion. Studies that use this method typically reveal that women report greater emotion than men. Women say that they experience emotions more intensely than men and that they let emotions influence their decisions (van Middendorp et al., 2005). When shown emotionally arousing stimuli in the laboratory, women report more intense emotion than men (Davis et al., 2012).

There may be differences in the specific emotions experienced by women and men. In a nationally representative sample, participants were asked how often they felt a variety of emotions (Simon & Nath, 2004). Although there was no sex difference in the frequency of emotions experienced, men were more likely than women to report positive emotions and women were more likely than men to report negative emotions. The latter sex difference disappeared when income was statistically controlled, implying that the reason women experiences more negative emotions than men is due to their lower status. A meta-analysis of "moral" emotions showed that women report greater experiences of guilt (d = -.27) and shame (d = -.29), but there are no sex differences in experiences of embarrassment or pride (Else-Quest, Higgins, Allison, & Morton, 2012). The sex difference in guilt appeared among adolescents and adults, but not children, suggesting that there is a learned component to the experience of guilt in females. These sex difference also only appeared for White samples.

One concern about research showing sex differences in the frequency or amount of emotion is that these reports are susceptible to a recall bias (Larson & Pleck, 1999). Much of the data that show women experience more emotion than men come from self-report studies where women and men recall their emotions over a period of time. Possibly women are simply better than men at recalling their emotions. To address this issue, Larson and Pleck (1999) had married couples carry electronic pagers and beeped them periodically throughout the day so they could report their current emotional state. These online reports revealed that men and women experience similar emotions. The frequencies of both positive and negative emotions are shown in Figure 7.13. Other studies have used this same methodology with college students and adults and confirmed the finding (Larson & Pleck, 1999).

What accounts for the discrepancy in findings between retrospective reports and online measures of emotion? It is possible that women and men are recalling their experiences of emotion in ways that are consistent with gender-role stereotypes. One study showed that when men and women are placed under cognitive load in the laboratory so that they are not able to think carefully about their individual experiences, women recall more intense sadness than men, but men recall more intense anger than women (Boven & Robinson, 2012). Due to cognitive load, the authors argue that women and men are relying on stereotypes when reporting their emotion. However, in the condition without cognitive load, there were no sex differences in recalling emotion. Others suggest that women report more emotion than men on retrospective measures because women encode emotion in greater detail than men. When college students described a series of daily events for 7 consecutive days, women reported more details about the events than men when recording the events and recalled more details about the events 1 week later (Wang, 2013).

There are several reasons that women might encode emotion in greater detail than men. One possibility is that emotions occur within the context of relationships, and relationships are more central to women's than men's self-concepts. Another possibility is that men are more likely than women to suppress emotion, which interferes with the memory for emotional events. In fact, people who are randomly assigned to suppress their emotion while watching a film (i.e., told not to let any feelings show that they experience during the film) have poorer memories for the film than those who are simply told to watch the film (Richards & Gross, 2000). As you will see in <u>Chapter 9</u>, among married couples, men are more likely than women to suppress emotion during discussions of relationship conflict.



Figure 7.13 Men and women report similar frequencies of both positive and negative emotions throughout the day. Source: Reprinted from Gender and Motivation, Volume 45 of the Nebraska Symposium on Motivation, edited by Dan Bernstei, by permission of the University of Nebraska Press. Copyright 1999 by the University of Nebraska Press.

The Expression of Emotion

Despite men's and women's similar experiences of emotion, considerable evidence supports sex differences in the expression of emotion. Females report they are more emotionally expressive than males, among children and adults. A meta-analysis of emotional expression in children showed a small difference in the direction of girls being more expressive but the difference also depended on the specific emotion (Chaplin & Aldao, 2013). Girls expressed more positive emotions than boys, and boys expressed more anger than girls. The sex difference in positive emotions increased with age. The sex difference in expressions of anger depended on the situation. Boys expressed more anger than girls in the presence of peers but not so much in the presence of adults.

Much of these data rely on self-reports, which are not very convincing because females and males are clearly aware of the stereotype that females are more emotional and expressive. Observational data also support the claim that women are more expressive than men, but these studies also have limitations. Coders are typically not blind to respondent sex and may rate the same face as more expressive if believed to be female than male. Try <u>Do Gender 7.4</u> to see how knowledge of sex can influence

perceptions of emotion. Other observational and physiological data are more compelling. For example, both women and men can more easily identify the emotion of a female than of a male (LaFrance & Banaji, 1992), suggesting that women's faces are more emotionally expressive than men's faces. Recall that we showed women are better than men at encoding emotion earlier in the chapter. When men and women experience similar emotions, physiological measures reveal greater facial activity in the female face, providing evidence of greater expressiveness (Thunberg & Dimberg, 2000).



Perception of Emotion in Boys and Girls

Videotape an infant or child playing. Make sure the sex of the child is not obvious. Tell 10 people the child is female and 10 people the child is male. Ask them to rate how emotional the child is, how expressive the child is, and what emotion the child is experiencing. Does the sex of the child influence these reports?

Gender roles have been related to the expression of emotion and often show stronger relations than the respondent's sex. Femininity or communion, specifically, has been associated with emotional expression (Brody & Hall, 1993).

Physiological Measures of Emotion

Given the limitations of self-report methods of measuring emotion, we might hope that physiological methods would provide a more definitive answer to the issue of sex differences in emotions. Unlike the self-report and observational research, physiological studies either show that men are more physiologically reactive to emotion or that there are no sex differences in physiological reactivity (Brody & Hall, 2008). Unfortunately, physiological indicators of emotionality are controversial. Researchers find it difficult to agree on which physiological measure best taps emotion: heart rate, blood pressure, or galvanic skin response? Even within a given physiological measure, findings are inconsistent across studies. When multiple measures of physiological reactivity are used, findings within a study are often inconsistent across measures.

One technique that has been applied to the study of emotion is neuroimaging. A metaanalytic review of neuroimaging studies did not find more frequent activation in one sex compared to another in response to emotion but did show that different regions of the brain are activated in women and men (Wager, Phan, Liberzon, & Taylor, 2003). Neuroimaging studies suggest that there are different neural correlates of emotion in women and men (Whittle, Yucel, Yap, & Allen, 2011), but the meaning of these differences is not clear. Some conclude that women and men process emotions differently, which then leads to different experiences of emotion. However, it is also possible that women's and men's different experiences of emotion lead to different neural patterns. Because the structure and function of the brain changes over childhood and adolescence, it is plausible that these differences in brain activation are a consequence rather than a cause of sex differences in emotion experiences. A major limitation of these neuroimaging studies of emotion is that the patterns of neural activation have not been connected to behavioral data.

How do we reconcile the different conclusions reached by self-report and physiological data? One answer is that women are more outwardly expressive and men are more internally reactive to emotional stimuli. This idea was supported by a study in

which college students viewed a film depicting one of three emotions (sadness, fear, happiness; Kring & Gordon, 1998). There were no sex differences in the self-report of an emotion. However, videotaped documentation showed that women were more emotionally expressive than men, and physiological measures evidenced that men were more reactive to some of the films compared to women. The investigators suggested men were more likely to be internalizers with respect to emotions, by experiencing them physiologically but not expressing them, and women were more likely to be externalizers with respect to emotions, by experiencing them physiologically.

Attributions for Emotion

Regardless of the data, the stereotype of women as the more emotional sex persists. This is supported by research on the attributions people make for women's and men's emotions. Women's emotions are more likely to be attributed to internal states, whereas men's emotions are more likely to be attributed to situational factors. Even when situational attributions are made for a person's emotional state, people tend to believe that women are "emotional" and men are "having a bad day" (Barrett & Bliss-Moreau, 2009). This is not surprising, as being "emotional" is part of the female gender role. These different attributions have implications for how women and men are viewed when expressing an emotion. A laboratory study showed that both women and men view the expression of anger positively when it comes from a male job candidate but negatively when it comes from a female job candidate (Brescoll & Uhlmann, 2008). Respondents granted higher status and higher salary to an angry than a sad male job candidate, but lower status and lower salary to an angry than a sad female job candidate. The findings for salary are shown in Figure 7.14. Differential attributions explained these findings. The female's anger displays were attributed to internal causes (being an emotional person), whereas the male's anger displays were attributed to situational causes (someone made him angry).



Figure 7.14 Male job candidates who were angry were granted higher status and more money than male candidates who were sad. Female job candidates who were angry received lower status and a lower salary compared to female candidates who were sad.

Source: Adapted from Brescoll and Uhlmann (2008)

Take Home Points

- Retrospective measures of emotion show that women report more emotion than men, but online measures tend to show no sex differences in the experience of emotion.
- Women may encode emotional events in greater detail than men, which would account for the sex difference in retrospective emotion reports.
- Women are more likely than men to express the majority of emotions; the one exception is anger, which men express more than women.
- Physiological data suggest that either men are more reactive than women or there are no sex differences in physiological reactivity to emotion.
- Women's emotions are attributed to internal causes, whereas men's emotions are attributed to external causes.

Explanations for Sex Differences in Communication

A variety of explanations are available for the differences I have discussed in this chapter on male and female communication. Here I discuss two of them. The first theory, status theory, suggests that any differences in communication between men and women are due to their unequal status. Once one controls for the status or power differential between women and men, sex differences in communication disappear. Second is social role theory, which argues that the roles women and men hold in society are responsible for sex differences in communication. In particular, the female role emphasizes connections to others, whereas the male role emphasizes separation from others. These are not the only theories of sex differences in communication, as biological and evolutionary explanations also have been advanced for sex differences in nonverbal behavior, but they are the two that have received the most attention in the literature.

Status Theory

Sex is inherently confounded with status. Men have a higher status and more power than women. Status theory has been used to explain sex differences in interaction styles, language, and nonverbal behavior. See <u>Sidebar 7.3</u> for a discussion of sex differences in communication in the context of a relationship where both men and women can have high status—being a physician.
₩ Sidebar 7.3

Physician-Patient Interactions

One particularly interesting interaction to study from a gender perspective is the interaction between a patient and a physician. The physician-patient interaction is by definition one of unequal status. When the physician is male and the patient is female, the status difference in roles (physician vs. patient) is congruent with the status difference in sex (male vs. female). But today, it is no longer the case that the physician is always male. Because physician and patient roles are highly structured, with a clearly established hierarchy, female and male physicians might communicate similarly and female and male patients might respond similarly. In other words, the clear-cut demands of these roles may override any sex differences in communication style previously discussed. Research, however, does not support this idea.

A meta-analytic review of patient-physician interaction studies, most of which were observational, showed that female physicians made more active partnership statements (i.e., enlisting patient input, working together on a problem), asked more questions about psychosocial issues, had more emotion-focused conversation, and used more positive talk (i.e., reassurance, agreement, encouragement; Roter, Hall, & Aoki, 2002). In other words, female primary care physicians engaged in more **patient-centered communication**.

What are the implications of this difference between female and male physicians' communication? A meta-analysis of 45 studies showed that patients are more satisfied with female than male physicians but the effect size is small (Hall, Blanch-Hartigan, & Roter, 2011). The sex difference was larger among less experienced physicians, when interactions were limited to the initial meeting between patient and physician, and when patients were younger. Given the fact that female physicians have a more patient-centered approach than male physicians, the authors wondered why the sex difference was not larger. Patients must be basing their satisfaction ratings on something other than patient-centeredness.

The investigators suggested that stereotype incongruity was one explanation for why the physician sex difference is not larger—that is, being female is inconsistent with being a high-status physician. In support of this hypothesis, one study showed that college students who adopted the role of patient in viewing videotaped physician interactions were most satisfied with physicians who behaved consistent with gender roles (Mast, Hall, Klockner, & Choi, 2008). Specifically, students were more satisfied with female physicians who leaned toward the patient but less satisfied with male physicians who used a loud voice and expansive posture but less satisfied with female physicians who exhibited the same behaviors.

Another reason that the difference in satisfaction with female compared to male physicians is not larger is that female physicians are expected to adopt a patient-centered approach because it is consistent with female gender norms. There is evidence that being patient-centered is more strongly linked to patient satisfaction with male than female physicians (Hall, Gulbrandsen, & Dahl, 2014). Patients may have higher expectations of patient-centeredness among female physicians and take it for granted, whereas male physicians benefit from behaving in a patient-centered way.

Aside from satisfaction, are there other effects of a patient-centered approach for physicians? A meta-analysis of patient responses to physicians (Hall & Roter, 2002) showed that patients talk more, make more positive statements, discuss more psychosocial issues, and—most importantly—provide more biomedical information to female than male

physicians. Thus, female physicians may be more successful than male physicians at making patients feel comfortable and eliciting information. The extent to which these differences influence patient health outcomes, however, is unknown.

Interaction Styles

One theory of how status influences behavior is **expectations states theory**. According to this theory, group members form expectations about their own and others' abilities, which are based on the value they assign to people in the group. We expect the high-status person to contribute more and the low-status person to facilitate the contributions of the high-status person (Smith-Lovin & Robinson, 1992). Because men have a higher status than women, we have higher expectations of men's abilities compared to women's abilities. This theory suggests that sex differences in interaction styles stem from our more positive evaluation of men's abilities compared to women's. In other words, in the absence of any other information about men's and women's abilities, sex will be interpreted as status during a group interaction.

Expectations states theory says we have higher expectations for the contributions of the high-status person. However, the relevance of the task to women and men may alter people's expectations about capabilities. We expect men to be more competent than women on masculine tasks, and we expect women to be more competent than men on feminine tasks. Yet the sex difference in interaction styles does not necessarily disappear or reverse itself when feminine tasks are studied. Thus, status based on expectations states theory alone cannot explain sex differences in interaction styles.

Language

Parallels can be drawn between powerful language and male communication and powerless language and female communication (Kalbfleisch & Herold, 2006). If a male talks more and uses fewer hedges and qualifiers in an interaction with a female, we cannot discern whether the difference is due to sex or status. The more powerful person is more likely to interrupt, to give directives, to talk more in groups, and to show anger—language patterns often attributed to men. The less powerful person inhibits, uses tentative and deferential language, uses other-directed language, displays sadness, and censors one's remarks—language patterns often attributed to women. The meta-analytic review that showed men's talkativeness is due to longer durations of talking during a conversation suggests that dominance or status might be an explanation (Leaper & Ayres, 2007). The fact that the sex difference in talkativeness and the sex difference in tentative language are magnified in other-sex compared to same-sex interactions suggests that status plays a role in this aspect of language. One interesting way in which status is tied to language has to do with the way in which men and women are addressed. See <u>Sidebar 7.4</u> for a discussion of this issue with respect to your professors.

***** Sidebar 7.4

Is It Dr. X? Professor X? Or Janet?

Several studies show that college students are more likely to address male professors by titles and female professors by first names. This is not due to the fact that female and male professors request different forms of address. What are the implications of calling your professor Dr. Smith or Janet, Dr. Jones or Jim? Several studies have shown that people associate a teacher who is referred to by a title as opposed to a first name with higher status (Stewart, Berkvens, Engels, & Pass, 2003). In one of these, college students read a transcript of a class session in which the male or female instructor was addressed by first name or title by the students (Takiff, Sanchez, & Stewart, 2001). Students perceived the professor as having a higher status (i.e., higher salary, more likely to have tenure) when addressed by title rather than by first name. However, the title was associated with perceiving the female professor as less accessible to students and the male professor as more accessible to students. Thus, female professors may have to choose between status and accessibility.

Nonverbal Behavior

Henley (1977) was one of the first to argue that differences in nonverbal behavior imply power or status. She argued that the greater social sensitivity of women was due to their low status. She suggested that women would have better decoding skills than men and engage in some nonverbal behaviors more frequently than men (e.g., smiling) because women are in a lower-status position in society. It is important for low-status people to monitor the environment because other people have influence over them.

Status theory has been tested as an explanation of women's greater interpersonal sensitivity compared to men. One study randomly assigned college students to a high-status (leader) or a low-status (leader's assistant) position in same-sex dyads and found that high-status people were more accurate in guessing their partner's feelings than low-status people (Mast, Jonas, & Hall, 2009). This is exactly the opposite of what would be predicted by status theory. Because women are of a lower status than men and women are typically better at decoding than men, the findings from this study cannot explain why women would be better at decoding.

Status clearly cannot account for the sex difference in smiling (Hall, Horgan, & Carter, 2002). In experimental studies where status is manipulated, there is no effect of status manipulations or people's perceptions of status on smiling. Interestingly, people have stereotypes that low-status people smile more than high-status people, but this stereotype has not been confirmed by the data. Hecht and LaFrance (1998) assigned undergraduates to interact in dyads in which members were either equal or unequal in power. The status of the person did not predict smiling. There was more total smiling in the equal power condition than in the unequal power condition, probably because people felt more smiling than males, but only in the equal power condition. Status was related to

the *freedom to smile* rather than the tendency to smile, meaning that the high-status person could smile whenever he or she was in a good mood but the low-status person could not. The investigators suggested that people in positions of low power have constraints imposed on them in terms of how they behave; they are not as free as those in higher-power positions to express their feelings.

The relation of status to touch is not clear, partly because there are different kinds of touch. In an observational study of people at an academic conference, high-status people (measured by number of publications and job rank) were observed to engage in more affectionate touching, such as touching an arm or shoulder, whereas low-status people were more likely to engage in formal touching, such as a handshake (Hall, 1996). Hall concluded that high- and low-status persons may be equally likely to engage in touching, but that they initiate touch for different reasons: High-status people may touch to display their power, whereas low-status people may touch to gain power.

From these and other studies, there is growing evidence that status cannot account for sex differences in nonverbal behavior. A meta-analytic review of the literature examined whether status was related to perceptions of nonverbal behavior as well as to actual nonverbal behavior (Hall, Coats, & LeBeau, 2005). Status was described as the "vertical dimension of relationships" and included power, dominance, and hierarchy. Although people perceived a relation between the vertical dimension of relationships and less smiling, more gazing, more touch, more interruptions, less interpersonal distance, and more expressive faces, in actuality there was little relation between the vertical dimension of relationships and nonverbal behavior.

Take Home Points

- Status theory suggests that sex differences in communication are due to the status differences between men and women.
- The best tests of this theory have been laboratory studies in which women and men are randomly assigned to high- and low-status positions.
- Status theory may account for some sex differences in interaction styles and some aspects of language.
- Status theory does not seem to be a good explanation for sex differences in nonverbal behavior.

Social Role Theory

Social role theory suggests that our expectations about female and male behavior stem from our stereotypes about the different social roles women and men hold in society. Women are more likely than men to hold domestic roles, for example. Even within the work setting, men and women are likely to hold different roles; for example, men are more likely to be the leaders and the supervisors, whereas women are more likely to be the subordinates. Gender role is an important social role that men and women hold, leading men to behave in agentic or instrumental ways and women to behave in communal or relationship-maintaining ways. To the extent that other roles become more salient than gender roles, people's behavior will be more influenced by other roles than gender roles.

Interaction Styles

Parsons and Bales (1955) applied social role theory to sex differences in interaction style. They first observed that small group interactions were characterized by two forms of group behavior: task behavior and social behavior. They argued that both kinds of behavior were important to the viability of the group, but that the two were incompatible. In other words, different people were needed to serve the two distinct functions. This idea was confirmed by Bales and Slater (1955), who observed that the best-liked person in the group was not the person considered to have the best ideas. The person with the best ideas gave suggestions and opinions: task-oriented behavior. The person who was best liked made statements indicating group solidarity, made statements that relieved group tension, and asked for opinions and suggestions: socioemotional behavior.

Parsons and Bales (1955) suggested that families were small groups, and that husbands and wives held different roles within the family. The father is responsible for task behavior, such as providing for the family, whereas the mother is responsible for socioemotional behavior, such as raising children. Parsons and Bales linked women's and men's traditional family roles to group interactions. They suggested that all groups had two functions: to accomplish the goals of the group and to preserve the group as a unit. They suggested that the first function fit with men's instrumental roles and the second fit with women's socioemotional roles.

Other people have argued more directly that men and women display different interaction styles because of the way they are socialized in our society (Wood & Rhodes, 1992). Females are socialized to be communal, whereas males are socialized to be agentic. A communal person is likely to engage in positive social behavior during group interactions, whereas an agentic person is likely to engage in instrumental social behavior during group interactions.

The study previously described by Carli (1989) supports a social role rather than a status interpretation of interaction styles. Carli found that men displayed the most task behavior and women displayed the most social behavior when men and women were compared in same-sex dyads rather than in mixed-sex dyads. If sex differences in interaction style were due to status, we would find larger differences in interaction styles in mixed-sex or unequal status dyads as opposed to same-sex dyads.

Language

The differences in the language that men and women use may be considered to reflect different emphases on relationships. Women are said to talk in ways that maintain relationships; they encourage others to communicate by asking questions and making responses that encourage conversation. Men's language is less facilitative of relationships. Men interrupt others, challenge others, disagree, ignore others' comments by delayed use of the minimal response or giving no response, and make declarations of fact and opinion.

However, research has shown that it is not clear whether women's language is related to their lower status or to their gender role's greater emphasis on relationships. Some aspects of women's language are related to status and some are related to relationship maintenance. For example, hedges and disclaimers may reflect women's lower status compared to that of men, but intensifiers and verbal reinforcers may reflect women's socioemotional orientation. These ideas were examined in a study of same-sex and mixed-sex dyads' discussions of a topic on which the partners disagreed (Carli, 1990). Women used more disclaimers and hedges in mixed-sex than in same-sex dyads, which suggests that status played a role in the behavior. However, women used more intensifiers and verbal reinforcers compared to men in same-sex dyads, which is the kind of language that serves to maintain relationships.

Nonverbal Behavior

Many of the nonverbal behaviors in which women engage can be viewed as behaviors that promote and foster good relationships. Smiling at others, gazing at others, and standing close to others can all be viewed as affiliative behavior. A study of social interactions among groups of college students showed that smiling was unrelated to each person's status in the group but was related to the likability of group members (Cashdan, 1998).

Emotion

Dominance and affiliation have been shown to account for sex differences in displays of emotion. Specifically, males' greater displays of anger relative to females' have been linked to dominance, and females' greater displays of happiness relative to males' have been linked to affiliation (Hess, Adams, & Kleck, 2005). When dominance was manipulated in one of the studies, both high-dominant females and males reacted with anger to a vignette describing the destruction of someone's personal property. However, low-dominant men and women reacted differently—and in accord with gender-role stereotypes—women with sadness and men with anger.

Take Home Points

- Social role theory states that the differences in men's and women's communication styles have to do with the different social roles men and women hold in our society, the male role being agentic and the female role being communal.
- Men's task behavior and women's positive social behavior fit their social roles.
- Some aspects of language fit men's goal of gaining control over the interaction (e.g., directives), and some aspects fit women's goal of encouraging communication (e.g., emotion language).
- Social role theory is most helpful in explaining sex differences in nonverbal behavior. Women's smiling, touching (in some contexts), decoding ability, and expressions of emotions are all aimed at fostering relationships.
- Sex differences in emotion can be explained in part by social roles and in part by status.

Summary

Boys and girls clearly have different styles of interacting with one another. Boys play in groups that are loud, boisterous, and hierarchical, whereas girls play in dyads that are quiet, conversational, and egalitarian. A strong preference to play with same-sex peers likely exacerbates the difference in play styles. The source of the different styles is not clear. The distinct play styles map onto the differences in adult interaction styles. In general, studies of small groups show that women are more socioemotional and men are more task oriented. However, these findings are qualified by a number of variables: the nature of the task, the sex of the interaction partner, and the length of the interaction. Sex differences are strongest for gender-typed tasks, for interactions with same-sex people, and when interactions are brief.

Women and men differ in their use of some features of language. Men's language is more instrumental, succinct, and directive, whereas women's language is more affective, elaborative, and indirect. Women's language has been described as promoting relationships but also as being unassertive. Sex differences in language are influenced by the sex and race of the interaction partner, the length of the interaction, and the gender salience of the situation. Sex differences in language are most apparent in same-sex interactions.

There are a number of sex differences in nonverbal behavior: Women smile more, gaze more, are better at conveying emotion, and are better at decoding others' emotions compared to men. Sex differences in touch are more complicated. Among children, touch is more frequent among same-sex peers than cross-sex peers. Among adults, touch is more frequent among cross-sex dyads than same-sex dyads. Within adult cross-sex dyads, touch is determined by relationship status: Men initiate touch during the early stages of a relationship, and women initiate touch during the later stages. In general, sex differences in nonverbal behavior are more frequently observed among same-sex dyads than cross-sex dyads.

Research on social influence generally shows that men are more influential and more likely to emerge as leaders than women—particularly in the absence of any other information about the leader. Women are more easily influenced than men, largely because people are nicer and more agreeable to women. Agreement leads to influence, but disagreement does not. Despite the fact that men are more likely than women to be leaders, women are more likely than men to use the transformational style of leadership, which has been determined to be the most effective style.

Women who adopt agentic styles of leadership are viewed negatively. This bias stems in part from the inference that agentic women lack communal characteristics. Women are more influential and viewed more positively as leaders when they are perceived to have both agentic and communal qualities. Groups that are led by women may suffer relative to groups led by men because group members are not able to take advantage of female leaders' expertise.

In general, men and women seem to experience emotion similarly, although women are more emotionally expressive than men. Sex differences in emotional expression depend on the specific emotion: Women are more likely to express sadness, love, and fear, whereas men are more likely to express anger and pride. In terms of physiological reactivity, either men are more reactive than women or there is no sex difference in physiological reactivity to emotion. People attribute women's emotional states to internal causes and men's emotional states to external factors.

There are two primary explanations for sex differences in communication: status and social role. According to status theory, men's communication is a function of their higher status, and women's communication is a function of their lower status. According to social role theory, men's communication is a function of their agentic orientation, and women's communication is a function of their communal orientation. Status theory accounts for some sex differences in interaction style, both status theory and social role theory accounts for some sex differences in language, and social role theory accounts for some sex differences in language, and social role theory accounts for some sex differences in language.

Discussion Questions

- 1. Compare laboratory and field research on sex differences in communication. In which areas of communication do you expect laboratory research and field research to come to different conclusions?
- 2. Discuss girls' and boys' different play styles and explanations of their origins.
- 3. From what you have learned in this chapter, in what ways do you expect girls' and boys' online behavior to be similar? To be different?
- 4. What are some of the factors that affect men's and women's interaction styles?
- 5. What are some of the moderator variables of sex comparisons in language?
- 6. Which sex differences in language and nonverbal behavior are best explained by status theory, and which are best explained by social role theory?
- 7. Imagine you are studying patient-physician communication. What other variables would be important to know besides the sex of the participants?
- 8. Why are women more easily influenced than men? Is this an advantage or a disadvantage for women?
- 9. What is the best leadership style for women to adopt? Under what circumstances?
- 10. How would you determine whether men or women are more emotional?
- 11. What are the implications of the different attributions people make for women's and men's emotions?

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Key Terms

Egoistic dominance—Interaction style characterized by verbal aggression that intends to demonstrate superiority over other participants in the interaction.

Expectations states theory—States that group members form expectations about their own and others' abilities, which influence the nature of interactions.

Minimal response—Response that encourages the speaker to continue, such as "uh-huh" or "okay."

Negative social behavior—Behavior during group interaction that could harm a relationship, such as disagreement and provoking conflict.

Patient-centered communication—A style of communication that physicians exhibit characterized by empathy, listening, making partnership statements, and a focus on prevention.

Positive social behavior—Social behaviors engaged in during group interactions that are intended to maintain group harmony.

Prosocial dominance—Interaction style characterized by providing instruction or assistance that intends to foster connection between those involved in the interaction.

Role congruity hypothesis—The idea that people are penalized for behaving in ways that are incongruent with gender roles.

Task behavior—Social behavior, such as asking questions and offering suggestions, that is directed toward achieving a specific goal.

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Chapter 8

Friendship

Batman and Robin, Sherlock Holmes and Watson, Tom Sawyer and Huckleberry Finn, Butch Cassidy and the Sundance Kid, the Lone Ranger and Tonto. Who symbolizes friendship to you? What are some famous pairs of friends? What do all these pairs of friends have in common? They are men. When I asked some students if they could think of a famous pair of female friends, the best anyone could come up with was Laverne and Shirley. Does the bond between two men epitomize friendship? As you will see in this chapter, it depends on what constitutes friendship.

Much of this chapter focuses on friendships between women and friendships between men, or same-sex friends. Although romantic partners can certainly be friends (in fact, I hope they are!), studies on friendship typically focus on platonic, nonromantic relationships. Platonic friendship does exist between men and women; these relationships are referred to as cross-sex friendship. One arena in which cross-sex friendships are likely to form is in the workplace. Because women are increasingly working outside the home and are more likely to work in jobs once held exclusively by men, women and men are more likely to come into contact with one another at work. In this chapter, I examine a variety of friendships—same-sex friendship, cross-sex friendship, cross-race friendship, GLBT friendship, and friendship at work.

There are at least two levels of analysis to the study of gender and friendship (Wright, 2006). First, there is the **dispositional level of analysis**, which emphasizes the characteristics of the person as a determinant of friendship. What characteristics of a person predict friendship? One attribute of a person is his or her sex; another is his or her gender role. An example of a dispositional analysis is the research showing that women's relationships are more intimate than those of men because women are more likely than men to self-disclose. This analysis focuses on a characteristic of women as a determinant of friendship closeness: their tendency to self-disclose. There is also a structural level of analysis that emphasizes the different positions of women and men in society. One position or role in society that men traditionally have held more than women is the paid employee role. An example of a structural level of analysis is the research showing that men have more cross-sex friendships than women because men are more likely than women to work outside the home. The structural level of analysis also calls attention to the impact of situational variables on gender and friendship.

In reviewing research on friendship, I begin with an examination of the quantity of friendships and then describe in more detail the quality of friendship. *Quantity* refers to the number of friends or the size of the network. *Quality* refers to the nature of the friendship. Is it close? Is it intimate? What functions does the friendship serve? I discuss specific aspects of friendship such as intimacy, self-disclosure, and conflict. After reviewing the different kinds of friendship, I conclude by using the structural level of analysis to describe how friendship changes across the life span.

Network Size

Most studies show that boys and girls have a similar number of friends (Baines & Blatchford, 2009). However, boys may have larger social networks compared to girls due to the structural differences in boys' play versus girls' play described in the previous chapter. Girls are more likely to interact in dyads (Figure 8.1) and to spend time talking to one another, whereas boys are more likely to spend time in large groups that are focused on some activity. In an observational study of play among 7- and 8-year-olds, boys' social networks (defined as children who were seen frequently playing together) were nearly twice the size of that of girls', largely because boys were more likely than girls to be playing team games (Baines & Blatchford, 2009). In addition, girls' primary social network consisted of friends, whereas boys' primary social network consisted of both friends and nonfriends. This difference may contribute to the greater intimacy that characterizes girls' friendships discussed later in this chapter.



Figure 8.1 Female friendship is more likely to be dyadic and to focus on self-disclosure.

Among adults, some studies show that women have more friends, some studies show that men have more friends, and other studies show no sex difference in number of friends (Wright, 1999). One reason that it is difficult to determine if there are sex differences in the size of friendship networks is that the *concept* of friend may differ for

women and men. Now, we discuss the nature of women's and men's friendship.

Take Home Points

- It may appear that boys have more friends than girls because boys play in larger groups than girls.
- It is unlikely that network size differs vastly between girls and boys or between women and men.

The Nature of Friendship

Friendship is an area of research where the differences between females and males are overemphasized compared to the similarities. There are numerous ways in which men's and women's friendships are quite similar. Yet it is true that women's friendships are closer than those of men, and friendships with women are closer than friendships with men. There are some differences in the nature of men's and women's friendship that may explain these sex differences. First, I review the similarities and then I turn to the differences.

Sex Similarities

There are many similarities between women's and men's friendships. In general, women and men are looking for the same qualities in a friend. Both men and women want a friend who is trustworthy, a source of support, and a source of fun and relaxation (Fehr, 2000). When allocating a fixed budget to specific friendship qualities, both men and women allocated the most money (and a similar amount of money) to the personality characteristics of agreeableness and dependability in a friend (Lewis et al., 2011). Men and women are equally likely to perceive themselves as similar to their friends (Linden-Andersen, Markiewicz, & Doyle, 2009). Despite the fact that women engage in more selfdisclosure with friends compared to men (a sex difference that will be discussed in more depth in a few pages), both women and men spend a substantial amount of time in casual conversation with their friends (Wright, 2006).

Women and men may differ in how important they perceive a feature of a friendship to be, but they often agree on which attributes of a relationship are more or less important. One study asked men and women to rate the importance of affective skills (comforting one another, making a person feel good about himself or herself) and instrumental skills (entertaining one another, casual conversations, conveying information) for a high-quality same-sex friendship (Burleson, Kunkel, Samter, & Werking, 1996). Women rated the affective aspects as more important than men did, and men rated the instrumental aspects as more important than women did. However, *both* men and women agreed that the affective aspects of friendship were more important than the instrumental aspects of friendship. Other research shows that the same features of friendship are associated with satisfaction for women and men. For example, perceived similarity, intimacy, and support are equally related to friendship satisfaction for females and males (Bank & Hansford, 2000; Linden-Andersen et al., 2009).

Egalitarianism is an important feature of friendship for both men and women. Friendship by definition implies equal status. It stands to reason that people would find friendships more satisfying when they are of equal rather than unequal status. Female and male college students perceive an egalitarian friendship more favorably than a friendship in which the power distribution is unequal (Veniegas & Peplau, 1997).

Sex Differences

One theme that underscores the ways in which male and female friendship differ has to do with the instrumental versus expressive distinction or the agentic versus communal distinction. During childhood, female and male friendship becomes increasingly distinct along the lines of these dimensions. Boys view friendship as instrumental: A friend is someone with whom you do things. Girls view friendship as more communal: A friend is someone with whom you connect. By adolescence, girls spend time talking with their friends, and boys spend time sharing activities with their friends (McNelles & Connolly, 1999).

The female emphasis on self-disclosure and the male emphasis on shared activities persist in adulthood. Studies of college students show that females find more intimacy in their friendships compared to males, whereas males find more companionship in their friendships compared to females (Singleton & Vacca, 2007). In a study of college students from the United States and Russia (Sheets & Lugar, 2005), females shared more personal information with friends compared to males, and males shared more activities with friends compared to females, as shown in Figure 8.2. In addition, college students from the United States shared more intimate information with their friends compared to Russian students, and Russian students shared more activities with friends compared to shared more intimate information with their friends compared to Russian students.



college students. Females shared more personal information than males, and males shared more activities with friends than females.

Source: Adapted from Sheets and Lugar (2005)

The research is clear in indicating that women's friendships are more communal than those of men, largely due to the emphasis on self-disclosure. However, the sex difference in agency or instrumentality has been more heavily debated (Wright, 2006). The issue may not be whether one sex engages in more shared activities than the other sex but whether the nature of the shared activities varies for females and males. Some shared activities may be considered more intimate than others. For example, going to a movie may be considered to be a less intimate activity than going out to dinner because there is more opportunity for self-disclosure in the latter than the former activity. It also is the case that people can perform the same activity differently. For example, I play racquetball once a week with a very good friend. This may not sound like an intimate shared activity. However, we play racquetball for 45 of the 60 minutes and talk about family, friends, and politics in between games while we are catching our breath—not to mention the time we spend walking over to and from the court. There are a lot of activities—golf, biking, hiking—that may or may not include more intimate exchanges.

Evidence that sex differences are larger for the communal than the agentic aspects of friendship comes from a meta-analysis of friendship expectations. Across 36 studies that examined desired attributes in a friend, the meta-analysis revealed an overall sex difference (d = -.17), suggesting that females had higher expectations of a friend compared to males (Hall, 2011). When specific attributes were examined, however, there was a small sex difference for reciprocity (trust, loyalty; d = -.17) and a larger sex difference for communion (intimacy, self-disclosure; d = -.39) but no sex difference for solidarity, which consisted of shared activities and companionship (d = -.03). There also was a sex difference in physical fitness and status attributes (education, wealth), in the direction of these characteristics being valued more by males than females (d = +.34). Interestingly, none of these sex differences were moderated by race or ethnicity, meaning that the sex differences described above generalized across race and ethnicity.

The communal/agentic distinction in the nature of female and male friendship also has been linked to potential differences in the way females and males provide support. A popular book by Deborah Tannen (1990), titled You Just Don't Understand: Women and Men in Conversation, argues that women are more likely to respond to others' problems by offering sympathy and men are more likely to respond to others' problems by offering advice. The evidence behind Tannen's (1990) thinking is modest. A study that asked men and women how they would respond to a series of hypothetical problems found that men were more likely than women to change the subject, and women were more likely than men to express sympathy (Basow & Rubenfeld, 2003). However, the similarities in how women and men responded vastly outweighed these differences. As shown in Figure 8.3, there were no sex differences in offering advice, sharing similar experiences, or trying to cheer up one another. Even more important, the relative ranking of responses is the same for women and men. Both women and men are much more likely to offer sympathy than joke around or change the subject. In another study, adult women and men were asked what they would say in response to a series of hypothetical same-sex friend problems, and responses were coded into different categories (MacGeorge, Graves, Feng, Gillihan, & Burleson, 2004). Similar proportions of women's and men's responses were coded as sympathy, sharing a similar problem, asking questions, or minimization, but proportionally more of men's responses could be classified as advice compared to women. Finally, an observational study among seventhand eighth-graders discussing a problem with a same-sex friend showed that girls' and boys' responses were equally supportive in terms of validation, and that girls were more likely than boys to respond in a dismissive manner (criticize, minimize the problem; Legerski, Biggs, Greenhoot, & Sampilo, 2015). Again, the similarities in support provision greatly outweighed the differences.



Figure 8.3 Men's and women's responses to a friend's problems in the Basow & Rubenfeld 2003 study.

All three of these studies are based on self-report, which means that they may suffer from demand characteristics. Women and men may be reporting how they think they are supposed to respond according to gender-role stereotypes. Observational studies in which women and men respond to problems in the laboratory address this issue. These studies have shown some sex differences and some sex similarities. There appear to be no sex differences in the provision of advice, modest support for the idea that women provide more emotional support than men, and clear evidence that the sex of the target influences negative responses (Fritz, Nagurney, & Helgeson, 2003; Pasch, Bradbury, & Davila, 1997). Both men and women are more likely to respond negatively to men compared to women sharing a problem. Hmmm ... one wonders if this has something to do with men's lack of self-disclosure.

Much of the research on the nature of friendship in the United States has focused on White middle-class children, college students, and adults. This is problematic as there is some evidence that sex differences in self-disclosure and shared activities are larger among White persons than people of other races and ethnicities (Way, Becker, & Greene, 2006).

Take Home Points

- Both men and women want the same things from friendship and view self-disclosure, empathy, trust, and expressions of support as the most important features of a friendship.
- Both women and men engage in casual conversation with friends, view egalitarianism and similarity as central to friendship, and believe fun and relaxation are important aspects of friendship.
- The agency/communion distinction best captures the ways in which men's and women's same-sex friendships differ. Women's friendships are more emotionally based, and men's friendships are more activity based. That is, conversation is the focus of women's interactions, and an activity is the focus of men's interactions. This difference first appears during childhood and persists through adolescence and adulthood.
- The sex difference in communality of friendship is stronger than the sex difference in agency. Men and women may be equally likely to engage in shared activities with friends but could do so in a different way such that shared activities are more intimate for women than for men.
- Although some of these findings generalize to different cultures, there are ethnic differences in friendship within the United States. The female emphasis on self-disclosure and the male lack of self-disclosure are more characteristic of White people's friendships than the friendships of other ethnic groups.

Closeness of Friendship

At one time, men's friendships were regarded as stronger than women's friendships. In 1969, Lionel Tiger maintained that men were biologically predisposed to develop superior friendships compared to women. Tiger suggested the male-male bond was as important to the survival of the species as the male-female bond was for reproduction. Men depended on other men for defense of their territory, for gathering food, and for maintaining social order in the community. These ideas may be why friendships that have been depicted in the media (identified at the beginning of this chapter) involve men.

Scientific research, however, has largely concluded that female friendships are closer than those of males. Starting in middle school, girls begin to report that their friendships are closer and more satisfying than boys do (Bauminger, Finzi-Dottan, Chason, & Har-Even, 2008; Linden-Andersen et al., 2009; Swenson & Rose, 2009). Girls report greater validation, support, security, caring, and self-disclosure in same-sex friendships compared to boys. In a study of adolescents in the Netherlands, Turkey, and Morocco, girls placed more trust in their friends compared to boys (Wissink, Dekovic, & Meijer, 2009). Women report greater nurturance, affection, intimacy, and support from friends than men (Barry, Madsen, Nelson, Carroll, & Badger, 2009). Women even receive more supportive comments from friends on their personal webpages compared to men (Mikami, Szwedo, Allen, Evans, & Hare, 2010).

Most of these studies arrive at these conclusions via self-report surveys. A more novel way of understanding friendship is through a method referred to as ecological momentary assessment or EMA. With EMA, people are asked to report on their friendship at specified intervals throughout the day or are prompted periodically throughout the day to report on their friendship. This method has the advantage of tapping what people are thinking or feeling in "real time" as opposed to recalling how they were thinking or feeling over some time interval. In one of the first versions of this method, researchers from the University of Rochester developed the Rochester Interaction Record (RIR) to describe the nature of social interactions on a day-to-day or moment-to-moment basis (Wheeler, Reis, & Nezlek, 1983). Participants completed an RIR for every 10-minute interaction they had over the course of a day. This may seem quite cumbersome, but many of our daily interactions are much briefer, lasting only a minute or two. In these kinds of studies, people typically report about seven or eight 10-minute interactions during an average day. The RIR, shown in Figure 8.4, contains questions about who was involved in the interaction as well as rating scales of the quality of the interaction. Although the RIR was initially administered via paper, today similar types of instruments have been developed for electronic devices.

LONELINESS

Date	Time AM PM	Length Hrs Mins	
Initials If More Than 3 Others:			
Sex	# Of Females	# Of Males	
Intimacy:	Superficial	1 2 3 4 5 6 7 Meaningful	
I Disclosed:	Very Little	1 2 3 4 5 6 7 A Great Deal	
Other Disclosed:	Very Little	1 2 3 4 5 6 7 A Great Deal	
Quality:	Unpleasant	1 2 3 4 5 6 7 Pleasant	
Satisfaction:	Less Than Expected	1 2 3 4 5 6 7 More Than Expected	
Initiation:	I Initiated	1 2 3 4 5 6 7 Other Initiated	
Influence:	I Influenced More	1 2 3 4 5 6 7 Other Influenced Mor	re
Nature: Wor	k Task Past	time Conversation Date	

Figure 8.4 Rochester Interaction Record.

Source: Wheeler, L., Reis, H., & Nezlek, J. (1983). Loneliness, social interaction, and sex roles. Journal of Personality and Social Psychology, 45, 943–953.

In a now classic study, college students completed the RIR for every 10-minute interaction they had every day for 2 consecutive weeks (Wheeler et al., 1983). As shown in Figure 8.5, researchers found a consistent sex difference in the meaningfulness of interactions, measured as the average of each interaction's intimacy, self-disclosure, other disclosure, pleasantness, and satisfaction (i.e., the first five ratings scales shown in Figure 8.4). Men's same-sex interactions were significantly less meaningful than women's, even when interactions with a best friend were examined. All interactions involving at least one female (female-female, male-female) were equally meaningful and were more meaningful than those involving only males. This exact finding was replicated 2 years later (Reis, Senchak, & Solomon, 1985). These studies showed that friendship closeness is due not only to a dispositional variable, sex of the person, but also to a structural difference, the sex of the friend with whom one is interacting. Men do not always display less intimacy than women in their interactions with friends. In fact, when men's interactions involve a woman, they can be just as intimate as women's interactions.

In response to these findings, researchers wondered if men's same-sex friendships lacked intimacy because men were not *capable* of intimacy or because men preferred not to behave in intimate ways (Reis et al., 1985). To answer this question, students and their best same-sex friends were asked to engage spontaneously in a conversation about something that was important to them. A female graduate student rated videotapes of

these interactions and found that men's interactions were as intimate as those of women, as demonstrated by similar levels of self-disclosure. However, a panel of undergraduates found that males discussed less intimate topics than females did. The authors concluded that women and men are equally capable of intimacy, but men *prefer* not to behave as intimately as women.



Figure 8.5 Meaningfulness of interactions with men and women. A daily diary study showed that men's interactions with men were rated as less meaningful than men's interactions with women or women's interactions with men or women.

Source: Adapted from Wheeler et al. (1983)

One problem with the conclusion that women's relationships are closer than those of men in the United States has to do with the way that closeness or intimacy is measured. Intimacy is often measured by self-disclosure, and women self-disclose more than men. Some researchers have suggested that self-disclosure is a "feminine" definition of intimacy and that women and men may define intimacy differently. One group of researchers addressed this issue by asking seventh- and eighth-graders as well as college students to describe a time in which they felt close to someone (Radmacher & Azmitia, 2006). A content analysis of these descriptions revealed more similarities than differences between women's and men's conceptions of closeness. Males and females were equally likely to mention expressive avenues to intimacy, such as self-disclosure, and instrumental avenues to intimacy, such as shared activities—among both adolescents and college students. However, when expressive and instrumental pathways were compared, both females and males were more likely to name expressive than instrumental pathways—and there was an increased emphasis on expressive pathways and a decreased emphasis on shared activities with age. Thus, the authors concluded that intimacy is best conceptualized in terms of expressive pathways, such as self-disclosure, and that the pathway to intimacy for females and males converges between adolescence and adulthood. These findings are consistent with a study of college students and community residents that showed both men and women identified intimate interactions as containing more self-disclosure and emotional support than shared activities and practical support (Fehr, 2004). Thus, it appears that women and men conceptualize intimacy in similar ways.



Figure 8.6 Self-disclosure is the most important determinant of intimacy for women and men. However, men's definition of intimacy also includes shared activities.

Even though men and women construe intimacy in similar terms, the pathway by which intimacy is achieved in friendship could differ. A study of adolescents and a study of college students both concluded that self-disclosure leads to intimacy for females and males but that shared activities is a second pathway by which intimacy can be achieved in males (see Figure 8.6). A study of eighth-graders showed that showed self-disclosure and shared activities predicted closeness to friends for boys, but only self-disclosure predicted closeness to friends for girls (Camarena, Sarigiani, & Petersen, 1990). The study of college students showed that self-disclosure predicted relationship closeness for both women and men, but shared activities also predicted relationship closeness for men (Radmacher & Azmitia, 2006).

To conclude, men and women have different experiences of intimacy (women's being more affective and men's being more instrumental), but the two sexes seem to agree on the definition of intimacy. Self-disclosure is an important, if not the most important, feature of intimacy for both men and women, but men are more likely than women to incorporate shared experiences into their conceptualizations of intimacy. Studies of intimacy have neglected the fact that we can be engaged in self-disclosure and shared activities simultaneously. When two men are fixing a car and talking about problems with girlfriends, is this a shared activity or self-disclosure? According to Reis and Shaver (1988), intimacy involves revealing one's innermost self, which can be accomplished via self-disclosure or shared activities. Intimacy is not a static state but a process. This means that self-disclosure alone is not sufficient to establish intimacy. The partner's response to the self-disclosure is just as important as the self-disclosure itself to the intimacy of an interaction. Reis and Shaver suggest that intimate interactions are ones that lead to feeling understood, validated, and cared for. Both self-disclosure and shared activities could accomplish this.

Take Home Points

- Females have closer same-sex friendships than males.
- The lack of closeness in male same-sex friendships is not due to men being incapable of intimacy; instead, men prefer not to behave intimately with their same-sex friends.
- Women and men define intimacy in similar terms, the most important component of which is selfdisclosure. For men, intimacy also may include shared activities.
Self-Disclosure

The primary reason that women's friendships are viewed as closer than men's friendships is because women self-disclose more than men. Let's take a more in-depth look at the literature on self-disclosure. Do women self-disclose more than men about everything? To whom do people self-disclose—women or men? Are there any situational factors that influence self-disclosure?

Dindia and Allen (1992) conducted a meta-analysis on sex differences in selfdisclosure. They found a small effect (d = -.18) indicating that women self-disclose more than men. The size of the sex difference was similar across self-report (d = -.17) and observational (d = -.22) studies. The sex difference in self-disclosure appears to emerge during adolescence, when the rate of self-disclosure increases much more in girls than boys (Rose & Rudolph, 2006; Valkenburg, Sumter, & Peter, 2011). The sex difference in self-disclosure appears to be larger in the context of close relationships than among acquaintances or strangers (Consedine, Sabag-Cohen, & Krivoshekova, 2007; Derlega, Winstead, & Greene, 2008). Sex differences in self-disclosure may be more apparent when the nature of the topic is examined. Several studies show that women are more likely than men to self-disclose about personal issues, such as relationship problems or areas of personal weakness. Women also are more likely than men to engage in a form of self-disclosure referred to as **co-rumination**, discussed in <u>Sidebar 8.1</u>.

***** Sidebar 8.1

Co-Rumination—Good for Relationships but Bad for Health

There is a form of self-disclosure with friends that is referred to as co-rumination (Rose, 2002): repeatedly discussing problems, including the causes, the consequences, and negative feelings, with a friend. Females generally engage in higher levels of co-rumination than males. However, one study compared co-rumination with same-sex friends to co-rumination with a confidant (Barstead, Bouchard, & Shih, 2013), and found that women engage in greater co-rumination than men to same-sex friends but there were no sex differences in co-rumination with confidants. The latter finding was due to the fact that men engage in greater co-rumination with a confidant is female. Thus, females are more likely than males to be involved in co-rumination.

Although co-rumination is linked to higher friendship quality, it is also linked to psychological distress. The question is: Does co-rumination lead to distress, or are people who are distressed more likely to engage in co-rumination? Two longitudinal studies of adolescents showed that co-rumination predicted an increase in depressive symptoms and depressive episodes over time (Hankin, Stone, & Wright, 2010; Stone, Hankin, Gibb, & Abela, 2011). One of these studies also showed that depressive symptoms predict an increase in co-rumination (Hankin et al., 2010). Thus, the relation is reciprocal and also cyclical, meaning that the circular relation has a cumulative effect. Co-rumination increases depression, which then further increases co-rumination. These findings held for both females and males. It is disturbing that this form of self-disclosure that appears to be connected to relationships has adverse effects on psychological well-being.

When we say that females self-disclose more than males, we are typically considering same-sex friendships. Who is more likely to be on the receiving end of self-disclosure? Dindia and Allen's (1992) meta-analytic review showed two target effects. One indicated that people are more likely to self-disclose to women than to men. The other effect showed that people are more likely to self-disclose to the same sex than to the other sex. Thus, predictions for women are clear. Women are more likely to disclose to a woman than a man because a female target meets both of the above conditions. For men, the prediction is less clear. Do men disclose to women or to the same sex? There may be some topics that men discuss with men and others that men discuss with women. Explore this issue with <u>Do Gender 8.1</u>.



What Do Men and Women Tell Each Other?

Come up with a list of topics. Ask a group of men and women to report how frequently they discuss each topic with their same-sex friends and cross-sex friends. You could have them pick their best same-sex friend and best cross-sex friend. You could also compare heterosexual and homosexual participants. Divide the topics into two groups: more intimate and less intimate. Are there differences due to sex of participant? Sexual orientation of participant? Target sex? Topic? Or, are differences linked to some combination of these variables?

Another moderator of sex differences in disclosure could be the forum for disclosure. As we saw in <u>Chapter 7</u>, communication is taking place increasingly online—especially among younger people. A study of disclosure via Facebook showed that adult women and men disclosed a similar amount of personal information (Nosko, Wood, & Molema, 2010). Perhaps men feel more comfortable disclosing online without the pressure of face-to-face interaction. There is some evidence among children and adolescents that boys might especially benefit from online communication in terms of self-disclosure. With online communication, concerns about self-presentation are reduced, which may be especially beneficial for boys who are worried that self-disclosure undermines masculinity.

Has the availability of online communication influenced the frequency of in-person or "offline" self-disclosure? One study examined this issue among a group of Dutch children ages 10–17 over the course of a year (Valkenburg et al., 2011). The investigators had three hypotheses:

- (1) "rich get richer" hypothesis—This hypothesis suggested that online media is just another forum for self-disclosure so that people who disclose a lot offline will subsequently disclose more online.
- (2) "displacement" hypothesis—This hypothesis suggested that online selfdisclosure would occur at the expense of offline self-disclosure, implying that online self-disclosure would lead to a decline in offline self-disclosure over time.
- (3) "rehearsal" hypothesis—This hypothesis suggested that people self-disclose online as a way of practicing or rehearsing self-disclosure, meaning that online self-disclosure would lead to an increase in offline self-disclosure.



Figure 8.7 Females disclose more than males but the sex difference is larger for offline than online communication. *Source:* Adapted from Valkenburg et al. (2011)

First, the investigators found that females self-disclosed more than males, regardless of the communication medium. Second, the investigators found that offline self-disclosure was more frequent than online self-disclosure. The third finding was that the sex difference in self-disclosure was much larger for offline communication than online communication (see Figure 8.7). They also found that there was a small group of adolescents who disclosed more online than offline and they were much more likely to be male.

In terms of the trajectories of online and offline communication over the year, the most support was found for the "rehearsal hypothesis," as online self-disclosure predicted increases in offline self-disclosure over the course of the year. This trajectory especially characterized boys. There also was some modest support for the "rich get richer hypothesis," as offline self-disclosure predicted an increase in online self-disclosure. There was no support for displacement.

There is some evidence that relationships that form via online communication take longer to develop than relationships that form offline via in-person communication. One study had pairs of strangers interact via text, via computer-mediated audio and video, or face-to-face (Sprecher, 2014). Dyads that interacted via text reported less liking and less closeness compared to dyads that interacted face-to-face, with the computer-mediated audio and video groups falling between the two extremes. However, when all dyads had a second face-to-face interaction, the text dyad caught up in terms of closeness and liking.

Take Home Points

- Women engage in more self-disclosure than men.
- Women are especially likely to disclose to women over men. It is unclear whether men disclose more to women or men; it may depend on the topic of disclosure.
- Online communication may facilitate offline self-disclosure; this may especially be the case for men.

Barriers to Closeness in Male Friendship

Why are male same-sex friendships less intimate, less disclosing, and sometimes less satisfying than female same-sex friendships? Research with high school boys has shown that there are several characteristics of upholding masculinity during adolescence that have implications for male friendship (Oransky & Fisher, 2009; Oransky & Marecek, 2009). First, boys' interactions with one another seem to be characterized by teasing, taunting, and mocking. Boys make fun of each other and have to learn to stand up to ridicule. Second, boys' identities and relationships are defined by heterosexism—that is, by *not* being feminine or not being gay. Third, boys are expected to be stoic and to hide their emotions and vulnerabilities. In fact, when boys express emotions, they may be mocked or ridiculed for behaving like girls. Boys will cut off other boys' displays of emotion in order to help them retain their masculinity. And, in general, other boys perceive this as helpful. Let's take a closer look at three barriers to closeness in men's same-sex friendships: competition, homophobia, and emotional inexpressiveness.

Competition

One barrier to male friendship is competition. Men's friendships are more overtly competitive than women's friendships. Competition limits intimacy because it is difficult to be close to someone with whom you are in competition; we would not reveal weaknesses, inadequacies, or difficulties to a competitor. And competition in friendship has been related to less friendship satisfaction for both women and men (Singleton & Vacca, 2007). Competition among men makes them feel threatened by one another's achievements. In general, men are more sensitive than women to status features in relationships. Recall from our earlier discussion that men were more concerned than women with the status characteristics of a friend (Hall, 2011).

Note that I said that male friendships were more *overtly* competitive than female friendships. Competition, however, is not limited to male friendship. Female friendships can be competitive but the competition is not as direct or overt. In a laboratory study in which a confederate behaved poorly, males were more overtly competitive by making negative remarks about the confederate, whereas females displayed more subtle behavior in the form of mean faces and gestures (Underwood & Buhrmester, 2007). The overt expression of competition in relationships is viewed as unfeminine, so women resort to more subtle tactics. A friend of mine told me of an occasion when her aunt was so concerned about being the best-dressed person at a party that she refused to tell her friends what she intended to wear. This is covert competition. My mother was once accused of leaving out a key ingredient of a dessert recipe she passed on to a friend, an example of covert competition. Thus, competition may undermine friendships for both women and men but in different ways. Investigate this issue with Do Gender 8.2.



Female Versus Male Competition

Interview your friends to find out how competition manifests itself in their friendships. Ask for examples of competitive behavior in their friendships with men and their friendships with women. Over what things do people compete: Money? Status? Physical attractiveness? Grades? Romantic partners? Are the behaviors that men identify different from the behaviors that women identify? Are the behaviors that people identify about women different from the behaviors that people identify about men?

Aside from direct versus indirect, there are other distinctions that can be made in regard to competition. Table 8.1 shows three kinds of competition that were investigated among seventh-graders from Canada, Costa Rica, and Cuba (Schneider, Woodburn, del Toro, & Udvari, 2005). Hypercompetition involves an intense desire to win at all costs, without any regard to the effects on the opponent. Nonhostile social comparison occurs when we compare our achievement to that of another, but without anger, hostility, or jealousy. Enjoyment of competition reflects an intense engagement in a competitive activity. Overall, boys' friendships contained more competition than girls' friendships. However, the implications of competition for the friendship depended on the nature of the competition. Hypercompetition was related to more conflict and less closeness in friendships for both girls and boys. Enjoyment of competition was unrelated to friendship closeness but was related to more companionship in boys' friendship. Finally, nonhostile social comparison was related to more friendship closeness for boys but not girls. Thus, the distinctions among the different kinds of competition mattered more for boys' than girls' friendships. There were some kinds of competition that were beneficial to boys' friendships.

Homophobia

Another reason men are uncomfortable with closeness in their same-sex friendships is **homophobia**, defined as the fear of homosexuality or the fear of appearing homosexual. Because men do not want to appear to be homosexual, they limit their physical contact and their emotional closeness with other men, reserving those kinds of contacts for romantic relationships with women. Homophobia has been linked to reduced self-disclosure in friendships with men as well as less close and satisfying friendships with men across the life span (Morman, Schrodt, & Tornes, 2012). Homophobia seems to be tied to men's identities. Men who have higher gender self-esteem, meaning that they are more likely to endorse statements such as "I am proud to be a male," have more negative attitudes toward homosexuals (Falomir-Pichastor & Mugny, 2009). Interestingly, when men are told that homosexuality has a biological basis, homophobia is reduced. In those circumstances, heterosexual men no longer have a need to differentiate themselves from

homosexuals.

Table 8.1	The Nature	of Competition

Hypercompetition	intense desire to win, associated with hostility; disregard for opponent "I get upset when X wins." "Winning makes me feel powerful." comparison of achievement without hostility
Nonhostile social comparison	"I like to play X to see who is better."
Enjoyment of competition	intense involvement in activity
-	"I like to play X for the fun of it."

Emotional Inexpressiveness

A third barrier to closeness in men's same-sex relationships is emotional inexpressiveness. Men tend to express less emotion in relationships compared to women. Inexpressiveness may help to maintain power, but at the expense of closeness. In two longitudinal studies, one in the United States and one in China, middle school boys who endorsed gender-typed behavior that involved keeping feelings inside and not relying on others had lower levels of support from friends 3 years later (Gupta et al., 2013). The relation was stronger in the United States than in China, perhaps because the norm for men to hide emotions is stronger in the United States than China. Men avoid expressing their emotions because doing so would appear feminine. Revealing weaknesses and vulnerabilities is inconsistent with the male role. However, failing to reveal one's emotions and problems makes it difficult for others to provide support when needed. Indeed, restricted emotions have been linked to reduced social support, which has been linked to increased psychological distress (Wester, Christianson, Vogel, & Wei, 2007). One way in which men are able to be expressive in the context of relationships is in the context of masculine behavior, such as shared activities (Radmacher & Azmitia, 2006). Having something to do during the interaction may make men feel more comfortable self-disclosing.

Another reason men may not self-disclose as much as women has to do with society's expectations of men. Men are not viewed as favorably as women when they self-disclose. A meta-analysis of the studies that examined the relation of self-disclosure to liking showed the relation was stronger for female disclosers (d = +.30) than male disclosers (d = +.11; Collins & Miller, 1994). This finding held for both female and male respondents. In other words, both women and men like a man who discloses less than a woman who discloses. This finding reflects the structural level of analysis introduced at

the start of the chapter. That is, the sex difference in self-disclosure is due in part to the situation that men find themselves in—and it is a situation in which others do not respond as favorably to their disclosures. Try <u>Do Gender 8.3</u> to see if men are viewed less favorably than women when they self-disclose.



Do You Want to Be Friends With a Guy Who Discloses a Personal Problem?

Create two vignettes that contain a story about someone disclosing a problem. In one vignette, make the disclosure more personal than the other vignette. Now, vary the sex of the person engaging in self-disclosure across the two vignettes so that you have two versions of each vignette. Randomly assign a group of college students to read one of the vignettes and then answer some questions about how they viewed the person in the story. Did they view female and male disclosures differently in terms of personality traits? In terms of likeability and desirability for friendship? In terms of mental health?

If you want to make the design more complicated, you can also take the opportunity to vary the recipient of disclosure. Are people more accepting of a male who reveals a personal problem to a female than a male?

Take Home Points

- Male friendship is more overtly competitive than female friendship. Competition among females is more likely to be covert.
- There are different kinds of competition, only some of which may be barriers to intimacy among men. Hypercompetitiveness is one such form of competition.
- Males may score higher than females on other kinds of competition, such as competition for social comparison or personal development competition, but these kinds of competition may be beneficial to men's friendships.
- Homophobia limits intimacy among men's same-sex friendships. Men do not want to appear to be homosexual and infer homosexuality from expressions of affection between men.
- Men refrain from expressing emotion in their relationships with other men because expressing emotion is viewed as weakness and as feminine. This lack of emotional expressiveness costs men's social support.
- Another reason that men do not disclose as much as women is because people do not respond as favorably to self-disclosure by men compared to women. If people have negative views of men who disclose their problems, it is not surprising that men are reluctant to ask for help.

Conflict in Friendship

Thus far, I have focused on the positive aspects of friendships. But relationships do not always run smoothly. Do women or men have more conflict in their relationships? It has been suggested that females' friendships are more fragile than those of males. A study of 7- and 8-year-olds showed greater stability among boys' than girls' social networks over the course of a year (Baines & Blatchford, 2009). In studies of college students, females' closest friendship seems to be of shorter duration than males' closest friendship (Benenson & Christakos, 2003; Johnson, 2004). Even among older adults, women are less tolerant than men of friends who betray them, violate their trust, or fail to confide in them (Felmlee & Muraco, 2009). It seems that women have higher expectations of friendship than men.

Relational Aggression

There is a particular type of conflict that has been attributed to female friendship but has been shown to be equally characteristics of female and male friendship—**relational aggression**. Spreading rumors, excluding someone, and threatening not to be someone's friend are examples of relational aggression, also known as *indirect aggression* and *social aggression*. Relational aggression is hurting or threatening to hurt a relationship with another person. Some examples are shown in <u>Table 8.2</u>.

Research initially suggested that relational aggression was the "female" form of aggression, the counterpart to boys' physical aggression. However, a meta-analytic review of the literature showed that the sex difference in relational aggression (in the direction of girls) is very small, suggesting more similarity than difference (d = -.06; Card, Stucky, Sawalani, & Little, 2008). Cross-cultural research supports this conclusion, as a study of nine different countries found sex difference in physical aggression in the direction of boys (d = +.22) but no sex difference in relational aggression (d = .08; Lansford et al., 2012). Age did not moderate these findings, meaning that there was not a particular age group in which girls were substantively more relationally aggressive than boys.

Table 8.2 Relational Aggression Items

- 1. When angry, gives others the "silent treatment."
- 2. When mad, tries to damage others' reputations by passing on negative information.
- 3. When mad, retaliates by excluding others from activities.
- 4. Intentionally ignores others until they agree to do something for him or her.
- 5. Makes it clear to his or her friends that he or she will think less of them unless they do what he or she wants.
- 6. Threatens to share private information with others in order to get them to comply with his or her wishes.

7. When angry with same-sex peer, tries to steal that person's dating partner.

Source: Werner and Crick (1999)

Regardless of the meta-analysis, we associate relational aggression with girls. A study of seventh-graders showed that both girls and boys *thought* girls were more relationally aggressive than boys (Pronk & Zimmer-Gembeck, 2010). One reason that people associate relational aggression with girls is because relational aggression takes place in different contexts for boys and girls. Girls' relational aggression is more likely than boys' relational aggression to take place in the context of close relationships, which may make the aggression more salient (Pronk & Zimmer-Gembeck, 2010). A second reason that people associate relational aggression with girls is because they are making comparisons between kinds of aggression rather than between boys and girls. That is, girls use relational aggression more than physical aggression, and boys use physical aggression more than relational aggression. Within boys, conflict is more likely to be overt; within girls, conflict is more likely to be covert. Finally, relational aggression and physical aggression are positively correlated. The two might be more strongly related among boys than girls.

Not surprisingly, relational aggression is associated with many negative outcomes. Two separate meta-analyses have linked relational aggression to personal difficulties for both girls and boys—both internalizing problems (e.g., depression) and externalizing problems (e.g., acting out, delinquency; Card et al., 2008; Marshall, Arnold, Rolon-Arroyo, & Griffith, 2015). One study showed that relational aggression was linked to depression in girls but increased risk behavior for boys (Spieker et al., 2012), suggesting that relational aggression is tied to different patterns of problem behavior for girls and boys.

Females and males have similar motives for engaging in relational aggression—to gain power, to try to fit in to a group, as a response to jealousy, or in response to some characteristic of the victim, such as lack of confidence (Pronk & Zimmer-Gembeck, 2010). However, the implications of relational aggression for relationships are mixed. A study that focused specifically on gossip, one kind of relationship aggression, showed links to positive friendship quality among boys but not girls (Watson, 2012). The authors suggested that gossip might help to elevate status in relationships, a consideration more relevant to boys. The meta-analysis showed that relational aggression was associated with greater rejection by peers but also with greater prosocial behavior (Card et al., 2008). Card and colleagues suggested that relational aggression requires the use of prosocial skills to gain the support of others.

Relational aggression has been associated with greater popularity among peers (Mayeux, 2014), increases in social prominence over the course of a year (i.e., being viewed as "cool"; Juvonen, Wang, & Espinoza, 2013), and increases in friendship quality 1 year later (Banny Heilbron, Ames, & Prinstein, 2011). Why might this be? There is some suggestion that intimacy contributes to relational aggression—at least among girls. Some forms of relational aggression (e.g., rumors, gossiping) require intimate knowledge

about the person. Because girls have intimate knowledge about their friends, they can use this knowledge in an adverse way.

What is the source of relational aggression? The environment plays a much larger role than genetics (Brendgen, Girard, Dionne, Boivin, Vitaro, & Perusse, 2005). First, relational aggression may be acquired from modeling, as one study showed that older siblings' relational aggression predicted younger siblings' relational aggression the following year (Ostrov, Crick, & Stauffacher, 2006). Second, like physical aggression, relational aggression has been linked to cognitive biases in interpreting ambiguous situations (Crick, Ostrov, Appleyard, Jansen, & Casas, 2004). Two studies have linked relational aggression to hostile attributional biases—that is, viewing an ambiguous situation as conflictual (Cillessen, Lansu, & Van Den Berg, 2014; Ostrov, Hart, Kamper, & Godleski, 2011). It appears that being a victim of relational aggression may lead one to enact relational aggression due to the hostile attributional bias. When victimized, one learns to interpret ambiguous relationship conflicts in a negative way (i.e., "I was not invited to the party because she hates me and is trying to keep me from having any friends"), which then leads one to enact relational aggression.

There are also certain children who are more likely to be victims of relational aggression, like physical aggression. One such group of children are those who do not conform to traditional gender roles. A study of sixth- and seventh-graders showed that youth were more likely to be victims of relational aggression (according to self-report and peer report) when teachers described the child as acting like the other sex (Toomey, Card, & Casper, 2014). These gender-nonconforming youth also were more likely to perpetrate physical aggression, and this relation was stronger for girls than boys. The sex difference is not surprising here because physical aggression is a feature we associate with boys.

Cyberbullying

Conflict between friends today may take place on the Internet. Cyberbullying is a form of aggression that takes place via the Internet, and includes sending mean messages, spreading rumors, posting hurtful pictures, and sexting. More than half of teenagers report that they have engaged in cyberbullying and have been victims of cyberbullying (Webster, 2010). Females report being victims of cyberbullying more than males, but this sex difference is larger among White youth than non-White youth (Stoll & Block, 2015). It also appears that females are more likely to initiate cyberbullying than males. When cyberbullying included posting something mean online, texting something mean to someone, or using instant messaging to say something mean to someone, more middle school girls than boys admitted to doing so (16% vs. 10.5%; Connell, Schell-Busey, Pearce, & Negro, 2014). Cyberbullying can be very harmful to health, leading to anxiety, depression, and—at times, suicide (Webster, 2010). However, the majority of teens report that bullying is more likely to take place offline than online (Lenhart, 2007).

Resolving Conflict

One reason that there may be more conflict in female than male friendship is that females have more difficulty resolving conflict compared to males (Benenson & Christakos, 2003). Because females are more concerned with directly hurting a relationship, they may express their distress in more subtle ways. Women may be more concerned than men with the threat that such expressions bring to relationships—which is ironic because it is women's friendships that seem to be less stable than those of men.

One study examined whether men and women approach conflict in ways that can be mapped on to agency and communion. When college students were presented with hypothetical conflict situations with friends, females were more likely than males to endorse communal strategies, such as talking to the person and working with the person to resolve the problem (Keener, Strough, & DiDonato, 2012). There was no sex difference in the use of agentic strategies, which involved standing one's ground and explaining one's own position. More importantly, the study showed that women and men with communal traits used communal strategies, and women and men with agentic traits used agentic strategies, suggesting that personality rather than sex is a better predictor of how conflict is handled in friendship.

Take Home Points

- Although women's relationships are closer than those of men, women may experience more conflict and less stability in their relationships.
- One form of conflict attributed to females is relational aggression. Although there are no sex differences in relational aggression, females are more likely to be relationally than physically aggressive.
- Relational aggression is associated with negative effects on mental health but has mixed effects in terms of relationships.
- Cyberbullying is Internet aggression, is common among youth, and is associated with mental health hazards.
- Women and men may respond to conflict in different ways. Women may be more likely than men to confront conflict in their relationships, but women may be more indirect than men in expressing their relationship concerns.

Cross-Sex Friendship

Can men and women be friends? This is the question taken up by the characters played by Meg Ryan and Billy Crystal in the movie *When Harry Met Sally*. Sally told Harry they would just be friends. Harry, however, insisted they could not be friends because men and women can never be friends—sex always gets in the way. Even when Sally said she had a number of male friends, Harry argued that sex is somehow involved in the relationship—if not on her part, then on the part of the men. Of course, as you might imagine, a friendship emerges between Harry and Sally that then blossoms into a romantic relationship, confirming the stereotype that women and men cannot be *just* friends.

Many people today would disagree with Harry. The majority of children (grades 3 through 12) agree that it is possible to have a cross-sex friend, and 93% said that they have or have had a cross-sex friend (McDougall & Hymel, 2007). The vast majority of college students (82%) said that it was possible for women and men to be friends, but women were a bit more skeptical than men (Felmlee, Sweet, & Sinclair, 2012). Nearly twice as many women as men (19% vs. 10%) said "maybe" rather than yes or no. Interactions with cross-sex friends increase over the course of middle school and high school, but interactions with same-sex friends are still predominant (Molloy, Gest, Feinberg, & Osgood, 2014). After early to middle adulthood, cross-sex friendship declines (Bleske-Rechek et al., 2012).

Most relationship research focuses on same-sex friendship or romantic relationships. However, cross-sex friendship is a growing area of research. A cross-sex friendship is typically defined as a friendship with someone of the other sex that is not romantic, sexual, or familial. Cross-sex friendships are not uncommon, but they are much less common than same-sex friendships. Historically, cross-sex friendships among adults were rare; the traditional division of labor in society did not provide many opportunities for women and men to interact with one another. The changing nature of female and male roles in society has made members of the other sex more available as potential friends.

Comparisons to Same-Sex Friendship

The first studies of cross-sex friendship appeared in the 1980s. Not surprisingly, one of the first questions that researchers asked was how cross-sex friends compared to same-sex friends.

In many ways, cross-sex friendships are similar to same-sex friendships. They are characterized by intimacy, loyalty, and shared activities. As in our selection of same-sex friends, the similarity principle of attraction applies. That is, "Birds of a feather flock together." Cross-sex friends, like same-sex friends, have a great deal of demographic similarity. They are similar in age, education, marital status, and parental status. They

also are similar in terms of personality traits (e.g., locus of control), behaviors (e.g., selfdisclosure), and relationship beliefs (e.g., how to resolve conflicts; Morry, 2007). And greater similarity predicts more satisfying friendships.

However, cross-sex friendships are less intimate than same-sex friendships—at least for women. Women are typically closer to their same-sex than cross-sex friends, but it is not clear if men are closer to their same-sex or cross-sex friends. Studies of adolescents show that males receive more support and find more rewards in cross-sex than same-sex friendship (Thomas & Daubman, 2001). There is some evidence that both women and men find their friendships with women to be more rewarding than their friendships with men. High school students report receiving more help from female friends than male friends (Poulin & Pedersen, 2007), and college students are closer to their female friends than their male friends (Reeder, 2003). Although females are more satisfied than males with their same-sex friends, females and males are equally satisfied with cross-sex friendships (Cheung & McBride-Chang, 2007; Singleton & Vacca, 2007).

Do we expect our cross-sex friends to behave like our same-sex friends? Among children, boys and girls prefer that their cross-sex friends act the same way as their same-sex friends (Dijkstra, Lindenberg, & Veenstra, 2007). That is, boys preferred female classmates who were more aggressive than helpful, and girls preferred male classmates who were more helpful than aggressive. With age, however, there seems to be some accommodation of female and male friendship styles in cross-sex friendships. Men reduce their focus on shared activities in cross-sex compared to same-sex friendships, and women increase their focus on shared activities in cross-sex compared to same-sex friendships (Fuhrman, Flannagan, & Matamoros, 2009; McDougall & Hymel, 2007). A study of college students showed that the qualities men and women desired in their cross-sex friends were more similar to those they would desire in a romantic partnermen were more concerned with the physical attractiveness of their cross-sex friend, and women were more concerned with the cross-sex friend's economic resources and physical prowess (Lewis et al., 2011). However, it also must be noted that the characteristic most desired in a cross-sex friend for both males and females was an agreeable and dependable personality, much like that of a desirable same-sex friend.

Effects of Cross-Sex Friendship

Cross-sex friends might serve different functions for women and men compared to same-sex friends. As described in <u>Chapter 7</u>, having cross-sex friends during childhood provides opportunities to learn new styles of play and decreases sex-typed behavior (Fabes, Martin, & Hanish, 2004). Children who have cross-sex friends also may find it easier to interact with the other sex during adolescence, when such encounters are more frequent. Cross-sex friends can give insight into the other sex and avoid the competitiveness and jealousy that sometimes characterizes same-sex friendship (Halatsis & Christakis, 2009; McDougall & Hymel, 2007). Cross-sex friendship also can compensate for what is lacking in same-sex friendship. Men may derive more emotional support

from cross-sex friends than same-sex friends, whereas women may find more companionship from cross-sex friends and obtain a sense of relief from the intensity of their same-sex friendships (Werking, 1997). Women also suggest cross-sex friends provide a resource for physical protection (Bleske-Rechek & Buss, 2001).

However, there appears to be a downside to having a lot of cross-sex friends during the early teenage years—especially for females. A study of high school students showed that the presence of cross-sex friends in 10th grade predicted an increase in smoking behavior among girls the next year and a decline in alcohol among boys over the next year (Mrug, Borch, & Cillessen, 2011). These findings are adjusted for their cross-sex friends' behavior, meaning that girls who interacted with boys were not more likely to smoke because the boys were smoking. Other research also has linked cross-sex interactions during early adolescence to increased risk behavior in girls but not boys (Poulin & Denault, 2012; Poulin, Denault, & Pedersen, 2011).

Several reasons have been suggested for the adverse effects of cross-sex friendship observed among girls. One is that girls tend to interact with older boys, and older boys may have access to alcohol and drugs. A second possibility is that girls who choose to interact with boys in early adolescence are either (a) more mature or (b) trying to be more mature; engagement in risk behavior is a way to communicate maturity to peers. One study tried to determine whether peer selection or peer influence was operating here; that is, are youth who engage in risky behavior seeking out cross-sex friends, or are cross-sex friends leading to increased risk behavior? This study of more than 14,000 U.S. sixth-graders showed that those who were in mixed friendship groups (i.e., had more cross-sex friends) had poorer grades in school, drank more alcohol, were more likely to smoke cigarettes, and reported more delinquent behavior (Molloy et al., 2014). Because the youth were followed for 3 years, the researchers could tease apart selection and peer influence. The researchers found evidence for both. That is, youth with more problems ended up interacting with more cross-sex friends, and interactions with cross-sex friends were subsequently associated with increased risk behavior. In this study, the investigators did not examine if the findings held for both females and males.

Obstacles

In the early research on this topic, O'Meara (1989) identified five challenges that crosssex friendships face; these are listed in <u>Table 8.3</u>. First is the **emotional bond challenge**, in which friends question the nature of the relationship. Is the closeness called friendship or romantic love? This is the question that was taken up by the movie *When Harry Met Sally*. According to the movie, cross-sex friendship cannot really exist; even their friendship ultimately evolved into a romantic relationship. Second is the sexual challenge. Heterosexuals are socialized to view members of the other sex as potential romantic and sexual partners. Is there sexual attraction? This is the issue with which Harry was initially most concerned. Third is the **equality challenge**. Equality is central to friendship, and men and women have an unequal status. Will the relationship be equal? Fourth is the **audience challenge**. Friends may be concerned with the public's perception of their relationship. In fact, people often view cross-sex friendships with suspicion and wonder if they are not in fact romantic relationships. Fifth is the **opportunity challenge**. Cross-sex friendships are less common and more difficult to establish than same-sex friendships because women and men are somewhat segregated in school, play, and work.

	*
Emotional bond	Is this friendship or romantic love?
Sexual	Is there sexual attraction?
Equality	Is this relationship equal?
Audience	How is this relationship viewed by others—and do I care?
Opportunity	Are there cross-sex people in my life available as friends?

Table 8.3 Challenges of Cross-Sex Friendship

Source: O'Meara (1989)

When the literature on cross-sex friendship first appeared, the prevalence of these challenges in college students' good and casual cross-sex friendships was examined with a series of open-ended questions and closed-ended questions that reflected these challenges (Monsour, Harris, Kurzweil, & Beard, 1994). The primary conclusion was that the majority of relationships did not suffer from any of these strains. The greatest challenge was the emotional bond challenge, and it was more of a problem with good relationships than with casual relationships. There were no sex differences in the sexual challenge, although more men than women admitted they thought about sex. The sexual challenge was mentioned more often by students who were single compared to students who were involved in a romantic relationship. The fewest problems were reported regarding the equality challenge. Theoretically, the equality challenge should be a major issue for cross-sex friends because friendship by definition is based on equality, and there may be an imbalance of power in cross-sex friendship.

Although there was little support for the audience challenge in this early work, a more recent study of college students showed that there was moderate experience of the audience challenge (Schoonover & McEwan, 2014). Students reported that cross-sex friendships were sometimes mistaken for romantic relationships and that friends had suggested that they date their cross-sex friend. Females and males were equally likely to experience the audience challenge. Those who described their cross-sex friendship as strictly platonic reported the least audience challenge. It is not surprising that cross-sex friendships that involved some element of romance were perceived by others with suspicion. Students who said they had friends who viewed cross-sex friendships as normative reported the least audience challenge.

The challenge that has received the most research attention is the sexual challenge. Despite Monsour and colleagues' (1994) results, evidence indicates that sexual tension is a problem in cross-sex friendship, especially for men. A study of adults in Greece showed that 69% of men and 47% of women had experienced sexual attraction to a cross-

sex friend (Halatsis & Christakis, 2009). Research with college students has shown that attraction is common in cross-sex friendship. One study of college student cross-sex friend pairs showed that men reported greater attraction to their cross-sex friend than women and that men overestimated and women underestimated their cross-sex friend's attraction to them (Bleske-Rechek et al., 2012). Another study of college students showed that half (51%) had had sex in the past with a platonic cross-sex friend whom they were not dating nor had any intention of dating (Afifi & Faulkner, 2000). Of those, 56% had sex with more than one cross-sex friend. It appears that women see attraction as a potential problem or cost to cross-sex friendships, whereas men see attraction as a benefit (Bleske-Rechek et al., 2012). The fact that people in dating relationships have closer relationships with their cross-sex friends than those who are not in dating relationships may be evidence of the emotional bond and sexual challenges (Cheung & McBride-Chang, 2011).

How does one manage sexual attraction in a cross-sex friendship? Oftentimes, one tries to keep the attraction under control by avoiding discussions of the relationship and by discussing other romantic relationships (Guerrero & Chavez, 2005). At other times, the sexual attraction is acted upon. In some cases, the couple has sex and the relationship reverts back to friendship. In other cases, a sexual relationship coexists with a friendship. In a survey of adults who disclosed sexual attraction to their partner in a cross-sex friendship, nearly a quarter (22%) evolved into romantic relationships and the friendship ended in 16% of the cases (Halatsis & Christakis, 2009). However, the future course of the relationship also depended on the sex of the discloser. As shown in Figure 8.8, when males disclosed sexual attraction, the most likely outcomes were the coexistence of friendship and sex or friendship without reciprocal attraction. When females disclosed sexual attraction, the most likely outcome was acting on sexual attraction with a return to friendship.

According to Baumgarter (2002), we lack a cultural script for cross-sex friendship. We shouldn't assume sex is bad for a friendship—it depends on how sex is interpreted by both partners. The coexistence of friendship and sex has been referred to asof the same ethnic group is called **friends with benefits** relationships. See <u>Sidebar 8.2</u> for a discussion of this relationship.



Figure 8.8 Future course of cross-sex friendship after male or female discloses sexual attraction.

Source: Adapted from Halatsis and Christakis (2009)

***** Sidebar 8.2

Friends With Benefits Relationships

A friends with benefits (FWB) relationship is a friendship that includes sexual activity but lacks the commitment or exclusivity of a romantic relationship. In the past, these relationships might have been understood as casual sex encounters or hookups. Friends with benefits relationships are fairly common. Just more than half of college students report having had a FWB relationship (Owen & Fincham, 2011; Weaver, Claybourn, & MacKeigan, 2013; Williams & Jovanovic, 2015). Either the rate is slightly increasing over the past few years, or more college students are admitting to FWB relationships. FWB relationships are generally perceived as positive by both men and women but seem to be regarded more positively by men (Owen & Fincham, 2011; Weaver et al., 2013; Williams & Jovanovic, 2015). Women report more problems with deception (Quirk, Owen, & Fincham, 2014) and ambivalence over emotion suppression and expression (Fahs & Munger, 2015) in FWB relationships. Women also seem to be more interested in moving the FWB relationship to a romantic relationship (Williams & Jovanovic, 2015).

FWB relationships are more diverse than people might think. A study of college students were asked to define a FWB relationship and several kinds were noted (Mongeau, Knight, Williams, Eden, & Shaw, 2013). Students agreed that all of these relationships had a sexual component but that they ranged in terms of closeness. Three types were described:

- 1. "True Friends" were most common and characterized two close friends who had sex on repeated occasions. Females and males were equally likely to have this kind of FWB relationship.
- 2. "Just Sex" relationships characterized two people who had sex on repeated occasions but had little interaction outside of sex. Males were more likely than females to describe this FWB relationship.
- 3. "Network Opportunism" described two friends who were not close but had overlapping social networks. The two people interacted on a regular basis as part of their friend networks and had sex. However, males reported more "just sex" FWB than females.

What are the outcomes of FWB relationships? There is not a lot of research on this issue, but it appears that the majority of these relationships do not transition into romantic relationships. Even after the "benefit" of sex ends, most of these relationships remain friendships as shown in <u>Figure 8.9</u> (Owen, Fincham, & Manthos, 2013). The outcomes are roughly the same for females and males. One study compared people who were in romantic relationships, some of which started out as FWB relationships and some of which did not (Owen & Fincham, 2012). Those whose relationships had started out as FWB relationships reported lower relationship satisfaction but no differences in commitment and no difference in relationship breakup over the next 4 years. Thus, the authors concluded that there is no strong evidence that FWB relationships have a negative effect on relationships that transition to romantic relationships.



Source: Adapted from Owen et al. (2013)

Little longitudinal data exists on the outcome of cross-sex friendships. Are they more or less stable than same-sex friendships? What percentage develop into romantic relationships, and, of those, how viable are they? Does getting married or becoming involved in a romantic relationship interfere with cross-sex friendship? Research shows that people who are involved in romantic relationships have lower expectations for closeness in a cross-sex friend (Fuhrman et al., 2009). A local radio station in Pittsburgh invited listeners to call in and share how they would feel if a future husband or wife had a cross-sex friend stand up for them at their wedding. Listeners, especially women, were appalled. However, the listeners to this radio station were hardly a representative sample. Although rare, men do stand up for women as the "man of honor" or "person of honor," and women do stand up for men as the "best woman" or "best person." These people are sometimes friends and sometimes siblings. Explore the future of cross-sex friendship in <u>Do Gender 8.4</u>.



What Happens When Women and Men Become Friends?

Interview 10 of your fellow students about their current and past cross-sex friendships. Find out what happened to the past relationships: Did they end? Did any of them evolve into romantic relationships? Examine the reasons for the relationship ending, including O'Meara's (1989) challenges.

Examine how certain life events influenced these friendships, such as the development of a romantic relationship. In other words, when one person developed a romantic relationship, did that alter the cross-sex friendship? How did the romantic partner view the cross-sex friendship? Are men and women equally accepting of their partner's cross-sex friends?

Take Home Points

- For women, same-sex friendships are closer than cross-sex friendships.
- Men, by contrast, seem to gain more from cross-sex friendships than same-sex friends in terms of emotional support and intimacy.
- Cross-sex friendships serve some important functions that same-sex friendships do not, such as emotional support for men, companionship for women, and the perspective of the other sex for both women and men.
- During the teenage years, there is evidence that a large number of cross-sex friendships is related to heightened risk behavior—especially among females.
- Cross-sex friendships face a number of challenges: emotional bond, sexual, equality, audience, and opportunity.
- The greatest challenges seem to be the emotional bond and sexual challenges. Sexual attraction is not uncommon in cross-sex friendship and seems to be more common among men than women.

Cross-Race Friendship

Race is a powerful determinant of friendship. The tendency to form friendships with persons of the same ethnic group is called **homophily**. Race/ethnicity is one of the demographic variables upon which friends tend to match. Studies of adults find that cross-race friendships are more common among younger people (Dunsmuir, 2013; see <u>Figure 8.10</u>). Thirty percent of Americans report that they do not have a friend, relative, coworker, or acquaintance who is of a different race. However, among those younger than age 30, the figure is 10%. In fact, one-third of those under the age of 30 were married to or partnered with someone of a different race. It is more common for non-White people than White people to have a friend of a different race—and it is especially common among Hispanics.



Figure 8.10 Cross-race friendships are more common among younger adults.

Cross-race friendship appears to be more common among children than adults. Interestingly, among children, race segregation is not as prevalent as gender segregation. In a study of first- through sixth-graders, only 11% of children had a person of the other sex in their social network, whereas 92% had a person of another race in their social network (Lee, Howes, & Chamberlain, 2007). However, cross-race friendship declines

with age among children and is less stable than same-race friendships (Kawabata & Crick, 2011; Lee et al., 2007). Why do cross-race friendships decline with age? Although children do not express overt prejudice—that is, they do not identify race as a factor in selecting a friend—more subtle forms of prejudice may begin to emerge. The **outgroup homogeneity effect** begins to emerge with age (McGlothlin, Killen, & Edmonds, 2005). That is, with increased age, children began to perceive people of other races as more similar to one another—and thus more different from themselves.

It is not clear whether there are sex differences in cross-race friends. Instead, social status may be a better predictor of cross-race friendships. In a study of Black and White children, those who were well-liked, popular in school, perceived to be smart, and leaders had more cross-race friends (Lease & Blake, 2005). The authors concluded that the same set of social skills that leads to friendship also leads to crossing racial barriers. Children who have cross-race friends are less likely to be victims of relational aggression (Kawabata & Crick, 2011), underscoring the role that social skills may play in the acquisition of cross-race friends.

Comparisons to Other Friendships

Are cross-race friends similar to or different from same-race friends? Not surprisingly, we value the same features of a friend in cross-race as in same-race friendship. One study examined this issue by adopting an intersectional approach to the study of friendship; the researchers examined sex, race, and sexual orientation among adult friends (Galupo & Gonzalez, 2013). Participants rated the importance of general friendship values (trust, honesty, respect) as well as identity-specific values in friends (similar lives and experiences, similar values). There were no differences between individuals who had cross-race or cross-sexual-orientation friends on general friendship values, meaning that these were highly regarded characteristics of a friend by all. However, individuals who had cross-category (cross-race or cross-sexual-orientation) friends rated the importance of similar lives and experiences and similar values as less important than those who did not have cross-category friends.

Cross-race friends may ease social tensions in relationships that stem from race. In a study in which adolescents were prompted to report on their current social interactions several times a day over the course of a week, White people and minorities reported feeling more misunderstood during interactions that involved a greater number of cross-race people (Shelton, Douglass, Garcia, Yip, & Trail, 2014). However, if the cross-race people were friends, the relation disappeared—but only for minorities. Minorities did not feel misunderstood during interactions that involved White people if those White people were regarded as friends. However, White people felt more misunderstand when interacting with minorities regardless of whether they were friends or not. The authors suggested that the buffering effect of friendship on feeling misunderstood may not have applied to White people because they might have exaggerated their claims of friendship with minorities as a result of demand characteristics. There is not the same social

pressure on minority persons to claim to be friends with White people as there is on White people to claim to be friends with minorities.

Opportunity Structure

One source of homophily is the opportunity to interact with persons of another race. Schools, neighborhoods, and work are often segregated informally, if not formally, by race. Cross-race friendships are more common among racially diverse schools (Quillian & Campbell, 2003), in part because the racial diversity of a school influences children's perceptions of similarity and feelings toward cross-race friends. In a study of firstthrough fourth-graders, children who attended more racially diverse schools evaluated same-race and cross-race peers as equally likely to become friends (McGlothlin & Killen, 2005). However, White children who attended more racially homogenous schools viewed cross-race peers as less likely to become friends than same-race peers—unless cross-race peers shared the same activity interests. Thus, children judged friendship as most likely to occur between two people when there were shared activity interests—regardless of the racial composition of the dyad.

The development of cross-race friendships also has been studied among adolescents transitioning from high school to college (Stearns, Buchmann, & Bonneau, 2009). The number of cross-race friendships increased for Whites, decreased for Blacks, and was unaltered for Asians and Latinos. The increase among Whites can be attributed to increased opportunities. Although Blacks also would have experienced increased opportunities, being a minority race at college may have led to greater bonding with persons of the same race.

Opportunity structure is not the only determinant of cross-race friendship. Another factor is preference, which may reflect prejudice.

Prejudice

Prejudice is associated with fewer cross-race friendships (Aboud, Mendelson, & Purdy, 2003). Friendship by definition involves an equal-status relationship. If one group perceived the other group as having a different status, either lower or higher, this may inhibit friendship formation. It is difficult to assess preference, however, because people do not want to appear prejudiced. To disentangle preference from opportunity, one set of researchers inferred preference from the friendships formed among high school students (Currarini, Jackson, & Pin, 2010). Because the investigators knew the racial composition of the schools, they could control for opportunity structure. This method showed that Black students had the least preference for cross-race friends, Asians the most, with Whites and Hispanics falling between the two groups. The pattern of results was replicated in a study of fourth-graders (Kawabata & Crick, 2011). Black students were less likely to form cross-race friends compared to White or Asian students.

Take Home Points

- Children have more cross-race friendships than adults.
- Cross-race friendship is associated with positive experiences at school.
- Cross-race friends are similar to same-race friends. One difference may be that perceived similarity is less central to cross-race relationships.
- Barriers to cross-race friendship are both dispositional (for example, prejudice) and structural (for example, opportunity structure).

<u>GLBT Friendships</u>

The nature of friendship as typically defined by heterosexuals is similar for GLBT individuals. However, friendship holds a different place in the lives of those who are GLBT. Friendships often replace or take greater precedence over familial relationships among GLBT individuals because they have less support from family than heterosexuals do. Friends are often more accepting of one's sexual orientation than family (Beals & Peplau, 2006). There is surprisingly little research on friendships among GLBT individuals.

In terms of the sheer number of friends, it appears that there is no difference across heterosexuals, lesbians, gay men, and bisexuals (Galupo, 2009). Like heterosexuals, the friendships of gay men and lesbians match on an array of demographic variables. That is, gay men and lesbians are likely to be friends with people who share the same sex, race, age, relationship status, and parental status. There is even matching on a variety of characteristics when gay and straight people are friends (Ueno, 2010). Gay men and lesbians are equally likely to be friends with heterosexuals, and suffer less stigma due to their sexuality when they have straight friends (Baiocco, Laghi, Pomponio, & Nigito, 2012). Matching on sex may be more difficult for gay men, however, because friendship among men in Western culture is based on norms of heterosexuality. It may be easier for gay men to be friends with women. Studies of adolescents and adults have shown that the majority of heterosexuals' and lesbians' friends were of the same sex but that a smaller percentage of gay men's friends were of the same sex (Baiocco et al., 2012; Galupo, 2009). Lesbians have the largest percentage of same-sex friends despite the fact that lesbians have the most difficulty with boundaries between friendship and romantic relationships.

Matching on sexual orientation may be more difficult for gays, lesbians, and bisexuals compared to heterosexuals, in part due to accessibility. Whereas 95% of heterosexual men's and women's friends are of the same sexual orientation, this is the case for only 48% of lesbians, 43% of gay men, and 20% of bisexuals (Galupo, 2009). However, sexual orientation may not affect the quality of the friendship. When female friend dyads were interviewed, friendships between a lesbian or bisexual and a heterosexual were similar to same-sexual-orientation friendships (Galupo, 2007). Among dyads that included a bisexual woman, however, friends noted that the nature of the friendship changed depending on the sex of the bisexual woman's partner. Other research has shown that there are no differences in closeness, hassles, or frequency of contact between friends who are gay/lesbian/bisexual or straight (Ueno, Gayman, Wright, & Quantz, 2009). And support from gay/lesbian/bisexual and straight friends are equally associated with reduced distress and higher self-esteem.

Given the sex difference in the nature of male and female friendship among heterosexuals, one can ask whether these findings generalize to gay and lesbian friendship. Do gay men focus on shared activities? Do lesbians focus on self-disclosure? The question has rarely been explored. When gay men and lesbians evaluated their casual, close, and best friends, there were no sex differences in self-disclosure, activities shared over the previous 2 months, or social support (Nardi & Sherrod, 1994). Thus, unlike studies of friendship among heterosexuals, homosexual men's and women's friendships were more similar in terms of how they spent their time together. These data suggest that the agentic/communal distinction that characterizes sex differences in heterosexual friendship does not reflect sex alone. There were no differences in the amount of conflict gay men and lesbians reported in their friendships, but there were sex differences in how important it was to resolve conflict. Lesbians were more bothered by conflict, said it was more important to resolve the conflict, and expressed more emotion when resolving the conflict compared to gay men. These differences are consistent with sex differences observed among heterosexual friendship.

One way in which gay and lesbian friendship differs from heterosexual friendship—at least heterosexual same-sex friendship—is that the potential for romantic or sexual involvement is present. There is more difficulty with the boundary between friendship and romantic relationships among gay men and lesbians compared to heterosexuals (Peplau & Fingerhut, 2007). Because homosexuals' romantic partners are of the same sex as their friends, homosexual same-sex friendship may be more similar to heterosexual cross-sex friendship. Thus, homosexual friendship may face some of the same challenges as heterosexual cross-sex friendship. For bisexuals, the issue is even more complicated. Their same-sex and cross-sex friendships present the possibility of romantic attraction. This issue may explain why gay men and lesbians report more cross-sex friends than heterosexuals (Baiocco et al., 2014).

Because men are more likely than women to use sex to achieve intimacy (see <u>Chapter</u> 9), one possibility is that gay men's friendships will be more likely than other friendships to involve sex. An older study showed that the majority of gay men had had sex with one or more of their casual friends (62%) and even more had had sex with one or more of their close friends (76%; Nardi, 1992). Fewer lesbians had had sex with one or more of their casual friends (34%), but slightly more than half had had sex with one or more of their close friends (59%). The author concluded that sex is likely to precede friendship for gay men, but friendship precedes sex for lesbians. This is parallel to the findings on the relation between sex and intimacy among heterosexual men and women, discussed in <u>Chapter 9</u>.

There is even less research on the friendship of transgender individuals than homosexuals or bisexuals. Recently, 536 individuals who identified themselves as transgender or gender variant were interviewed and asked about the benefits and costs of having transgender versus cisgendered friends and heterosexual versus sexual minority friends (Galupo et al., 2014). Some common themes emerged from these interviews (see Table 8.4). Friendships with cisgendered and heterosexual persons helped transgender and gender variant individuals feel normal. These friendships also provided validation, diverse perspectives, and some relief from having sexuality and gender issues

dominate the conversation. Having friendships with cisgendered and heterosexual persons also provided transgender individuals with an opportunity to educate people about transgender experiences. Barriers to friendship with cisgendered and heterosexual individuals were a lack of shared experiences, feelings of discomfort, a lack of understanding, and difficulties in talking about gender issues and sexuality. Not surprisingly, the benefits of friendship with transgender and sexual minority individuals were the opposite of these barriers; the majority of benefits had to do with feeling comfortable, supported, and understood. And the disadvantages of friendships with transgender and sexual minority individuals were the mirror image of the benefits of cisgendered/heterosexual friendship—gender and sexuality issues dominating the conversation and invalidation of personal experience. Finally, the authors concluded by pointing out that a number of interviewees objected to the entire line of questioning, noting that it depended on the friend and that not all transgender, cisgendered, heterosexual, or sexual minority people could be lumped into distinct categories.

<u>Table 8.4_Benefits and Barriers to Friendships With Transgender, Cisgendered, Heterosexual, and Sexual</u> <u>Minority Persons: The Perspective of Transgender and Gender Variant Individuals</u>

Friendship	With	Cisgendered/Heterosexue	al
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BENEFITS

- Help feel normal
- Validation
- Offer
- diverse perspective
- Sexuality/gender issues do not dominate conversation
- Opportunity to educate about transgender experience

BARRIERS

- Uncomfortable
- Doesn't understand one's experience
- Difficult to discuss sexuality/gender issues
- Not knowledgeable about issues related to sex, gender, privilege
- Fewer shared experiences

Friendship With	Transgender/Sexual	Minorities
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BENEFITS

- Understanding one's experience
- Knowledgeable about sex, gender, and privilege
- Shared experiences
- Can talk freely about transgender issues
- Support, comfort

BARRIERS

- Invalidate personal experience
- Gender and sexuality issues dominate conversation
- Negative emotions and drama
- Fear of being "outed"

Source: Galupo et al. (2014)

Take Home Points

- Friendship may be especially important in the lives of gay men and lesbians to the extent that they have less available support from family.
- Similarity is an important guiding principle in the development of friendship among gays and lesbians as it is with heterosexuals—with the exception of matching on sex, which may be more difficult for gay men, and matching on sexual orientation, which may be more difficult for gay men, lesbians, and bisexuals due to reduced availability.
- Friendships with gay/lesbian/bisexual persons and friendships with heterosexual persons are similar in closeness and conflict.
- The agentic/communal distinction that characterizes friendship among heterosexuals does not seem to characterize friendship among gay men or lesbians.
- The lines between friendship and romantic relationships may be more blurred for gay men, lesbians, and bisexuals because same-sex friends have the potential to be romantic partners.
- Transgender persons find both benefits and barriers to closeness in their relationships with transgender/sexuality minorities and cisgendered/heterosexual persons. Themes revolve around comfort and validation.

Friendship at Work

Because men and women spend a fair amount of time at work and because work is so central to our lives, it is not surprising that some of our friendships are based at work. Friendships at work serve multiple functions, many of which can help one to make work more successful (Elsesser & Peplau, 2006; Pedersen & Lewis, 2012). Same-level friendships can provide access to information and assistance with work, promote team building, and provide emotional support. Friendships with mentors can provide advice, protection, and access to promotion. Friends make work more enjoyable and may keep conflict at work from spilling over into one's home life. Despite companies' concerns that friendships at work can be disruptive and distracting, there is evidence that having friends at work enhances performance. In a recent survey, 95% of adults said that they had people at work whom they considered to be friends, 67% said that friends at work make their job more enjoyable, and 55% said friends at work make their job worthwhile (Randstad, 2010; "Nearly half," 2010). The most common benefits of having friends at work were making the environment more friendly and supportive, increasing teamwork, and improving morale.

Having friends at work may make the work more enjoyable, but does it actually improve productivity? Nearly one-third said it improved performance. However, managers slightly disagreed, with 22% saying that friends at work hindered performance. Overall, managers were more likely than employees to see that friends at work could be problematic. A study of a telecommunications company found that workers who developed reciprocal relations at work, in which they did favors for and received favors from one another at work, were more productive (Flynn, 2003). One study showed that a greater number of friends at work was associated with lower rates of turnover (Feeley, Hwang, & Barnett, 2008).

Do friends at work extend into other areas of our lives? One survey showed that 38% of people said they interacted with friends outside of work (Randstad, 2010)—more so for women than men. However, dating someone at work was perceived by both men and women as not acceptable; only 7% thought it was okay to date someone from work. Older adults were slightly less supportive of interacting with workplace friends outside of work than younger adults.

Work is a good setting to study cross-sex friendship. Although the workplace is still sex segregated, there is increasing opportunity for women and men to work together. Men and women are more likely to develop cross-sex friendships at work if they perform similar jobs. However, there are barriers to cross-sex friendship at work. Interviews with a set of women and men professionals identified a number of obstacles to the development of cross-sex friendship at work, shown in Figure 8.11 (Elsesser & Peplau, 2006). The most common barriers were jealousy of a romantic partner, fear of sexual harassment charges, and having friendliness misinterpreted as romantic/sexual interest. Even if the recipient of the friendly overture does not misinterpret the behavior, women and men may be concerned that other coworkers will! In other words, the audience challenge of cross-sex friendship may be especially relevant in the work environment. Men and women were equally likely to voice these concerns about cross-sex friendship at work. However, married employees expressed fewer concerns about cross-sex friendship than unmarried employees, and more concerns were expressed about cross-sex friendships with supervisors or subordinates than peers.



Ratings of common obstacles to cross-sex friendships at work

extent to which these barriers were identified.

Source: Adapted from Elsesser and Peplau (2006)

Friendships at work are usually formed among peers, people who are working at similar job levels. In fact, the promotion of one person in a friendship may present problems for the relationship. However, friendships also form among people who have unequal work statuses. Friendships between supervisors and supervisees have benefits and costs. On the downside, such friendships make disciplinary action more difficult for the supervisor; on the upside, such friendships may encourage greater cooperation and facilitate getting the job done. If the subordinate is female and the supervisor is male, people are often suspicious of the friendship.

There has been little research on how gay men and lesbians form friendships at work. One study of gay men showed that it was difficult for men to find friends at work, in part because the work environment is predominantly heterosexual and it is difficult to identify gay men (Rumens, 2008). Gay men find it difficult to be friends with men because others may be suspicious that the relationship is more than a friendship. However, another study compared the experiences of gay and bisexual men at work and found that bisexual men had more difficulties than gay men (Rumens, 2012). The majority of friendships for both groups of men were with heterosexual women, but this was viewed as more acceptable when the man was gay. When bisexual men were friends with heterosexual women, people presumed a romantic/sexual intention. For these reasons, bisexual men felt less comfortable disclosing their sexuality to coworkers.

Because a friendship at work involves the merging of two roles—coworker and friend, it is vulnerable to role conflict, which occurs when the demands of one role are inconsistent with the demands of another role. You might have found yourself suffering from role conflict when your role as student required that you study for an upcoming exam and your role as a member of some organization (band, fraternity/sorority) required that you work on the upcoming festivities at your school. Bridge and Baxter (1992) outlined four different kinds of role conflict among friends at work. Researchers have not examined the extent to which these conflicts characterize work friendships, nor have they examined the issue of gender. Thus, I will speculate as to whether gender ought to be an important factor in these kinds of conflicts. You can test these ideas in <u>Do Gender 8.5</u>.


Role Conflict at Work

Develop items to measure the forms of role conflict discussed by Bridge and Baxter (1992). Administer the items to men and women who have a close friend at work. Determine if there are sex differences. Also develop a set of open-ended questions to assess role conflict at work.

- **Impartiality versus favoritism:** As a friend, we expect special treatmentAn important attribute of friendship is mutual ac and favoritism, but the workplace typically requires treating people equally. Is there any reason to believe men or women would be more likely to suffer from this role conflict?
- **Openness versus closedness:** Friendships require open, honest communication. At work, we may be expected to hold confidences. Because women self-disclose to friends more than men do, women or more communal persons might be more likely to suffer from this role conflict. However, sex differences in self-disclosure are clearer when the topic is a personal one. It is not clear if a work-related topic is considered personal.
- Autonomy versus connectedness: Work provides a way of connecting to one another, which should foster friendship. Difficulties arise when we feel a lack of autonomy in a friendship because we spend so much time with a friend (i.e., seeing the person daily at work). Because autonomy is central to the male gender role, we might expect that men or more agentic persons are more likely to suffer from this form of role conflict.
- Judgment versus acceptance: An important attribute of friendship is mutual acceptance. The work role might require one person to critically evaluate the other, which creates a differential status between the two people. Because men are more sensitive to the status aspects of relationships, this challenge may be especially hard on men's friendships. However, we also learned that women are more likely to make internal attributions for criticism—to take feedback to heart. Thus, criticism from friends at work may jeopardize women's friendships.

Take Home Points

- Friendship at work is increasingly common and tends to be associated with enhanced work productivity and job satisfaction.
- Work presents opportunities for the development of cross-sex friendships. However, the audience challenge poses barriers to the development of cross-sex friendships at work.
- Friendships at work can present conflict between the friendship role and the worker role.

Changes Over the Life Span

Friendship changes throughout childhood, adolescence, and adulthood. Friendship takes on increasing importance in adolescence—especially for girls. During adolescence, girls begin to spend more time with friends than boys, and girls' friendships become more intimate and self-disclosing than those of boys (Swenson & Rose, 2009).

Cross-sex friendship increases from childhood to adolescence. In childhood, cross-sex friendship is rare, perhaps because children do not have the opportunity to make friends with members of the other sex. At times, girls and boys are pitted against each other. In school, teams may be formed by having the girls compete against the boys. In addition, children, especially boys, are often teased if they play with the other sex. During adolescence, girls and boys begin to interact more with each other and to form friendships with the other sex. Some of those friendships will evolve into romantic relationships, and some will remain platonic. Cross-sex friendship increases during adolescence and peaks in later adolescence and young adulthood. Longitudinal research shows that the number of cross-sex friends increases during the middle school and high school years, but more so for girls than boys and earlier for girls than boys (Molloy et al., 2014; Poulin & Pedersen, 2007). In college, there is more opportunity for cross-sex friendships due to the availability of potential friends and the similar status that men and women hold in college. In middle and later adulthood, the number of cross-sex friends decreases.

More than chronological age, life events affect friendship. Getting married, becoming a parent, building a career, retiring, and widowhood are all examples of structural issues that may influence friendships for women and men. Some of these life events are more likely to be experienced by one sex than the other or are more likely to have an effect on the friendships of one sex than the other. For example, widowhood is more likely to affect women than men because women live longer than men. However, widowhood may have a stronger effect on men's friendships than women's friendships because wives are often the link to other relationships for men. Retirement may have a stronger impact on men's friendships than women's friendships because men's friends are more likely than women's to be found in the workplace. Here, I examine some of the structural factors that influence women's and men's friendships in early and later adulthood.

Early Adulthood: Marriage and Family

Historically, women's friendships were based at home and men's friendships were based at work. Women were the social organizers of the couple's friendships, often arranging social activities with other couples. Years ago, young married men had a larger social network than young married women because men had opportunities to meet people at work, whereas women's opportunities to meet people were restricted by having to stay home with children (Fischer, 1979). Women who became parents had even fewer friendships than men because child care took up a larger portion of women's than men's free time.

However, today the majority of women work outside the home, even when they have children. Would you predict that these earlier findings hold today? Are men's friends at work and women's at home? Are men more likely than women to have friends during the early years of marriage and parenthood? One reason that the earlier findings may continue to hold today is that women who work outside the home are often responsible for housework and child care, which would leave little time for friends. Work also is less likely to lead to friendships for women who work in male-dominated professions because there would be fewer potential female friends available. Contemporary research shows that the number of friends and the frequency of interaction with friends decreases for both women and men during adulthood due to career development and increased time spent with family. Men spend less time with friends after they get married, in part because they have more familial obligations and in part because friends perceive they should be spending time with their family. Thus, both family and work obligations limit friendship.

Late Adulthood: Retirement and Empty Nest

The elderly value the same things from friendship as do younger people—similar beliefs, similar lifestyles, and similar demographics, such as sex, race, and marital status (Rawlins, 2004). One way in which older adults are similar has to do with health behaviors (Flatt, Agimi, & Albert, 2012). Older adults are especially likely to match on smoking behavior and physical activity (or the lack thereof). Similarity is based less on age and more on capabilities. A major barrier to friendship among the elderly is increased health problems (Rawlins, 2004). Health problems may reduce mobility, prevent reciprocity of support (a key component of friendship), pose difficulties for communication, and can lead to increased health complaints, which often drive network members away. Although friends are a major source of companionship for the elderly, friends are less likely than family to provide assistance with health problems. Friends do not have the same obligations as family to provide that kind of support.

With advancing age, friendships may increase for women and decrease for men due to differences in the opportunities for friendship. As women get older, they experience the departure of their children from home, which leads to a decrease in household responsibilities. Thus, older women are left with more time for friends. For men, increased age brings retirement, which may be associated with a loss of friends if many of their connections are made through work. With retirement, the number of friends often decreases for men, and men's dependence on wives for support and social contacts increases. In addition, women are more likely than men to maintain friendships from their youth in old age (Rawlins, 2004).

A major source of friendship for the elderly, especially women, is the senior center.

Elderly women who live alone are more likely than married women to use senior centers, and participation in senior centers is related to better mental health and good health behavior for these women (Aday, Kehoe, & Farney, 2006).

Marital status has a great impact on friendship among the elderly, especially elderly men. Married men have more people in their social network compared to unmarried men. For men, women are often their link to social relationships. Marital status has no effect on the number of friends that women have because women maintain a network of friends outside their marital relationship. Because men die younger than women, elderly women are more available as friends (see Figure 8.12).

The elderly are the least likely to have friends of the other sex. Elderly people are more likely than younger people to associate cross-sex friendship with romantic interest (Rawlins, 2004), and there is a strong norm among the elderly against dating. Thus, cross-sex friendships are most likely to occur among the elderly in the context of an organized social event involving a lot of other people. Elderly women, in particular, avoid cross-sex friendships. The following example illustrates just how foreign the concept of cross-sex friendship is to an elderly woman. After she was widowed, my mother-in-law lived in an apartment building that housed mostly senior citizens. I often saw a single elderly man sitting by himself at a picnic table outside the building. Even though my mother-in-law was an extremely friendly and sociable person, she did not feel comfortable talking to a man unless she was in the company of other women. If the person at the picnic table were a woman, I have no doubt my mother-in-law would have been sitting right beside her in a minute. It's especially unfortunate for men that the norms against cross-sex interaction are so strong because older men tend to have lost more of their same-sex friends.



Figure 8.12 Partly because women outlive men, and partly because women maintain friendships from youth more than men, friendships among elderly women are strong. *Source:* Photo courtesy of Abigail Vaughn

The question is whether the norm prohibiting cross-sex friendship is an age effect or a cohort effect. When today's college students reach senior citizen status, will they also find strong norms against cross-sex friendships?

Take Home Points

- Friendship takes on an increasingly important role in the lives of adolescents compared to children—especially for females.
- Cross-sex friendships are rare among children, peak during adolescence and young adulthood, and diminish substantially among the elderly.
- The role of friendship in men's and women's lives decreases during early adulthood because family and work roles take up much of people's free time.
- With the departure of children from the home and retirement, friendship takes on an increasingly important role in women's lives.
- Elderly men have difficulty maintaining social ties if their friendships are tied to work.
- Widowhood poses more of a problem for men than women because social connections are often maintained by wives, there are fewer men than women available as friends, and there is a norm against cross-sex friendship.

Summary

Studies on children and adult friendship do not reveal consistent differences in the number of friends that females and males have. However, females' friendships seem to be closer than those of males. One reason for this is the nature of male and female friendship: Men's relationships are agentic—activity focused—and women's relationships are communal—emotion focused. Sex differences in the nature of friendship emerge with age. Boys emphasize the instrumental aspects of friendship (shared activities), and girls emphasize the emotional aspects of friendship (self-disclosure). These differences persist into adulthood.

Girls' and women's friendships are closer or more intimate than those of males. Traditionally, intimacy has been defined by self-disclosure, but this has been a subject of contention. Some people maintain that self-disclosure is a feminine version of intimacy and men define intimacy through shared experiences. Research shows that selfdisclosure is important to both men's and women's conceptions of intimacy, but men's conceptions may also include shared activities. For both women and men, an intimate interaction is one in which they feel understood, cared for, and appreciated. These feelings may come from self-disclosure, shared activities, or some combination of the two. The closeness of male friendships is restricted by competition, homophobia, and emotional inhibition.

Women self-disclose more than men, and women receive more self-disclosure than men. However, it is not the case that men are not capable of self-disclosure. Men simply prefer not to disclose. One reason for sex differences in disclosure is that both women and men view self-disclosure as a feminine activity and view men who self-disclose less favorably than women who self-disclose.

Friendships are not only a source of affection, intimacy, and support but also are a source of conflict. Although women's friendships are closer than those of men, they also may be characterized by more conflict. One form of relational conflict is relational aggression. Although people perceive that women are more likely than men to perpetrate relational aggression, there is no sex difference. Instead, women are more likely to initiate relational than physical aggression. Relational aggression is associated with poor psychological health but has mixed effects on relationships. A more recent form of conflict is more common than online conflict, women report being victims of cyberbullying more often than men. Women and men handle conflict somewhat differently in their friendships. Women are more likely to confront conflict directly with the intent of resolution and in a way that does not harm the relationship; men raise the issue of conflict, but with less concern about its effect on the relationship.

There is a substantial body of research on cross-sex friendship. Although cross-sex friends are not as common as same-sex friends, cross-sex friendship is not rare. Cross-

sex friendship is most common among young adults and least common among children and older adults. Social norms and structural barriers discourage children from playing with the other sex, discourage married adults from spending time with the other sex, and inhibit the elderly from developing relationships with the other sex. Women rate samesex friends as closer than cross-sex friends. However, men are sometimes closer to crosssex friends than same-sex friends. Cross-sex friendship can serve important functions for women and men, such as insight into the other sex, a source of emotional support for men, and relief from the intensity and conflict of same-sex friendship for women. A number of barriers to cross-sex friendship have been postulated, the most significant of which are the audience challenge and the potential for romantic/sexual attraction. Men are more likely than women to desire a sexual component to cross-sex friendship. Data are meager on the outcome of cross-sex friendships: Do they last, dissolve, or evolve into romantic relationships?

Cross-race friendships are more common among children than adults. Children who have cross-race friends may be more socially skilled. Prejudice and opportunity structure (e.g., school diversity) are related to cross-race friendship.

Friendship is especially important to GLBT persons because they receive less support from family members. GLBT individuals value the same qualities in a friendship as do heterosexuals, and friendships among GLBT persons are similar to those of friendships with heterosexuals. The communal/agentic dimensions of friendship used to evaluate heterosexual friendship do not apply to GLBT friendship. Sexuality plays a greater role among the friendships of gay men. Because of the potential for sexual attraction, studies of friendship among gay men and lesbians may benefit from comparisons to cross-sex friendship among heterosexuals.

Friendships at work are increasingly common. Despite the concerns that organizations often have about employees becoming friends, there is evidence that friendship at work is good for job satisfaction, morale, and productivity. Work presents opportunities for cross-sex friendships but the challenges of cross-sex friendship remain. Friendships at work face some difficulties due to the inherent conflict between the roles of friend and coworker.

The study of friendship is greatly limited by its focus on middle-class White people. Interesting differences appear in the nature of friendship due to ethnicity, social class, and cultural ideology. Friendship also is affected by age and by stage in the life cycle—being married, having children, working. All of these factors influence the availability of friends as well as the place of friendship in life.

Discussion Questions

- 1. Whose relationships are closer: men's or women's? Why?
- 2. What role do self-disclosure and shared activities play in men's and women's friendships?
- 3. What are the barriers to self-disclosure in men?
- 4. Why are females' relationships considered to be more fragile than those of males?
- 5. Discuss competition in the context of friendship. Do you believe that it is healthy or unhealthy?
- 6. Describe how the way in which a culture construes the roles of women and men could affect their friendships.
- 7. In what ways are cross-sex friendships similar to and different from same-sex friendships?
- 8. What are the challenges that cross-sex friendships face? Cross-race friendships?
- 9. What does the research on same-sex friendship and cross-sex friendship lead you to predict about friendship among gay men and lesbians?
- 10. What are some critical normative life events that affect friendship? Are the effects for women and men the same?

Suggested Reading

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Key Terms

Audience challenge—Concern that cross-sex friends have about how their relationship is viewed by others.

Autonomy versus connectedness—Conflict encountered by friends at work when the regular exposure to one another required by the work relationship begins to interfere with individual feelings of autonomy.

Co-rumination—Discussing problems repeatedly in the context of a relationship.

Dispositional level of analysis—Emphasizes the characteristics of the person as a determinant of friendship.

Ecological momentary assessment—A method of data collection in which people are asked to complete assessments at specified intervals or are prompted periodically throughout the day to complete assessments.

Emotional bond challenge—Challenge faced by cross-sex friendship whereby friends must decide if the closeness they feel toward one another is friendship or romantic love.

Equality challenge—Challenge faced by cross-sex friendships because the equality central to friendship conflicts with the status hierarchy typically associated with male/female relationships.

Friends with benefits—Relationship that is characterized by friendship and sex but is not a romantic relationship.

Homophily-The tendency to form friendships with persons of the same race or

ethnicity.

Homophobia—Fear of homosexuality or fear of appearing homosexual.

Impartiality versus favoritism—Situation encountered by friends at work when the desire to give a friend special treatment conflicts with the necessity to treat all workers the same.

Judgment versus acceptance—Difficulty experienced by friends at work when the mutual acceptance expected of friendship conflicts with the requirement that one friend critically evaluate the other.

Openness versus closedness—Situation encountered by friends at work when the expectation of the honest communication central to friendship conflicts with the necessity to keep professional confidences.

Opportunity challenge—Difficulty experienced when attempting to establish a crosssex friendship that results from the fact that members of the same sex are generally more accessible.

Outgroup homogeneity effect—The tendency to see members of the outgroup as all alike, more similar than different, as compared to the ingroup to which one attributes greater diversity.

Relational aggression—Aggressive interaction behavior usually expressed by girls that is characterized by social alienation tactics such as excluding someone from an activity or threatening not to be a person's friend anymore.

Role conflict—Situation that occurs when the demands of one role are inconsistent with the demands of another role.

Sexual challenge—Challenge faced by cross-sex friendship whereby friends must ask themselves if there is a sexual attraction between them that could lead to a romantic relationship.

Structural level of analysis—Emphasizes the different positions or roles men and women hold in society as a determinant of friendship.

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Chapter 9

Romantic Relationships

My husband had a number of friends from work with whom we occasionally got together. One of these friends was Bill. My husband had known Bill for about a year, and to his knowledge (or anyone else's), Bill was not romantically involved with anyone. Bill was from India and had gone home for a 2-week vacation. When Bill returned, he was married.

This was an arranged marriage, a concept foreign to people in the Western world. Marriage without love? Without romance? It may surprise you to know that romantic relationships are a relatively recent phenomenon even in the United States (Murstein, 1974). Historically, people turned to friends and relatives rather than a spouse for love and emotional support. The functions of marriage were specific: economic security and procreation. Love was not among these functions. One reason love did not play a significant role in marriage is that it was thought to threaten family bonds, which were more important for position in society at that time.

Even a few hundred years ago, love was largely independent of and antithetical to marriage. When two people fell in love, it was regarded as a problem. Parents were concerned about controlling this "dangerous passion." In the 19th century, spouses were polite to one another and, ideally, compatible, but they led largely separate lives. Even by the mid-19th century, love was not a prerequisite to marriage. Love was expected to follow rather than precede marriage. When individual choice did emerge in the 19th century, people generally chose their partner based on character, health, religious morals, and financial stability. These were the same factors that guided parents' choices. Choosing a partner based on physical passion was not at all acceptable.

During the latter part of the 19th century and in the 20th century, the idea of marriage based on love developed. This coincided with American women's increase in freedom and status. The 20th century became known as the century of the "love marriage." Today, the practical functions of marriage have been replaced with more emotional functions. We have very high expectations of marriage. Marriage is expected to be a "Super Relationship" that fulfills spiritual, sexual, romantic, and emotional needs rather than social, economic, or religious requirements (Whitehead & Popenoe, 2001).

This chapter focuses on romantic relationships, what women and men want from relationships, and how women and men behave in relationships. I discuss how men and women construe the positive aspects of romantic relationships, such as intimacy, love, and sexuality, and also how men and women manage the conflict in their relationships. Research focuses on dating couples, often college students, as well as married couples—both heterosexual and homosexual relationships. One caveat with the research on heterosexuals and sexual minorities is that a large portion of it focuses on White middle-class persons, although the landscape is changing.

There is a growing literature on homosexual relationships, and this literature is likely to escalate with the 2015 Supreme Court decision to legalize same-sex marriage. Just prior to the ruling, 37 states and the District of Columbia had legalized same-sex marriage, and most other states had banned it. The reaction to the ruling was mixed, ranging from *The New York Times* headline, " 'Love Has Won': Reaction to the Supreme Court Ruling on Gay Marriage" to the *Christian Post* headline, "Mike Huckabee Says Supreme Court's Gay Marriage Ruling Has Left Christians With No Choice but to Follow God or Civil Law."

People's views about same-sex relationships in the United States has undergone a tremendous shift over a very short period of time. In 1996, only 27% of adults said that same-sex marriage should be legal, whereas the percent in 2015 was 60% (Gallup, 2015). There are several reasons for this transformation, including shifts in the beliefs about the origin of homosexuality (i.e., more people today believe that someone is born homosexual) and more people knowing people who are homosexual. In 1985, only 24% of people said they had a friend, relative, or coworker who was gay or lesbian; the corresponding figure in 2015 was 75%. The primary reasons people support same-sex marriage are beliefs in equal rights and personal choice, whereas the primary reason for opposition is religion.

Studying homosexual relationships is important in its own right, as any theory of relationships ought to take into consideration a variety of relationships. However, studying homosexual relationships is particularly interesting from a gender perspective. As Kurdek (2003) describes, gay and lesbian couples are "natural experiments" of relationships without men's paternalistic power and women's maternalistic care. Sex and status are confounded in heterosexual relationships. Research on homosexual relationships can help to tease apart sex from status. If sex differences in behavior among heterosexuals disappear in homosexual relationships, the structure of the heterosexual relationship must contribute to those differences. To the extent that differences in women's and men's behavior appear in both heterosexual and homosexual relationships, those differences must have to do with sex or psychological gender.

Relationship Development

Men and women are highly interested in romantic relationships. The vast majority of adults want to get married, and most adults do marry at some point (Cohn, 2013). Among those age 45 and older, 90% are or have been married. The marriage rate is highest for White and Asian persons and somewhat lower for Black and Hispanic persons (Copen, Daniels, Vespa, & Mosher, 2012). The median age of marriage is 25.8 for women and 28.3 for men (Copen et al., 2012), but these figures pertain more to White persons than Black persons who marry on average several years later.

"Love" is the number one reason that both women and men say they would get married. College students are optimistic about their chances of having a happy marriage and not getting divorced, meaning that they compare their own chances more favorably than their peers (Helweg-Larsen, Harding, & Klein, 2011). Men are more optimistic than women.

Characteristics Desired in a Mate

Review the personal ads shown in <u>Table 9.1</u>. The differences capture our attention. The women seeking men are providing information about their physical attractiveness and seeking men with education and a good work ethic. The men seeking women are interested in finding an attractive mate and providing information about their financial status and work ethic. In the two ads of "women seeking men," we see that both women advertise their physical attractiveness and are looking for a stable man with a job, who can handle finances. On the other hand, we also see that both women are educated and independent.

However, we also notice the importance of similarity to both women and men—the first woman is a huge sports fan and is looking for a sports fan. The second woman likes spending time with family and is looking for someone who is family oriented. The first man emphasizes his interest in sports and music and wanting someone with the same interests. As you will see later, there are important qualities desired in a mate by both women and men, such as a good sense of humor, honesty, and caring.

EvidenceIn general, men and women have similar reasons for entering romantic relationships. Support and companionship are the primary motivating factors. Women and men desire partners who are honest, warm, affectionate, kind, and share their interests. However, some sex differences in desires also appear that are consistent with stereotypes. There is some evidence consistent with the personal ads—men desire physical attractiveness in a partner, whereas women desire intelligence or occupational status.

Women Seeking Men

- A little about me: 35-year-old white female; thick/curvy and very attractive; professional, highly educated; independent; great sense of humor; huge sports fan; consider myself loyal, honest, caring person. A little about what I'm looking for: SINGLE male between 29-43; open to all races, ethnicities; has a steady job, own place; good sense of humor; sports fan; a man who can handle an independent woman with a career.
- 2. Interested in meeting a down to earth Caucasian fellow, age 35-45; looking for qualities such as stability, responsibility, class, good parent to their kids if they have any, able to manage their finances, likes to travel and have fun; would prefer someone who is family oriented. I'm attractive, educated, down to earth, own my home, enjoy cooking; like spending time with family.

Men Seeking Women

- 1. I'm 28, black, employed and a student, sports fan, honest, very talented, tall; have my own everything (car, apartment, etc.); love music, dining out, travel. Hopefully you are: I prefer white or Latina/Hispanic, love sports, music; like to travel, dress well, attractive.
- 2. I'm a 27 year old guy wanting to meet a petite lady; I'm hardworking, smart, and passionate; great sense of humor; please be 5'3" and under, very thin to medium build.

Source: pittsburgh.craigslist.org 7/28/10

A review of the literature showed that these differences not only exist but are consistent across a variety of cultures (Shackelford, Schmitt, & Buss, 2005). Women are more likely than men to prefer a mate who has money, ambition, and high social status in 27 of the 37 cultures examined, including the United States, whereas men are more likely than women to prefer a physically attractive mate in 30 of the 37 cultures, also including the United States. A study of single men and women, one-third of whom were Asian and half of whom were European, showed that men were more likely than women to value physical attractiveness in selecting a long-term mate, whereas women were more likely to value intelligence (Furnham, 2009).

Despite these data, there is a debate in the literature about whether women and men truly value different characteristics in a mate. Some researchers have argued that what men and women *say* that they desire in a mate in the abstract (i.e., in a survey) is different from what they would value in real life. To address this issue, researchers have examined mate preferences following interactions with potential partners. For example, one study in which pairs of college students interacted for 10 minutes showed that both women and men desired future contact with persons who they rated high on attractiveness and vitality (Fletcher, Kerr, Li, & Valentine, 2014). The person's status or resources was not predictive of either women's or men's desire for future contact.

The differential findings from survey research and actual interactions also were illustrated by a study that employed a speed-dating paradigm (Eastwick & Finkel, 2008). Speed-dating is a method that has been used in relationship research to understand attraction by having a series of pairs of unacquainted individuals take turns interacting

for very brief periods of time. Prior to the speed-dating event, participants completed a questionnaire in which they described their ideal mate. The results of the questionnaire showed the usual results—that men valued physical attractiveness and women valued economic resources in a mate. After speed-dating, there were no sex differences in the characteristics of partners that predicted romantic interest. Men and women were equally attracted to partners who were physically attractive, personable, and had high earning prospects (see Figure 9.1). In addition, respondents' ideal mate characteristics from the survey did not predict the partners that they ended up being attracted to.



interest were similar for men and women.

However, speed-dating findings have been criticized due to their use of college students (Li et al., 2013). Researchers have argued that college students are often above average on physical attractiveness and earning prospects, so the variability in these traits when actually choosing a mate are minimized. When the variability on traits was increased, the expected sex differences again emerged. The investigators concluded that women and men have very similar ideas about what they want in a mate, but that there are differences at the lower end of some key traits—specifically, men would reject a potential mate based on low levels of physical attractiveness and women would reject a mate based on low earning potential.

Regardless of whether there are sex differences in these two attributes—physical attractiveness and earning potential—these studies are focusing on differences and overlooking the vast similarities in what women and men desire in a mate. Studies that have evaluated the importance of a variety of characteristics show physical attractiveness and status to be relatively *unimportant*. For example, a 2001 national

Source: Adapted from Eastwick and Finkel (2008)

survey of 20- to 29-year-old women showed that 80% believe it is more important that a husband communicate his innermost feelings than make a good living (Whitehead & Popenoe, 2001). The study of single men and women noted above (Furnham, 2009) found that the most important characteristics desired in a mate were caring/loving, funny, and loyal/honest. That study also showed that women rated the importance of 8 of 14 characteristics as more important compared to men, suggesting that women have higher relationship standards than men.

A number of studies have shown that women are more selective than men in choosing a mate (Fletcher et al., 2014; Overbeek, Nelemans, Karremans, & Engels, 2013), but this finding also has been called into question based on a methodological feature of the speed-dating paradigm. One reason men may be less selective than women is that the act of physically approaching someone increases attraction. In the traditional speed-dating paradigm, women sit and men rotate from partner to partner; that is, men approach women. To test this theory, Finkel and Eastwick (2009) manipulated whether women or men were the ones who rotated from partner to partner. Overall, those who rotated were less selective than those who did not, supporting the theory. However, the findings also depended on the sex of the person rotating. When men rotated, men were less selective than women. However, when women rotated, there were no differences in choosiness. Thus, the fact that women are choosier than men is partly a function of situational variables (i.e., women are the ones pursued) and partly a function of some dispositional characteristic about being female.

In general, gay men and lesbians look for the same characteristics in a mate as do heterosexuals—affection, shared interests, similarity, and dependability (Peplau & Fingerhut, 2007). A nationally representative sample of 7th- through 12th-graders revealed that romantic love, faithfulness, and commitment were the most important attributes of a mate for heterosexuals, gay boys, lesbians, and bisexuals (Meier, Hull & Ortyl, 2009). A study in which heterosexuals, gay men, and lesbians rated the importance of 25 traits in a romantic partner showed similarities across individuals (Felmlee, Hilton, & Orzechowicz, 2012). All groups desired mates who were intelligent, fun, had a sense of humor, and were kind/considerate/caring.

Some studies have compared sex differences in mate preferences among heterosexuals to homosexuals. One found that there were no differences between lesbians and gay men, but there were a couple of differences within heterosexuals—men valuing physical attractiveness more than women, and women valuing sense of humor and being caring more than men (Felmlee et al., 2012). Another study showed that romantic love and commitment were valued more by women than men among heterosexuals, but there were no sex differences when gay men, lesbians, and bisexuals were compared to each other (Meier et al., 2009). Thus, to the extent sex differences in mate characteristics do exist, they seem less likely to appear among gay men and lesbians than among heterosexuals.

Like heterosexuals, homosexuals prefer mates who are similar to them. Because the pool of possible mates is smaller for homosexuals, matching may be less possible. Having

a mate of the same race (racial homogamy) was viewed as less important to gays, lesbians, and bisexuals compared to heterosexual females and males (Meier et al., 2009). One study showed a striking degree of correspondence between homosexual partners on demographic characteristics but less correspondence on personality traits (Kurdek, 2003). Lesbians were more likely than gay men to have similar personality traits.

One concern with the research on mate selection is that people are asked to evaluate a single characteristic at a time, which is not how mates are selected in the real world. In real relationships, potential mates possess a number of characteristics, all of which are evaluated simultaneously. Trade-offs may be made depending on the trait's importance and the degree to which it is possessed in a mate. For example, you may prefer a mate who is very nice and very attractive but, if given the choice, you would prefer a very nice average-looking mate to a hostile attractive mate. In a study that examined tradeoffs, women's and men's choices depended on whether the relationship was short term or long term (Fletcher, Tither, O'Loughlin, Friesen, & Overall, 2004). Given the choice between an attractive mate or a warm mate, men were more likely than women to choose attractiveness in short-term encounters but warmth in long-term relationships. Given the choice between status and warmth, both women and men chose warmth in short-term and long-term relationships. Another study examined the trade-off issue by giving men and women varying "budgets" for mate selection (Li & Kenrick, 2006). That is, participants were asked to design the ideal mate and given various amounts of "mate dollars" to purchase these characteristics. With a small budget, the typical sex differences prevailed, with women emphasizing a mate's resources and men emphasizing a mate's physical attractiveness. With a larger budget, women's and men's preferences became more similar—especially in long-term relationships.

There are some other caveats to this literature. In the real world, our selection of a mate is not only dependent on our own desires but on the desires of the other person—the interest must be mutual (Li & Meltzer, 2015). In addition, there may be differences in what we find attractive when giving careful consideration to a survey versus what we find to be attractive in the heat of the moment.

In conclusion, it appears that women and men—heterosexual and homosexual—agree on the most important characteristics a partner should possess, especially for serious long-term relationships. Physical attractiveness and earning potential are less important characteristics in a mate but ones that heterosexual men and women emphasize differentially in the abstract and possibly in the context of short-term relationships.

Explanations

What is the explanation for men's preference for physically attractive women and women's preference for financially secure men? Here I review three explanations; the central components of each are highlighted in <u>Table 9.2</u>.

One explanation comes from **evolutionary theory**, which states that women and men behave in ways that will maximize the survival of their genes. Men value physical attractiveness and youth in their mates because these are indicators of fertility. The fact that people are better able to recall attractive than unattractive female faces has been considered evidence that physical attractiveness has evolved as a cue to fertility in women (Becker, Kenrick, Guerin, & Maner, 2005). There is no difference in the recall of attractive and unattractive male faces. Women prefer mates who have a high occupational status because financial resources will help ensure the survival of their offspring. These ideas are based on the parental investment model, which states that women will invest more in their offspring compared to men because they have less opportunity than men to reproduce.

	Supporting Evidence	Counterevidence
Evolutionary Theory	 cross-cultural evidence men rate attractiveness as more important than women cross-cultural evidence women rate status as more important than men men's preference for physical attractiveness in a mate is not affected by the gender traditionality of the culture or by time 	 attractive women are not paired with high- status men cross-cultural evidence that men rate domestic skills as more important than women
Social Role Theory	 cross-cultural evidence that women rate status as more important than men cross-cultural evidence that men rate domestic skills as more important than women greater sex differences in mate preferences in cultures with distinct female and male roles sex differences in mate preferences reduced when men and women have less traditional gender-role attitudes sex differences in mate preferences reduced over time as women's and men's roles have become more 	 cross-cultural evidence men rate attractiveness as more important than women
Social Construction Theory	 cultural differences in mate preferences greater sex differences in mate preferences in cultures with distinct male and female roles 	

Table 9.2 Explanations for Sex Differences in Mate Preferences

If evolutionary theory can account for sex differences in mate preferences, women who are physically attractive should be more likely than women who are physically unattractive to be paired with mates who are financially stable. Because women's reproductive resources diminish with age, and men's financial resources generally increase with age, evolutionary theory also would predict that younger women would be paired with older men. Indeed, there are vivid instances of young attractive women paired with wealthy older men; Hugh Hefner and Donald Trump are examples of wealthy men who have attracted numerous younger and attractive women. Anna Nicole Smith is an example of an attractive woman who at age 26 married a 90-year-old wealthy oil tycoon, J. Howard Marshall. Woody Allen married his adopted daughter, Soon-Yi Previn, who was 35 years younger than he was. However, the young beautiful woman coupled with the older wealthy man is the exception rather than the rule. The idea that attractive women will be linked to wealthy, high-status men is known as the potentials-attract hypothesis. This hypothesis was refuted in a study of young adults who rated themselves on 10 attributes and then rated how much they desired those attributes in a mate (Buston & Emlen, 2003). There was no correspondence between attractiveness in women and desire for status in men or between status in men and desire for attractiveness in women. Instead, the similarity hypothesis prevailed. The higher respondents rated themselves on an attribute, the greater their desire for that attribute in a mate. When examining who people actually end up with as mates, there also does not appear to be any support for the potentials-attract hypothesis.

Eagly and Wood (1999) have argued that social role theory provides a better explanation than evolutionary theory for sex differences in mate selection. They suggest that a society's emphasis on a distinct division of labor between the sexes will be directly linked to sex differences in mate selection. In other words, females will value a mate with high earning capacity and males will value a mate with domestic skills in societies where men's role is to work outside the home and women's role is to work inside the home. Eagly and Wood tested this hypothesis by linking the gender equality of a culture to the size of the sex difference in mate preferences. They reanalyzed the data that Buss and colleagues (1990) had collected on mate selection preferences from 37 cultures around the world. First, they confirmed Buss and colleagues' finding that women were more likely than men to value a mate with high earning capacity and men were more likely than women to value a mate who was physically attractive. However, they also found that men were more likely than women to value a mate who was a good cook and a good housekeeper. This sex difference was as large as the previous two. Evolutionary theory would not lead to this prediction, but social role theory would. Second, sex differences in preferences for a mate with high earning capacity were highly correlated with sex differences in preferences for a mate with good domestic skills. Therefore, cultures in which high earning capacity is valued more by women are the same cultures in which domestic skills are valued more by men. Finally, the gender equality of a culture (as measured by the percentage of women in administrative, technical, and professional positions; the percentage of women in political office; and the percentage of men's salary the average woman earns) was inversely related to the size of the sex difference in earning capacity preference and domestic skill preference, but not physical

attractiveness preference. That is, sex differences in earning capacity and domestic skill preference were higher in more traditional cultures. The traditionality of a culture did not have anything to do with the sex difference in the value attached to physical attractiveness. Additional research has confirmed that more egalitarian nations show smaller sex differences in mate preferences for financial prospects, ambition, age differences, and physical attractiveness (Zentner & Mitura, 2012).

Social role theory would predict that sex differences in mate preferences ought to decrease as women's and men's roles become more similar. Because women are less dependent on men for financial resources today than they were several decades ago, perhaps women's preferences for a high-status mate have declined. Changes in mate preferences between 1936 and 1996 show that women have decreased the value they attached to a mate's ambition, men have increased the value they attach to a mate's education and financial assets, and men have decreased the value they place on a mate's domestic skills (Buss, Shackelford, Kirkpatrick, & Larsen, 2001). Both men and women have increased their value of physical attractiveness in a mate. In general, men's and women's mate preferences have become more similar over time. Compare mate preferences at your college with the research reviewed here in <u>Do Gender 9.1</u>.



Mate Preferences

Identify 10 characteristics of a potential mate. Make sure some of the characteristics are the ones that both women and men rate as important. Also include physical attractiveness and earning potential. Have 10 female and 10 male friends rate how important each characteristic is in a potential mate. Rank the characteristics in terms of relative importance and examine whether there are differences in the value that women and men attach to each characteristic. You might also compare the responses of people who are and are not currently in a romantic relationship. Does being in a relationship alter what people view as important?

A third theory of mate preferences is **social construction theory**, which argues that social norms dictate what is desirable in a mate. A study of American and Israeli college students supported this theory (Pines, 2001). Students were interviewed about their most significant romantic relationship and asked why they had fallen in love. Consistent with evolutionary theory, 80% of men and 53% of women mentioned physical appearance. However, 89% of men and 97% of women mentioned personality, so physical appearance was not the most important feature named. Only 4% of men and women mentioned status, contradicting evolutionary theory. The primary finding of the study, however, was that there were more cultural differences than sex differences in mate preferences, emphasizing how norms shape what is attractive in a mate. Americans were more influenced by status and similarity than Israelis. A study of mate preferences in the United States and the People's Republic of China also supported social construction theory (Toro-Morn & Sprecher, 2003). The most important preferences in a mate were the same for both countries: honest, trustworthy, warm, kind, healthy, sense of humor. The least important preferences also were the same: age, popularity, wealth, and social status. There were more sex differences in China than in the United States, but these differences appeared on attributes of lesser importance. In both countries, men preferred a younger mate and a physically attractive mate compared to women, whereas women preferred a mate with high social status compared to men. Only in China did men value a mate who was a good housekeeper more than women. Sex differences were larger in China than in the United States, supporting the idea that sex differences are larger in cultures where women's and men's roles are more distinct and there is a greater status differential between women and men. When women have less access to economic resources, it is not surprising that they value a mate's access to economic resources.

Relationship Initiation

Do you remember your first date? How did it come about? Who contacted whom? Who decided what to do? How do women and men become involved in romantic relationships?

Traditionally, the male has taken the initiative in romantic relationships. Even today, it is not clear that it is okay for women to invite men on a date; if this occurs, it often draws attention. There have been forums set up for female initiation, such as dances in high school and parties in college where females are intended to initiate. Yet these forums are distinct because they focus on the female as the initiator. In my daughter's high school, the female initiated dance was long-ago abandoned due to poor attendance. Why was there poor attendance? Because females do not feel comfortable being the initiators. Female initiation is not normative. There is evidence that when females initiate first dates, men expect greater sexual involvement—although, in actuality, there is no evidence that more sexual behavior occurs when females initiate (Mongeau, Serewicz, Henningsen, & Davis, 2006).

One way in which the landscape of relationship initiation has changed, however, is the development of online dating sites. In 2013, 11% of Americans said that they had used an online dating site or mobile dating application (Smith & Duggan, 2013). Of single adults looking for a partner, more than a third (38%) had used one of these sites. Of these, two-thirds have gone on a date with someone they met online and 23% have either met a spouse or long-term relationship partner online. Among young adults ages 18–25, there is some evidence that males use online dating sites more than females (Rappleyea, Taylor, & Fang, 2014). There also is evidence that sexual minorities use online dating more than heterosexuals (Korchmaros, Ybarra, & Mitchell, 2015), which would make sense as the pool of potential mates based on similarity is smaller for sexual minorities. Although people generally have positive views of online dating, a couple of noteworthy downsides are mentioned: people misrepresenting themselves and being harassed. See <u>Sidebar 9.1</u> for the implications of online dating for relationships.

🕷 Sidebar 9.1

Online Versus Offline Dating

Although most people meet their partners offline compared to online, the use of online dating is increasing at exponential rates. Twice as many people in 2013 said they met their current partner online as in 2005 (Smith & Duggan, 2013). First, we ask how online dating differs from offline dating. Online dating provides easier access to potential partners, uses a mode of communication in which one can screen potential romantic partners with minimal investment, allows one to select partners with traits of interest, and provides opportunities to get to know the person before meeting in person (Finkel, Eastwick, Karney, Reis, & Sprecher, 2012).

The second question is whether online dating websites actually improve one's chances at forming a successful romantic relationship. The answer to this question is unclear (Finkel et al., 2012). On the positive side, there are the above-mentioned advantages of a larger pool of mates from which to choose and the ease of using computermediated communication to obtain a lot of information about potential partners. However, there are some downsides. One is that the context of online communication is more evaluative than in-person communication. Each person is clearly using information to decide whether to move on to the next level. Relatedly, the evaluation mindset may lead one to overemphasize traits that are easier to examine (e.g., height) compared to traits that are more important but difficult to evaluate (e.g., honesty). Second, there may be too much emphasis placed on matching. In real-life encounters, one may de-emphasize some differences as you get to know the person and reprioritize the important attributes of a partner. Finally, there is no evidence that the algorithms used by online dating sites operate any better than offline dating. In fact, researchers caution that online dating may lead one to overemphasize similarity which will lead to greater homogamy in relationships.

The third question is how online dating interacts with offline dating. Two hypotheses have been advanced (Korchmaros et al., 2015). The "rich get richer" hypothesis states that people who have plenty of access to offline romantic partners add online dating to their repertoire; that is, high offline dating predicts increased online dating. By contrast, the "social compensation" hypothesis predicts that online access may provide access to relationships for those who are having difficulties; that is, low offline dating predicts high online dating. In a study of youth ages 13–18, there was evidence for both (Korchmaros et al., 2015). Youth who had more romantic partners offline were more likely to have romantic partners online, supporting the "rich get richer" hypothesis. However, support for "social compensation" was provided by the fact that adolescents in rural areas who had more difficulty finding offline partners were more likely than adolescents in urban areas to engage in online dating.

One way to examine how relationships develop is to examine first date scripts. A *script* is a schema or cognitive representation of a sequence of events. These scripts are gender based. In essence, the male is proactive and the female is reactive (Mongeau et al., 2006). The male initiates the date, decides what to do on the date, arranges transportation, pays for the date, and initiates sexual contact. By contrast, the female accepts or rejects the invitation, the plans for the date, and sexual advances (Honeycutt & Cantrill, 2001). Men's first date scripts consist of more gender-stereotypical behavior (e.g., asking for date, initiating sex) than women's first date scripts, which may indicate

that the script for a first date is more rigid for men than for women. There is quite a bit of agreement between women and men about how the course of a first date unfolds. College students today still say that men are more likely than women to initiate sex (Dworkin & O'Sullivan, 2007). However, the majority of males also say that they wish women would initiate sex more frequently—in part to share the work of sex and in part because it makes men feel like they are more desirable.

The relationship formation script for online dating differs substantially from that described above for offline dating. There are several ways in which relationships may develop online (Sprecher & Metts, 2013). First, people can meet online without the intention of looking for a partner by playing games or as members of an online social group. In this context, relationships may develop in ways similar to offline relationships —based on the combination of positive shared experiences and discoveries of mutual interests and similarity. Second, people can form online relationships via social network sites, such as Facebook. In addition to communicating with one's own network members, one can browse the social networks of friends and initiate a "friend request." Facebook facilitates this networking by pointing out mutual friends. The third way in which online relationships develop is more intentionally by visiting online dating websites, as discussed in <u>Sidebar 9.1</u>.

One relationship script that has remained traditional is the marriage proposal. Traditionally, in heterosexual relationships, the male proposes to the female, which may involve asking the female's father for permission and getting down on one knee when presenting the ring (see Figure 9.2). The majority of both women and men have a preference for traditional marriage proposals. Among college students, 83% of men and 88% of women said the man should propose to the woman (Robnett & Leaper, 2013). The majority of heterosexual college students also endorse the woman taking the man's last name. Among women, 60% said they were willing to take the man's last name, 22% didn't care, and 18% were unwilling. Among men, 17% said they were willing to take the woman's last name, 19% didn't care, and 64% were unwilling.



Figure 9.2 A traditional heterosexual marriage proposal in which the man bends on one knee and presents the woman with an engagement ring. *Source:* Author

Among homosexuals, first date scripts have not been as well investigated. The majority of people in homosexual relationships do not describe their roles as consistent with heterosexual norms of a dominant and submissive person (Patterson, Ward, & Brown, 2013). A more important determinant of how they interact with each other is their "outness"—the extent to which their relationships are public.

Take Home Points

- Women and men agree on the most important characteristics of a mate—kind, understanding, honest, trustworthy, sense of humor, open, and expressive.
- There are sex differences on traits that are relatively unimportant in choosing a mate: Men weigh physical attractiveness more heavily than do women, and women weigh economic resources more heavily than do men. But these differences are hotly debated, as they are more likely to emerge in surveys of ideal mate characteristics than from interactions with potential romantic partners.
- Gay men and lesbians are attracted to a similar set of characteristics in potential mates as heterosexuals. There may be more similarity in mate preferences between men and women among homosexuals than heterosexuals.
- People make trade-offs when choosing mates. When trade-offs have to be made, sex differences are minimized, and women and men choose more similar mates.
- Sex differences in mate preferences can be explained by evolutionary theory, social role theory, and social construction theory.
- The weakness of evolutionary theory is that it cannot explain men's preferences for women with domestic skills; the weakness of social role theory is that it cannot explain men's preferences for attractive mates. Both theories, however, can explain why women prefer a mate with greater economic resources.
- Social construction theory of mate preferences is supported by cultural differences in mate preferences. Sex differences in mate preferences may be larger in more traditional cultures where men's and women's roles are distinct and women have less access to economic resources.
- Historically, and still today, society expects men to initiate romantic relationships. Despite this expectation, men may be relatively uncomfortable having this responsibility.
- First date scripts for relationship initiation among heterosexuals describe the male as taking the proactive role in relationships more than the female. Homosexual relationships do not define roles using a heterosexual framework.
The Nature of Romantic Relationships

Romantic relationships are expected to provide closeness or intimacy, love, and sexual exclusivity. I examine each of these aspects of romantic relationships.

Intimacy

I remember interviewing an elderly couple several months after the husband had suffered a heart attack. I spoke to the two individually. During the course of the separate conversations, I learned that each person had a different conceptualization of "closeness." The wife told me of an occasion when the two of them were sitting together in the living room and watching television. She was not very interested in the television program and he was not talking to her. Because he wasn't paying any attention to her, she went into the other room and called a friend. The husband told me about the same interaction, but it held a different meaning for him. He told me that the two of them were sitting comfortably together watching television, something he defined as a moment of closeness. Then, all of a sudden, she disrupted this moment by leaving the room and calling a friend. They were both upset by the sequence of events but for different reasons. These two people had different definitions of intimacy. She defined *intimacy* by talking or self-disclosure; because the two of them were not talking, she didn't consider the interaction very meaningful, so she called a friend. He defined *intimacy* more as a feeling of comfort in the other's presence and physical proximity. She disrupted this connection by leaving the room.

Although my anecdote suggests differences in women's and men's conceptualizations of intimacy, empirical research has suggested that women's and men's overall conceptualizations are quite similar. One feature of intimacy that seems to be central to women's and men's definitions is self-disclosure. When European and Chinese-Canadian dating couples were asked to describe intimacy, the most frequent response was selfdisclosure (Marshall, 2008). The Chinese Canadians scored lower on self-disclosure, lower on relationship satisfaction, and higher on traditional gender roles than the European Canadians. And traditional gender roles accounted for part of the group difference in self-disclosure and relationship satisfaction.

There is some evidence that intimacy functions differently in relationships for women and men. In-depth interviews with heterosexual, gay, and lesbian couples showed that women in heterosexual relationships and lesbians emphasized the importance of minimizing boundaries between partners as a way to enhance intimacy—that is, increasing connection (Umberson, Thomeer, & Lodge, 2015). These women attached great value to communication and sharing intimate thoughts. The one difference between heterosexual women and lesbians is that minimizing boundaries was a source of difficulty for heterosexual women as they talked of valuing intimacy more than their partners, whereas lesbians tended to be on the same page. Heterosexual and gay men, by contrast, expressed the opposite concern; they said it was important to maintain distinct boundaries between partners. Gay men talked about giving each other space, and the thinking was mutual. Heterosexual men, however, noted that maintaining boundaries was more difficult in their relationships. Thus, there was greater similarity between partners for homosexual couples than heterosexual couples as to how intimacy could be established in the relationship.

The one way in which homosexual and heterosexual couples were similar is that all partners agreed that sex enhanced intimacy in a relationship and all but gay men thought that a decrease in sex was a concern in a relationship. Because gay men are often less concerned with sexual exclusivity, a change in sexual frequency was not viewed as relevant to the intimacy of the relationship.

If women's friendships are closer than those of men and women are more relationship focused than men, it seems likely that a romantic relationship between two women will be closer or more intimate than a romantic relationship that involves at least one man. This turned out not to be the case in a comparison of the intimacy level of cohabiting lesbians, cohabiting gay men, and heterosexual married people (Kurdek, 1998). Instead, both lesbians and gay men reported greater intimacy than heterosexual married people. Despite the higher intimacy, lesbians and gay men also reported a greater sense of autonomy than heterosexual married couples (e.g., having separate friends from partner, making decisions without checking with partner). Thus, sex differences in intimacy among heterosexuals do not seem to apply to homosexuals.

<u>Love</u>

What is love? In 2012, Google reported it was the most popular phrase searched (Al-Khalili, Perry, Baggini, Moyes, & Wybourne, 2012). Many people have shared poetic thoughts ("Beauty and Love Quotes," 2000):

"To love a thing means wanting it to live."

(Confucius, Analects, 6th century B.C., 12.10, translated by Ch'u Chai and Winberg Chai)

"As selfishness and complaint pervert and cloud the mind, so love with its joy clears and sharpens the vision." (Helen Keller, My Religion, 1927)

"The simple lack of her is more to me than others' presence."

(Edward Thomas, 1878-1917, English poet)

Even children have strong opinions about love. Here are a few comments 4- through 8-year-olds made (Dadsonline, 2012):

- "When my grandmother got arthritis, she couldn't bend over and paint her toenails anymore. So my grandfather does it for her all the time, even when his hands got arthritis too. That's love." (female, age 8)
- "When someone loves you, the way they say your name is different. You just know that your name is safe in their mouth." (male, age 4)
- "Love is when a girl puts on perfume and a boy puts on shaving cologne and they go out and smell each other." (male, age 5)
- "Love is what makes you smile when you're tired." (female, age 4)

• "Love is when you go out to eat and give somebody most of your French fries without making them give you any of theirs." (female, age 6)

From distinguished poets to children, the ideas of love for women and men have been adequately captured. All the elements are there: wanting to spend time together (a very long time), feeling safe, showing affection, positive feelings, and putting the other person first.

Love holds a prominent place in romantic relationships. Both women and men agree that love is more important than sex in a relationship—across young adults, middle-aged adults, and the elderly (Neto, 2012). Women and men also agree that sex is a way to demonstrate love, but women are more likely than men (and older people more likely than younger) to view love as preceding sex.

When it comes to matters of the heart, who is more romantic: men or women? One way this question was first addressed was to ask people whether they would marry someone with whom they were not in love. In a study conducted decades ago, Kephart (1967) asked more than 1,000 college students, "If a boy (girl) had all the other qualities you desired, would you marry this person if you were not in love with him (her)?" The majority of the men (65%) but only a small portion of the women (24%) said no. In fact, one of the women remarked, "I'm undecided. It's rather hard to give a 'yes' or 'no' answer to this question. If a boy had all the other qualities I desired, and I was not in love with him—well, I think I could talk myself into falling in love!" (p. 473). This study concluded that men view love as more central to marriage than women do. In this sense, men could be considered the more romantic sex.

One reason men were more romantic than women had to do with the historical relationship between the sexes. Women were marrying not just a man, but a way of life; thus, women were taught to be practical in mate selection. Men could "afford" to fall in love. Today, women are more likely to be economically independent than they were 40+ years ago. Do Kephart's findings still apply?

More recent studies of the Kephart question have suggested that men and women are equally romantic when it comes to marriage. In a study of college students in the United States, Japan, and Russia, women's and men's responses were similar in the United States and Japan (Sprecher et al., 1994). As shown in Figure 9.3, more than 80% of both men and women said they would *not* marry a person if they were not in love with him or her; that is, love was necessary for marriage. In Russia, the sex difference appeared. Women were less likely than men to view love as a basis for marriage. Russians, in general, had less romantic ideals than the Japanese or Americans. Do Gender 9.2 at your college to see if the findings hold.



Figure 9.3 Students in the United States, Japan, and Russia were asked the "Kephart question" (whether they would marry someone who had all the qualities they desired in a mate but they were not in love with the person). Men and women in the United States and Japan were equally likely to say they would not marry the person, that love was the basis for marriage. Only in Russia were women less likely than men to view love as necessary for marriage. * significant; n.s. = not significant

Source: Adapted from Sprecher et al. (1994)



Who Is More Romantic in Love?

Ask 10 women and 10 men the following question: "If a man (woman) had all the other qualities you desired, would you marry this person if you were not in love with him (her)?"

Either have a scale of response options (yes, no, unsure) or create a 5-point scale ranging from 1, definitely no, to 5, definitely yes. What other variables besides sex might be associated with responses? Does age matter? Does ethnicity matter? What about parents' marital status? Gender roles?

It is difficult to assess whether one sex is more romantic than another because there is not a clear definition of "romance" in the literature. We associate romantic behaviors, such as giving flowers on Valentine's Day, with men more than women. However, men's behavior may be driven by women's preferences! Romance novels comprise the largest market share of published books in the United States (Romance Writers of America, 2011), and women are by far the largest consumers of them (82% in 2014).

One group of researchers asked college students what their definition of romance was (Harrison, Becker, & Janze, 2014). Women and men had similar definitions: Romance involved (1) loving, caring, and expressed feelings toward partner; (2) sexuality; and (3) nonsexual actions that express or facilitate commitment. The authors also asked respondents a series of questions related to romance and found that women and men were equally likely to endorse romance as an experience of bonding or love (e.g., "Romance makes me feel loved."), but men were more likely than women to endorse more cynical attitudes toward romance that implied sexual access (e.g., "Heck with the flowers and the candy—I just want sex").

However, research that has examined men's and women's more implicit attitudes toward sex and romance suggests that the link of romance to sex is not as strong as we might think. Researchers developed an Implicit Association Test (as described in <u>Chapter</u><u>3</u>) to determine whether women and men associate sex and romance with positive or negative words (Thompson & O'Sullivan, 2012). Romantic images included a couple walking in the sunset, and sexual images portrayed couples engaging in foreplay and sex. Overall, the results showed that both men and women had more positive responses to romance than sex, but the difference between the two sets of stimuli were stronger for women than men. Gender-related traits also were assessed. Femininity, or communion, was related to more positive associations with romance compared to sex.

Some research has tackled this question by examining romantic attitudes or beliefs, such as those shown in <u>Table 9.3</u>. Research using this scale has shown that men are more likely than women to endorse the following romantic beliefs: (a) love finds a way or conquers all; (b) there is only one true love for a person; (c) one's partner is perfect; and (d) one can fall in love at first sight (Hendrick & Hendrick, 2002). Men fall in love more

quickly compared to women. Today's men may still hold more romantic ideals than women. Although women have achieved greater economic independence over the past several decades, most women expect that they will not be the sole income provider. Thus, women may still have some reason to be more practical when it comes to love.

Table 9.3 Romantic Beliefs Scale

Love Finds a Way

- 1. If I love someone, I will find a way for us to be together regardless of the opposition to the relationship, physical distance, or any other barrier.
- 2. If a relationship I have was meant to be, any obstacle (e.g., lack of money, physical distance, career conflicts) can be overcome.
- 3. I expect that in my relationship, romantic love will really last; it won't fade with time.
- 4. I believe if another person and I love each other we can overcome any differences and problems that may arise.

One and Only True Love

- 1. Once I experience "true love," I could never experience it again, to the same degree, with another person.
- 2. I believe that to be truly in love is to be in love forever.
- 3. There will be only one real love for me.

Idealization of Partner

- 1. I'm sure that every new thing I learn about the person I choose for a long-term commitment will please me.
- 2. The relationship I will have with my "true love" will be nearly perfect.
- 3. The person I love will make a perfect romantic partner; for example, he or she will be completely accepting, loving, and understanding.

Love at First Sight

- 1. I am likely to fall in love almost immediately if I meet the right person.
- 2. When I find my "true love" I will probably know it soon after we meet.
- 3. I need to know someone for a period of time before I fall in love with him or her.

Source: Adapted from Sprecher and Metts (1989)

Another way that men's and women's approaches to love have been addressed is by examining "styles" of loving. According to Lee's (1973) theory of love, there are three primary love styles: **eros**, or romantic love; **storge**, or friendship love; and **ludus**, or game-playing love. There are also three blends of these love styles: **mania**, or manic love, is a blend of eros and ludus; **pragma**, or practical love, is a blend of storge and ludus; **agape**, or pure love, is a blend of eros and storge. The love styles are depicted in Figure 9.4, and sample items are shown in Table 9.4.

Sex differences appear on some of these love styles. Women typically score higher than men on pragma and storge, and men score higher than women on ludus (Hendrick & Hendrick, 2009). The sex difference in pragma is consistent with the previously reviewed research showing women are more practical than men when it comes to love.

The sex difference in ludus is certainly consistent with our stereotypes that men are less willing than women to commit to a relationship. Ludus is associated with lower relationship satisfaction, and storge and pragma are unrelated to relationship satisfaction. Women and men score similarly on eros, which is associated with higher relationship satisfaction. One limitation of this research is that most of it has been conducted with college students. It would be interesting to see how people's love styles change with age.



Figure 9.4 Love styles.

Source: Adapted from J. A. Lee (1973)

Table 9.4 Love Styles

Eros

My lover and I have the right physical "chemistry" between us.

I feel that my lover and I were meant for each other.

Ludus

I try to keep my lover a little uncertain about my commitment to him or her.

I enjoy playing the "game of love" with a number of different partners.

Storge

It is hard to say exactly where friendship ends and love begins.

The best kind of love grows out of a long friendship.

Pragma

I consider what a person is going to become in life before I commit myself to him or her.

An important factor in choosing a partner is whether or not he or she will be a good

parent. *Mania* When my lover doesn't pay attention to me, I feel sick all over. When I am in love, I have trouble concentrating on anything else. *Agape* I would endure all things for the sake of my lover. I cannot be happy unless I place my lover's happiness before my own.

Source: Hendrick and Hendrick (1986)

Research on attachment theory has reached similar conclusions to the research on love styles. According to attachment theory, there are two dimensions of insecure attachment to romantic partners: anxious and avoidant (Brennan, Clark, & Shaver, 1998). A person with an anxious attachment style is concerned with a partner leaving, exhibits clingy behavior, and seeks reassurance. A person with an avoidant attachment style is concerned with maintaining his or her own independence, prefers not to get too close to a partner, and can appear emotionally distant. A meta-analysis of 113 samples showed that males score higher on avoidant attachment (d = +.02) and females score higher on anxious attachment (d = -.04) but these differences are tiny (Del Guidice, 2011). However, sex differences were larger in community samples than college students, and the majority of studies have focused on college students.

Sexuality

National survey data reveal that 93.6% of females and 95.6% of males identify as heterosexual, 1.2% of females and 1.8% of males identify as homosexual, and 3.9% of females and 1.2% of males identify as bisexual (Centers for Disease Control and Prevention, 2015). However, same-sex attraction is more common than identity as homosexual or bisexual, as shown in <u>Table 9.5</u> (Chandra, Mosher, Copen, & Sionean, 2011). In addition, men are more likely than women to be exclusively attracted to one sex. When asked to whom they are attracted, more men than women say they are only attracted to the opposite sex or only attracted to the same sex.

	Only Opposite	Mostly Opposite	Equally	Mostly Same Sex	Only Same Sex	Not Sure
Men	92.2	3.9	1.0	0.7	1.5	0.7
Women	85.7	10.2	1.9	0.8	0.7	0.8

Table 9.5 Sexual Attraction

Men seem to be more satisfied with their sexual relationships than women. Across 29 countries, men reported higher sexual well-being compared to women (Laumann et al., 2006). The sex difference was larger in male-centered countries, such as Brazil, Korea, and Morocco, where there is a greater status differential between men and women. Men may be more satisfied with sex than women because men are more likely to initiate sex

or because men are more likely to disclose their sexual desires. In a study of college dating couples, males were more likely than females to discuss sex, including their sexual desires, while females were more likely than males to report that they had difficulty getting their partner to do what they wanted during sex (Greene & Faulkner, 2005). Thus, here is one arena where men seem to communicate more effectively than women.

Attitudes Toward Sex

Sexual attitudes and behaviors have become more permissive over the years (Elias, Fullerton, & Simpson, 2015; Sprecher, Treger, & Sakaluk, 2013). Some of the increase in permissiveness is due to age, as attitudes are more permissive among younger than older persons. But some of the increase in permissiveness is due to a cohort effect, as younger generations are more permissive than older generations—with the exception of the Baby Boomers who were the most permissive in recent decades. Finally, some of the increase in permissiveness cannot be attributed to age or cohort but simply a changing of the times. In terms of demographic variables, Black people are more permissive than White people; and religious people, people with teenagers in the home (let's call this a situational factor!), and people living in the South are least permissive.

Some of the increase in permissiveness may stem from the delay in marriage. In their book titled Premarital Sex in America, Regnerus and Uecker (2011) object to the term used in their own title because the majority of people today have their first sexual experience with someone who is not a marriage partner. Premarital sex is a term that was coined to represent sex within a committed couple prior to their marriage. Given that the average age of first sex is 17 and the average age of marriage is 26 for women and 28 for men, "premarital" is not a good descriptor of first sexual experiences. In 1940, two-thirds of college women and one-third of college men said that premarital sex was wrong (Lance, 2007). Those numbers have decreased dramatically. Today, the majority of women and men find sex between an unmarried woman and man acceptable, men slightly more so than women-70% of men compared to 66% of women said that premarital sex was morally acceptable (Dugan, 2015). However, these numbers still fall short of the percentage of people who have sex prior to marriage. In a national survey conducted between 2006 and 2010, 87% of women and 91% of men between the ages of 15 and 44 said that they had had sex prior to marriage (Centers for Disease Control and Prevention, 2015).

A meta-analytic review of the literature (described in <u>Chapter 4</u>) showed that men have more permissive attitudes about sex than women (Petersen & Hyde, 2010). A more recent study of adults concurred with this conclusion but noted that the difference was limited to casual relationships (d = .41; Sprecher et al., 2013). Men and women are in agreement about sex being acceptable in the context of serious relationships (d = .08). The study also showed that Black men were more permissive than White, Hispanic, and Asian men, but there were no race differences in permissiveness among women. Women and men tend to believe in a double standard in regard to sex—that it is more acceptable for men than women to have sex (Bordini & Sperb, 2013). But because sex outside of marriage is more accepted today by both men and women, this double standard applies to more specific situations such as casual sex and having a large number of sexual partners. As shown in Figure 9.5, in the context of a casual relationship, men and women are in agreement that it is more acceptable for men than women to have sex, although females are less permissive than males overall (Sprecher et al., 2013). The majority of college students say that they lose respect for people who have a lot of casual sex, but women lose respect more than men (Allison & Risman, 2013). Again, the double standard surfaces and more so among men. One-quarter of men said that they lost respect for a female but not a male who has a lot of hookups. Only 4% of women agreed with this.

There is a greater stigma associated with casual sex for women than men. In one study, heterosexual college students were asked to imagine that someone approached a person, said they found the person to be attractive, and asked if the person would like to have sex (Conley, Ziegler, Moors, Matsick, & Valentine, 2012). If the person agreed, students judged females to be less intelligent, less mentally healthy, and more promiscuous than males. Female students were harsher in their judgments overall compared to males. In a follow-up study, it was clear that students are aware of this double standard. When asked to imagine that they were the person being approached to have casual sex, men expected to be evaluated more positively than women when they accepted and women expected to be evaluated more positively than men when they rejected the offer (see Figure 9.6). The authors concluded that one reason women reject casual sex more than men is that they believe others will view them negatively. Interestingly, another study of college students showed that men and women did not judge a male versus a female who had casual sex differently, but *perceived* that others would judge females who had casual sex more harshly than males (Weaver, Claybourn, & MacKeigan, 2013). Apparently, it is the perception that influences behavior. See if a double standard exists in your school with Do Gender 9.3.



Figure 9.5 Both men and women agree that it is more acceptable for a man than a woman to have sex in the context of a casual relationship.

Source: Adapted from Sprecher et al. (2013)





Source: Adapted from Conley et al. (2012)



Sexual Double Standard

Ask a group of men and women to rate the acceptability of sexual intercourse for a man and a woman involved in various levels of relationship commitment (e.g., met at a party, dating for 6 months, engaged). Do women or men hold a double standard (i.e., believe sex is more acceptable for women than for men) at any particular stage of a relationship? For any number of partners?

When the sexual encounter involves a teenager and an adult, a reverse sexual double standard appears (Sahl & Keene, 2010). Both males and females judge a sexual relationship between an adult man and teenage girl as more unacceptable than a sexual relationship between an adult woman and teenage boy. And females judge both kinds of relationships as less acceptable than males.

One situation in which both women and men disapprove of sex is when one person is married to someone else. The vast majority of both women and men in the United States as well as many other countries disapprove of extramarital affairs (Sprecher, 2006). Although attitudes toward sex in general and sex outside of marriage have become more liberal over the past few decades, attitudes toward extramarital affairs have not changed and remain negative. Only 5% of women and 12% of men find extramarital sex to be morally acceptable (Dugan, 2015). Nearly two-thirds (64%) of both men and women say that they would not forgive their spouse for having an affair and would likely divorce (Jones, 2008).



Figure 9.7 Cumulative percentage of males and females who have ever had sexual intercourse at each age. *Source:* Adapted from Finer and Philbin (2013)

First Sexual Experiences

National surveys have shown that 43% of females and 42% of males between the ages of 15 and 19 have had sex (Centers for Disease Control and Prevention, 2011). However, this rate has declined since 1988, in which the comparable figures were 51% for females and 60% for males. The decline applies to all races and ethnicities. The majority of first sex occurs within the context of a relationship but more so for females (70%) than males (56%). And the majority of youth are using contraception during their first sexual experience (78% females and 85% males), which likely accounts for the decline in teen pregnancy. Figure 9.7 shows the cumulative percentage of males and females who have had sex at each age. Up until age 20, more boys than girls say they have had sex. I would have to say that the "abstinence-only" campaign is not working. (See Sidebar 9.2 for an expanded discussion of that issue.)



Does Abstinence-Only Work?

In 1996, federal funding to promote abstinence education dramatically increased. During the next 10 years, the federal government spent more than \$1.5 billion on abstinence-only-until-marriage education among upper elementary and middle-school children (Young, 2009). There are a number of tenets of abstinence-only education, the most notable of which are (1) abstinence of sex until marriage is the expected standard, and (2) sexual intercourse outside of marriage is associated with harmful psychological and physical consequences. There is no mention made of contraception or condoms, except with respect to their failure rates.

In 2005 to 2006, 4- to 6-year follow-up data were evaluated from programs in Virginia, Florida, Wisconsin, and Mississippi that had randomized students to abstinence-only education or a control group that did not receive this program (Trenholm et al., 2007). Results showed no group differences in sexual behavior-49% of students in both groups had remained abstinent. The age of sexual initiation was the same in both groups. There was also no group difference in unprotected sex, which was surprising given that other research has shown that those who pledge abstinence are less likely to use contraception when they break their pledges. Another study in which teens were randomly assigned to an abstinence-only program or not had similar findings-no difference in age at first sexual activity, no difference in unprotected sex, and no difference in the number of sexual partners (Trenholm et al., 2008). A small study of African-American students contrasted abstinence-only and comprehensive sex education with a control group and showed a modest effect for abstinence-only programs to delay sex but only comprehensive sex education programs reduced the number of sexual partners (Jemmott, Jemmott, & Fong, 2010). More recently, a meta-analysis was undertaken to evaluate the effects of comprehensive sexual risk-reduction education and abstinence-only education (Chin et al., 2012). There were benefits of comprehensive risk reduction education on all seven outcomes: current sexual activity, frequency of sexual activity, number of sexual partners, frequency of unprotected sex, use of protection, pregnancy, and STDs. The findings for abstinence-only education were mixed; there was a benefit on current sexual activity but not on the number of sexual partners or any measure of protection or STDs. Even effects on pregnancy were unclear.

In terms of the negative consequences of sexual intercourse among adolescents, there is little evidence that consensual sex among teens is associated with poor health outcomes (Santelli et al., 2006). In terms of mental health consequences, early sexual activity often coexists with other mental health and family health problems that precede rather than follow sex.

Scientists have concluded that abstinence is an effective way to protect against pregnancy and STDs but abstinence as the only form of education is scientifically and morally unacceptable (Ott & Santelli, 2007; Santelli et al., 2006). Consider Figure 9.7. By age 20, more than 70% of females and males have had sex; the average age of marriage is mid-20s. The average age of first sex (17) occurs between 9 and 10 years before the average age of marriage. Given the high rates of sexual activity before marriage and the fact that the United States has the highest rate of teen pregnancy among developed countries, abstinence-only education without information on effective contraceptive use seems to be a fairly irresponsible approach.

Comprehensive sex education in schools is more likely to be opposed by people who are religious and Hispanic (Chappell & Maggard, 2010). Yet formal sex education seems to be associated with delaying sex and using birth

control when youth first have sex—and this is especially the case among African-American women (Mueller, Gavin, & Kulkarni, 2008).

What predicts the onset of sex? A review of 35 longitudinal studies showed that early onset of sexual intercourse is associated with alcohol use, delinquency, and, for females, depression (Zimmer-Gembeck & Helfand, 2008). Although teens may believe that having sex helps to sustain a relationship, the earlier in a relationship that a couple has sex the more likely the relationship will end (Regnerus & Uecker, 2011). Religiosity predicts girls waiting until they are 18 or older to have sex, and anxiety predicts the same in boys. Familial factors are more strongly associated with the onset of sexual intercourse among Black and Hispanic families than White families. A study of African-American girls ages 15-17 showed that closer relationships to mothers were associated with a lower likelihood of having had sex (Usher-Seriki, Bynum, & Callands, 2008). African Americans talk with their parents more about sex and receive more education from parents about sex compared to Whites and Latinos, whereas Asian Americans talk less with their parents about sex than Whites and Latinos (Calzo & Ward, 2009; Epstein & Ward, 2008; Sprecher, Harris, & Meyers, 2008). Overall, families do not talk much about sex, which is disappointing, as talking about sex is the best protection against negative outcomes. See "Talk: The New Sex Ed" curriculum (<u>www.thenewsexed.org</u>), developed by a former Carnegie Mellon student of mine, Samantha Bushman.

Perhaps in response to the abstinence-only campaign, some young people have taken a pledge of virginity. Does it work? Yes and no. Yes, it works in the sense that people who make a public or written commitment to refrain from sex until marriage delay sex compared to those who do not make a pledge. (In this case, *sex* is defined as sexual intercourse. It turns out that pledgers are more likely to have oral and anal sex than nonpledgers.) No, it does not work in that the vast majority of people who make this pledge have sex before marriage. One study followed 7th- through 12th-grade pledgers and nonpledgers for 5–6 years and showed that 88% of pledgers had sex before marriage compared to 99% of nonpledgers (Bruckner & Bearman, 2005). One cause for concern is that pledgers were less likely than nonpledgers to use condoms during the first sexual intercourse. Although the rate of sexually transmitted diseases (STD) was the same for the two groups, pledgers were less likely than nonpledgers to be tested for STDs.

There are important differences between virginity pledge studies and abstinence-only programs. People are choosing to engage in a virginity pledge rather than being randomly assigned to take such as pledge, as is the case with research on abstinence-only programs. Thus, there are likely to be differences in the characteristics of pledgers and nonpledgers that influence sexual activity, such as religiosity. Many of those who pledge abstinence do so in a religious context.

How do males and females respond to their first sexual experiences? In research on college students over a 23-year period (1990–2012), responses have become more positive over time, and sex differences have diminished (Sprecher, 2014). However, even recent

data show that the experience is more positive for males than females. As shown in <u>Figure 9.8</u>, males report greater experiences of pleasure than females, females report greater experiences of guilt than males, and men and women report equal amounts of anxiety.

Sexual Behavior

Research on attitudes toward sex show that men are more permissive, but do the data on behavior support the findings on attitudes? Yes and no.

It is not clear whether there are sex differences in the frequency of casual sex, but the answer may depend on the nature of the sample. One study of college students found no sex differences in the frequency of casual sex but showed that men find more benefits than women in "hookups" (Bradshaw, Kahn, & Saville, 2010). Benefits included no expectation of commitment and fun/excitement. Costs included the potential for STDs, pregnancy, and someone getting attached. An online survey of adults showed that men were more likely than women to have had casual sex relationships but that personality was more predictive than the person's sex (Jonason, Hatfield, & Boler, 2015).





Regardless of the frequency of casual sex, both men and women college students say they would prefer dating relationships to casual sex relationships (Bradshaw et al., 2010). Sexual monogamy is the primary sexual script endorsed by college students (Regnerus & Uecker, 2011). College student do not judge each other negatively for having sex with someone as long as they are having sex with one partner at a time.

Monogamy is endorsed more strongly in heterosexual and lesbian relationships than gay men's relationships (Fingerhut & Peplau, 2013). In a study of gay, lesbian, and

heterosexual couples conducted in 1975 and then in 2000, there were increased rates of monogamy among couples over the 25 years, but gay male couples had the highest rates of having sex outside the relationship (Gotta et al., 2011). In a study of gay and lesbian online daters, profile and preference information revealed that the majority were looking for long-term relationships and believed in monogamy, but lesbians were more interested in monogamy than gay men (Potarca, Mills, & Neberich, 2015).

Despite heterosexuals' explicit preference for monogamy, a sizeable number of men and women have extramarital affairs. The most recent national survey data reveal that 21% of married men and 13% of married women have had an extramarital affair (General Social Survey, 2015). A study of adults whose relationships were tracked from 1980 through 2000 showed that men were three times more likely than women to have had an extramarital affair (DeMaris, 2013). However, the effect of the affair was the same regardless of the sex of the cheater. Extramarital sex was strongly predictive of separation and divorce—regardless of marital quality, the presence of children, and the length of the marriage.

Overall, men report more sexual partners than women (Regnerus & Uecker, 2011). In 2006–2008, 46% of women and 59% of men ages 15–44 reported having had four or more sexual partners (Chandra et al., 2011). To the extent that men are having sex with women, several explanations have been proposed for the continued emergence of this sex difference:

- 1. There are a small number of women having sex with a lot of men.
- 2. Men are counting nonvaginal sex as sex and women are not.
- 3. There is a social desirability response bias such that women underreport sex and men overreport sex.
- 4. Women count their sexual partners carefully and men estimate.

All four possibilities may play some role in the phenomenon, but there appears to be clear support for the latter two. When there are greater assurances of confidentiality, the sex difference in number of partners diminishes. When people are given more time to consider their answer to this question, the sex difference also decreases. People typically respond to this question in a survey while answering a number of other questions, giving this question little thought.

Take Home Points

- On the whole, men and women conceptualize intimacy in the same ways. Intimacy includes expressions of love and appreciation, feelings of happiness and contentment, and self-disclosure.
- Sex may be a more important component of intimacy for both heterosexual and homosexual men than women, but it is still not the most important feature of intimacy for men.
- Historically, women had a more practical view of love and men had a more romantic view. Today, the sex differences are smaller, but men still tend to hold more romantic ideals than women.
- There are some sex differences in styles of love. Men adopt a more game-playing strategy and score higher on avoidant attachment, whereas women are more practical and score higher on anxious attachment.
- Men and women are equally accepting of sex in serious relationships. In more casual relationships, men are more accepting of sex.
- Double standards exist regarding sex, such that it is more acceptable for a man than a woman to have sex in the context of a casual relationship but less acceptable for a man than a woman to have sex with a minor.
- The age of first sexual experience has changed over time. Today's youth are waiting a bit longer to have their first sexual experience, are more likely to use contraception than previous generations, and are experiencing more positive emotions with their first sexual experience.
- Abstinence-only education and pledges of virginity seem to delay sex but do not postpone sex to marriage and may be associated with less contraceptive use.
- It is unclear whether there are sex differences in the frequency of casual sex, but men report more sexual partners than women and are more likely to report extramarital affairs.
- Sexual monogamy is more central to heterosexual and lesbian relationships than gay men's relationships.

Maintaining Relationships

Consider the following book titles that appeared in the past decade:

Communication Miracles for Couples: Easy and Effective Tools to Create More Love and Less Conflict (Robinson, 2012)

Creating a Healthy Life and Marriage: A Holistic Approach: Body, Mind, Emotions and Spirit

Getting the Love You Want: A Guide for Couples

(Hendrix, 2007)

(Desjardins, 2010)

Ten Lessons to Transform Your Marriage: America's Love Lab Experts Share Their Strategies for Strengthening Your Relationship

(Gottman, Gottman, & Declaire, 2006)

Couple Skills: Making Your Relationship Work

(McKay, Fanning, & Paleg, 2006)

What do these books have in common? First and foremost, they are all geared toward the preservation or maintenance of relationships. Second, toward whom are these books directed? Survey the sex of the people browsing through this section of your local bookstore. As you will see in this section of the chapter, women are typically regarded as the caretakers of relationships.

Maintenance Strategies

What do people do to keep a relationship going? One way that couples maintain relationships is via a series of cognitive mechanisms that reflect both accuracy and bias (Luo & Snider, 2009). In terms of accuracy, couples who have an accurate perception of each other are happier. In terms of bias, couples who view each other more positively than they really are (positivity bias) and couples who perceive each other as more similar than they really are (similarity bias) are happier. Although women show more biases than men, the biases are equally associated with marital satisfaction for both women and men.

Another way relationships are maintained is through accommodation. *Gender-role attitudes* is one such domain. In both married and cohabiting couples, when one partner is traditional, the other partner is more likely to become traditional and when one partner is egalitarian, the other partner is more likely to become egalitarian (Kalmijn, 2005). The effect of men on women is similar to the effect of women on men, but the effects partly depend on the nature of the view. Wives' egalitarian views have a stronger effect on husbands than wives' traditional views. And, husbands' traditional views have a stronger effect on wives than husbands' egalitarian views.

There are some maintenance behaviors that wives are especially more likely to engage in than husbands. First, in heterosexual relationships, wives maintain relationships by taking on more than their share of the division of labor in the family. Household labor is divided in a more egalitarian way between partners in homosexual couples (Fingerhut & Peplau, 2013; Gotta et al., 2011). This topic will be discussed in more depth in <u>Chapter 11</u>. Second, wives sacrifice personal leisure time (Canary & Wahba, 2006). For example, at the end of the day when both husband and wife are sitting down watching television, the wife is likely to be folding laundry or creating a grocery list at the same time.

Emotion skills are another way of maintaining relationships. *Emotion skills* refer to the management of one's own and one's partner's emotions during interactions. Softening the delivery of a negative message, being open and receptive to others' communication, anger directed at the behavior rather than the person are examples of emotion skills. In a study of married couples discussing an area of disagreement, the display of emotion skills was associated with marital satisfaction for both women and men (Mirgain & Cordova, 2007). Women scored higher than men on some—but not all—domains of emotion skills.

In married couples, sexual activity can be construed as a maintenance behavior. Sexual activity is both a source of marriage vitality and a source of marriage conflict. Satisfaction with sex is more closely tied to marital satisfaction than sexual frequency for both women and men (McNulty, Wenner, & Fisher, 2016). Interviews with couples who had been married for more than seven years revealed that sexual activity was a barometer of a healthy marriage (Elliott & Umberson, 2008). Couples agreed that the main conflict over sex was in terms of frequency and that husbands desired sex more than wives. In response to this problem, both wives and husbands made attempts to address this problem. Wives said that they purposely tried to become more interested in sex, whereas husbands said that they sometimes tried to inhibit their sexual desires. Sexual desire also was tied to the division of labor. Men participated in household labor in an attempt to reduce their wives' workload and enhance their wives' sexual desire; and wives said that this was effective!

A series of 19 relationship maintenance behaviors were studied in newlywed couples over the first 3 years of their marriage (Kaighobadi, Shackelford, & Buss, 2010). Women and men scored similarly on nearly all of the tactics but differed on three: Men engaged in more resource display (i.e., spending money on partner) than women, men scored higher on submission and abasement (i.e., change to please one's partner) than women, and women engaged in more appearance enhancement (i.e., making oneself attractive for partner). Notably, all of these mate retention tactics decreased over the 3 years of the study.

Sex and sexual orientation differences in maintenance strategies have been found in dating couples. Heterosexual women reported being more likely to engage in a variety of strategies than their male counterparts, including monopolizing the mate's time, derogating competition, providing sexual inducements, and enhancing one's appearance (VanderLann & Vasey, 2008). By contrast, there was only one strategy in which heterosexual men engaged more than women—displaying resources. Homosexual men generally behaved like heterosexual men, with one exception. Homosexual men were

less likely to display resources than heterosexual men. Homosexual women, however, did not behave like heterosexual women. Lesbians were less likely to use all of the above-mentioned strategies than heterosexual women.

Five relational maintenance strategies were examined in a meta-analysis of married couples and showed that women engaged in higher levels of four of the five behaviors compared to men, with the largest sex difference being for openness or self-disclosure (d = -.37; Ogolsky & Bowers, 2012). Men scored higher than women on "positivity," meaning that men tried harder than women to maintain a cheerful and positive attitude.

It is not only women who maintain relationships, but partners of either sex who score high on expressivity or psychological femininity are likely to be concerned with relationship maintenance. Both wives and husbands who score higher on expressivity put more effort into improving the relationship and engage in more maintenance strategies (Canary & Wahba, 2006).

Not surprisingly, couples are more likely to engage in relationship maintenance behaviors when they are in love with their spouse, satisfied with the relationship, and committed to the relationship. It turns out that relationship feelings are a better predictor of maintenance behaviors for wives than husbands (Canary & Wahba, 2006). The most maintenance behaviors occur in a relationship that the wife perceives as equitable, and the least maintenance behaviors occur in a relationship in which the wife feels underbenefited—that she receives less from the relationship than her partner. The husband's perception of relationship equity seems to be less related to maintenance behavior.

Online Maintenance Strategies

Increasingly, relationships are maintained by online communications and technologies. For younger people, communication increasingly takes place via cell phone, text, and personal pages, such as Facebook. A study of young adults ages 18–25 showed that nearly all use cell phones to talk and text, the majority use Facebook, and about half use instant messaging (Rappleyea et al., 2014). For each mode of communication, the rate for females was slightly higher than males, but, again, the overall rates were high. One study showed that over 90% of people text with their partner at least once a day (Schade, Sandberg, Bean, Busby, & Coyne, 2013). Thus, texting is a major way of connecting with partners during the day. There are advantages and disadvantages of this relationship maintenance strategy. On the one hand, back-and-forth texting can foster a sense of connection (Hall & Baym, 2012); yet, because the receipt of a text makes one feel compelled to respond, a cycle of texting can prevent one from involvement in other activities or tending to other relationships.

Texting is the preferred mode of communication for teenagers. Texting is viewed by teens as less disruptive, easier to execute in almost any circumstance, requiring little forethought, part of multitasking, and immediate (Blair, Fletcher, & Gaskin, 2013). In terms of more personal or emotional content, some teens prefer a phone call and others

are more comfortable with text. Sexting, or the sending of sexually explicit messages or pictures, is not infrequent among teens and young adults. Among college students who had been in a serious relationships, two-thirds said they had sent a sexually explicit message to a romantic partner at least once and just more than half (54%) said they had sent a sexually explicit picture or video (Drouin & Landgraff, 2012). The rate was the same for males and females.

Teens not only maintain relationships via text but also initiate and terminate relationships with these methods. When my daughter started middle school in sixth grade, I was amazed to learn that some of her friends were "going out" with one another. I naively asked exactly what this involved. It typically involved a text-related initiation of a relationship, a text-maintained relationship, and a text-related breakup. Pop singer Katy Perry told the media that her husband asked her for a divorce via text! Not surprisingly, a survey of teens revealed that just more than half said they would terminate a casual relationship via text and a quarter said they would break up a serious relationship via text (Jayson, 2013). And it appears that men are more likely than women to break up with a guy when I was 14 years old. If only text messaging had been available! Another convenient way to break up with someone today is to change one's status from "in a relationship" to "single" on one's Facebook page.

Relationship Satisfaction

What predicts how satisfied men and women are with their romantic relationships? One determinant in heterosexual marriage is the person's sex. Men are happier in marriage than women, but the size of this difference is small (Jackson, Miller, Oka, & Henry, 2014). Gender-related traits may be a better predictor of relationship satisfaction than sex, as the most satisfying relationships are ones in which at least one of the partners is characterized by communion (Young, Moss-Racusin, & Sanchez, 2014). Because communion is described as an orientation to relationships, this is not surprising.

The distribution of power within a couple is a predictor of marital satisfaction. People also speculate as to whether homosexual relationships are as satisfying as heterosexual relationships. Here I discuss both of these issues.

Power Distribution

One determinant of relationship satisfaction is in how power is distributed between women and men. One would expect that younger women and men should have more equal power in relationships because they are less likely to adhere to traditional roles. College women and men, in particular, have a similar status and similar access to resources. Thus, there is reason to predict that power will be distributed equally in college relationships. In older couples, men report more power than women among both Whites and Blacks, and the arrangement associated with the most male power is the traditional one—husband working but wife not working outside the home (Bulanda, 2011). However, in this study power was not clearly linked to relationship satisfaction because Black women reported more power in their relationships but less marital satisfaction compared to White women.

One way that power has been assessed in relationships is by the "principle of least interest" (Waller, 1938). The principle of least interest states that the more emotionally uninvolved person in the relationship influences the quality and stability of the relationship. In a longitudinal study of heterosexual dating couples, the majority of couples reported relatively equal involvement but when involvement was unequal, both women and men agreed that the female was more emotionally involved than the male (Sprecher, Schmeeckle, & Felmlee, 2006). Equal emotional involvement was associated with greater relationship satisfaction. Unequal emotional involvement predicted relationship breakup—especially so for females.

A proxy for power distribution might be the couple's gender-role attitudes—whether they are traditional in endorsing men having more power in the relationship than women or more egalitarian. One study showed that nontraditional attitudes are associated with higher levels of relationship quality, and traditional attitudes are associated with lower levels of relationship quality (Coughlin & Wade, 2012). In this particular study, the explanation lay in how the couple viewed the disparity between the husband's and wife's income. When couples held nontraditional attitudes, the disparity in income was unimportant and the couple was happy. When couples held traditional attitudes, the disparity in income was important and the couple was unhappy.

One of the difficulties with studies of the distribution of power in relationships is that they are based on self-report. A more creative methodology to assess power in relationships was developed in an older study and applied to several cultures (Wagner, Kirchler, Clark, Tekarslan, & Verma, 1990). The investigators asked women and men in Austria, the United States, India, and Turkey to imagine they bought a fairly expensive product and their spouse either approved or disapproved of the purchase. Respondents were asked to rate how good or bad they would feel in each situation. The discrepancy between how the person felt when the spouse disapproved versus approved represented "dependence on the other's agreement," which would reflect low power. In other words, if you feel really good when you buy something of which your spouse approves and really bad when you buy something of which your spouse disapproves, you have low power in the relationship. By contrast, if your feelings are relatively unaffected by whether your spouse approves or disapproves of your purchase, you have high power in the relationship.

As expected, in families in which the husband was dominant, men were less dependent than women. This means that men were less affected than women by whether their spouse approved or disapproved of their purchase. In egalitarian families, men and women were equally dependent. Interestingly, these findings held for only the two Western cultures, Austria and the United States. There was actually less dependence in the traditional patriarchal cultures of India and Turkey because the traditional gender roles in India and Turkey are independent roles. Men's and women's roles are distinct from one another and they function in those roles independent of one another. Determine the level of "dependence" in your own and your peers' relationships with <u>Do</u> <u>Gender 9.4</u>.



Economic Independence

One way to determine whether your relationship is egalitarian is to examine economic independence. How much can you spend without asking your partner? How much can your partner spend without asking you? What is the most you have ever spent without asking your partner? What is the most your partner has ever spent without asking you?

Now try Wagner and colleagues' (1990) experiment. Ask each member of a couple to imagine making a fairly expensive purchase. Ask them to imagine that their spouse approves and to rate how they would feel: 1 = Feel very bad and 5 = Feel very good. Then ask them to imagine that their spouse disapproves and to rate how they would feel: 1 = Feel very bad and 5 = Feel very good. To determine power, evaluate the discrepancy in ratings for spouse approval versus disapproval (higher discrepancies equal less power).

One reason that it is difficult to evaluate whether power is equitable is that people can report an equal power relationship in two ways. First, power can be equal because the two people share responsibility for all domains; this is the definition of a true egalitarian relationship. Second, power can be equal such that one person has exclusive power in some domains and the other person has exclusive power in other domains; thus, there is an *average* balance of power. This is the situation that characterized the Turkish and Indian marriages. But are these egalitarian relationships? They can be, but often they are not. If the domains of power are divided along traditional gender-role lines, such that women have power over child care matters and men have power over economic resources, it is unlikely the relationship is truly egalitarian.

One determinant of relationship satisfaction for both women and women is **equity** (Cahn, 1992). An equitable relationship is one in which a person feels that what she or he puts into and gets out of a relationship is equal to what the partner puts into and gets out of the relationship. People who report they are overbenefited (receive more from the relationship than their partner) or underbenefited (receive less from the relationship than their partner) or underbenefited (receive less from the relationship than their partner) are dissatisfied in relationships, whether male or female (Cahn, 1992). It appears that equity is a stronger determinant of relationship quality for women than men (DeMaris, 2007). See <u>Sidebar 9.3</u> for an interesting view of equity and egalitarianism in relationships by Hugh Hefner.

***** Sidebar 9.3

Equity in Relationships According to Hugh Hefner

In 1999, Hugh Hefner claimed his relationships with his four girlfriends are equal. Here is an excerpt from an interview with Hugh Hefner (by Terry Gross) on National Public Radio (November 29, 1999):

GROSS: Now, here's something I sometimes wonder about couples in which there is a really big age disparity between them... Like, if you're 52 years older than the woman you're seeing, she ... in some ways, she couldn't possibly be your equal because you've lived a long time, you've been very successful, you've amassed a fortune, and published this world-renowned magazine, whereas they're not even out of college yet. So, it just wouldn't be possible for them to function as your equal.

HEFNER: Is that of some importance?

GROSS: Well, if I was the woman in the relationship, it would be important to me.

HEFNER: Well, I think—quite frankly—that people are attracted to one another for a variety of reasons. There is more than one kind of equality. And in my relationship with the women that I am seeing right now, there is a very real equality in terms of who makes the decisions in the relationship in what we do and how we spend our time, etc. But, I would say that the relationships are more complementary than equal. Each of us brings something different to the relationship. I bring the experience and the years and the wisdom and whatever. And they bring a very special joy, [they] relate to life that is not so sophisticated, not so cynical, and very refreshing.

Equality may be more central to gay and lesbian relationships than heterosexual relationships. As mentioned previously, same-sex couples have a more egalitarian division of labor in the home than heterosexuals. One study showed that lesbian couples had more shared decision making and equal power compared to gay male or heterosexual couples (Kurdek, 2003). These findings are interesting because we know that women are more focused than men on equality in heterosexual relationships. Thus, equality may have more to do with being female than with being female in the context of a heterosexual relationship.

Sexual OrientationA stereotype exists that gay men and lesbians have less wellfunctioning relationships compared to heterosexuals. Research does not support this claim (Fingerhut & Peplau, 2013), and the stereotype is dissipating over time. A study in which college students and counselors read about both heterosexual and homosexual couples showed that college students rated couples the same in terms of relationship satisfaction, closeness, investment, and commitment (Skinner & Goodfriend, 2009). Interestingly, the counselors rated the homosexual couples more highly than the heterosexual couples, perhaps exhibiting the shifting standard discussed in <u>Chapter 3</u> that is, if the couple is doing well and is homosexual, they must be doing really well!



Figure 9.9 Relationship quality over 10 years of cohabitation among lesbians, gay men, heterosexuals without children, and heterosexuals with children. Source: Kurdek (2008)

Most studies show that gay men and lesbians are as committed and satisfied with their relationships as heterosexuals. Laboratory research has shown that gay and lesbian relationships are similar to that of married individuals in terms of self-reports of the quality of the relationship, observations of interactions, and physiological reactivity to those interactions (Roisman, Clausell, Holland, Fortuna, & Elieff, 2008). In a 10-year longitudinal study of the relationships of gay men, lesbians, and heterosexuals with and without children, relationship satisfaction remained the same over the 10 years for lesbians, declined and then returned to the initial state among gay men, declined among heterosexuals with children, as shown in Figure 9.9 (Kurdek, 2008). Note that at the end of the 10 years, relationship satisfaction was highest among lesbians and gay men. Thus, the sex difference in marital satisfaction among heterosexuals (male more than female) pertains more to the nature of heterosexual male-female relationships than to sex (i.e., being male or female).

Take Home Points

- Overall, women engage in more relationship maintenance than do men.
- More specifically, women have greater relationship-enhancing biases, contribute more to the household division of labor, and engage in more emotion work than men.
- In dating relationships, men engage in more resource display, spending money on their partner, in both heterosexual and homosexual relationships. Women engage in more appearance enhancement but only among heterosexual couples.
- Online communication is an increasing method of maintaining relationships among married and dating couples.
- Men are more satisfied in relationships than women.
- One factor that influences relationship satisfaction is the power balance of the relationship. In general, more egalitarian relationships are associated with relationship satisfaction for both women and men.
- There are different ways of conceptualizing egalitarianism: joint participation or separate but equal participation. The latter may not be a truly egalitarian philosophy.
- There are no differences in overall relationship quality among gay, lesbian, and heterosexual relationships.
- The same variables that predict relationship satisfaction among heterosexuals predict relationship satisfaction among homosexuals.

Conflict

Popular books suggest that men and women experience a good deal of conflict. The title of Lillian Rubin's (1983) popular book *Intimate Strangers* implies that men and women face considerable conflict. In my opinion, this book and others exaggerate the difference between women and men as well as their potential for conflict.

Nature of Conflict

A study conducted in 1975 of heterosexual, gay, and lesbian couples showed that there are three primary domains of conflict that all couples shared: sex, money, and work (Blumstein & Schwartz, 1983). Today, these issues remain sources of conflict for couples.

One study of married couples showed that there were two kinds of relational aggression displayed: love withdrawal and social sabotage (Carroll et al., 2010). Love withdrawal includes giving one's partner the silent treatment and withholding affection. It was extremely common among both men and women in marriage, with 96% of wives and 88% of husbands admitting to it. Social sabotage is reminiscent of the relational aggression described in <u>Chapter 8</u>, which includes spreading rumors and gossiping about one's spouse. Social sabotage was less prevalent than love withdrawal but still quite common: 64% of wives and 52% of husbands reported social sabotage on at least one occasion. Greater frequency of both forms of relational aggression were associated with lower marital quality and less stable relationships.

Conflict Management

When conflict arises, how do men and women handle it? A meta-analysis on conflict resolution strategies in business showed that women are more likely than men to compromise across most cultures (Holt & DeVore, 2005). Men are more likely than women to use a forceful style, which means being goal oriented rather than concerned with the effect on relationships—but only in individualistic cultures. However, women and men may approach conflict in their personal relationships somewhat differently than they approach conflict at work. When Israeli couples were asked about the conflict tactics that they and their partners employed, both women and men were more likely to say that they used soft tactics (e.g., express disappointment, express appreciation for compliance) rather than harsh tactics (e.g., threaten, get angry, emphasize obligation; Schwarzwald, Koslowsky, & Izhak-Nir, 2008). However, men were more likely than women to say that their partner used harsh tactics. This is in contrast to the conflict tactics used at work. And use of harsh tactics was associated with lower marital satisfaction.

One way conflict management has been studied is by observing couples' behavior in the laboratory as they discuss a relationship problem. Distressed spouses in general display more disagreement and more criticism than nondistressed spouses, but this difference is more apparent among women than men. Women display more emotion, in particular more negative affect, and are more critical than men during conflict discussions (Heyman, Hunt-Martorano, Malik, & Smith Slep, 2009)—and this is especially the case among distressed couples (Gabriel, Beach, & Bodenmann, 2010). However, cultural factors can override this tendency. In a study of U.S. and Pakistani couples, U.S. wives were more negative than Pakistani wives in low satisfaction couples likely because Pakistani culture inhibits the expression of emotion in women (Rehman & Holtzworth-Munroe, 2007). Thus, women in the United States are referred to as the "emotional barometer" of relationships (Floyd & Markman, 1983): If the woman is displaying high negativity, the relationship is likely to be in distress.

The display of negative affect in women may not reflect distress as much as their approach to managing the conflict. Whereas women are more likely to confront the conflict, men are more likely to withdraw or be defensive (Carstensen, Gottman, & Levenson, 2004). When distressed couples come into the laboratory, the wife sees it as an opportunity to resolve a conflict. Thus, she confronts the conflict, which includes displays of negative affect. The husband's goal, by contrast, is to keep the conflict from escalating; thus, he responds to her negative affect with displays of either neutral or positive affect. That is, he tries to smooth things over. Rather than perceiving his response as a positive one, she is frustrated that he is not becoming engaged in this conflict. In other words, she perceives her husband's lack of negative affect as a sign that he is not engaged in the interaction. Women then respond by intensifying their negative behavior, which is referred to as **negative reciprocity**. Then, the conflict escalates.

The following exchange illustrates this sequence of events:

WIFE:	Let's talk about why you don't help out more with the children.
	(confrontation of conflict with negative affect)
Husband:	You do such a good job with the children that it doesn't seem like this is really an issue of conflict. (attempt to neutralize the affect with positive statement)
WIFE:	You just don't get it, do you? If you spent more time with the children, you could do a good job too. (more negative affect, reciprocity of negative affect, escalation of conflict)

There is some evidence that gay and lesbian couples may be more effective in addressing conflict than heterosexual couples. In a relationship interaction study, lesbian, gay, and heterosexual couples were videotaped discussing a problem (Gottman et al., 2003). Homosexual couples were less belligerent, less dominant, and more likely to maintain a positive tone throughout the interaction compared to their heterosexual couples also used more affection and humor throughout the interaction compared to heterosexual couples.

Demand/Withdraw Pattern

Here's another interaction between a wife and a husband. Read this and decide what is going on here.

Person A:	Why don't you spend a little more time working inside the house?
Person B:	What? What do you mean?
Person A:	You are never at home and when you are at home, you don't even clean up after yourself. I have to clean up everything.
(silence)	
Person A:	You could at least read Mandy a bedtime story.
(still no response; in fact, the sound of a television turning on can be heard)	

Links to Gender

Who do you believe is more likely to be Person A—woman or man? This interaction is an example of the **demand/withdraw pattern** (Christensen & Heavey, 1993). It is characterized by one person demanding, if not nagging, and the other person not responding, or withdrawing. The demander is more likely to initiate problem discussion, whereas the withdrawer is more likely to avoid problem discussion. Among distressed and nondistressed couples, the demander is more likely to be a woman and the withdrawer to be a man (Christensen & Heavey, 1993; Gottman, 1994). In public, women are more likely to appear deferential and polite, but in the private sphere of marriage, women confront and demand (Gottman & Carrere, 1994). This demand/withdraw pattern has been present in marriage since the early part of the 20th century (Gottman & Carrere, 1994).

Numerous studies of married couples have been conducted that rely on couples' selfreports of demand and withdraw behavior as well as on coders' observations of such behavior while couples discuss problems. There is a great deal of agreement between the two measures of demand and withdraw behavior. Apparently couples know who demands and who withdraws. Across these studies, Christensen and Heavey conclude that about 60% of couples are characterized by wife demand/husband withdraw, 30% by husband demand/wife withdraw, and 10% by an equal proportion of both demanding and withdrawing.

Explanations

Why do wives tend to be the demanders and husbands tend to be the withdrawers? There are three explanations. Christensen and Heavey (1993) suggest that wives and husbands have a fundamental conflict: Women prefer closeness and men prefer independence. This is the basic dilemma identified by Rubin (1983) and Chodorow (1978). Men can achieve independence on their own, but women require the support of

their partner to achieve closeness. This fundamental conflict leads women and men to employ different strategies in relationships. Women need to demand to obtain closeness, whereas men can withdraw to achieve independence. Christensen and Heavey measured conflict over closeness versus independence and found this type of conflict is associated with greater demand/withdraw behavior. In addition, the person who wanted greater closeness (usually the woman) was more likely to be the demander, and the person who wanted greater independence (usually the man) was more likely to be the withdrawer.

Another explanation for the wife demand/husband withdraw pattern is that it is wives who most often want change in the relationship. A study that asked couples about the changes that they would like to see in their spouse showed that women desired more change than men (Heyman et al., 2009). Women wanted spouses to participate more in household chores, be more involved in parenting, express more emotion, and spend more time with them. Men, by contrast, requested change in only one area—increased sex.

If this explanation is true, one should observe more husband demanding when the husband wants change in the relationship. In the first test of this idea, Christensen and Heavey (1993) had married couples with children talk about an area in which the mother wanted a change and an area in which the father wanted a change. The two interactions were videotaped. Self-reports and observer ratings of demand/withdraw behavior showed that the typical wife demand/husband withdraw pattern was found when the issue was one in which the mother desired a change (shown on the left side of Figure 9.10). When the issue was one in which the father desired a change (the right half of the figure), there was less mother demanding and more father demanding. However, the pattern did not completely reverse itself. When the couple discussed the father's issue, there was no sex difference in the demand/withdraw pattern.

These findings have been replicated in more recent research that includes gay and lesbian couples as well as heterosexual couples (Baucom, McFarland, & Christensen, 2010; Holley, Sturm, & Levenson, 2010). The person who desires the most change is the one who demands and the partner withdraws, regardless of sex and couple type. However, across couples, females engage in more demanding behavior and males engage in more withdrawal. In addition, the demand-withdraw pattern is more prevalent in couples in which the woman wants the change compared to the man. And the wife demand/husband withdraw pattern is especially prevalent among couples in which the wife is distressed (Gabriel et al., 2010). Overall, there do not seem to be any differences in the frequency of the demand/withdraw pattern among heterosexual, gay, and lesbian couples. If the pattern was completely linked to sex, one would see a lot of demanding in lesbian couples and a lot of withdrawal in gay couples. This is not the case. Thus, this brings us to the third explanation for the demand/withdraw pattern—the power basis of heterosexual relationships.



Mother Demand/Father Withdraw
 Father Demand/Mother Withdraw

Figure 9.10 Demand/withdraw pattern. When the issue being discussed is one in which mothers are concerned, the typical wife demand/husband withdraw pattern is observed. There is little husband demand/wife withdrawal. When the issue being discussed is one in which fathers are concerned, wife demand/husband withdrawal decreases and husband demand/wife withdrawal increases. However, the pattern does not completely reverse itself. Thus, the wife demand/husband withdraw pattern is not only a function of wives having more concerns in the relationship. *Source:* Christensen, A., & Heavy, C. L. (1990). Gender and social structure in the demand/withdraw pattern of marital conflict. Journal of Personality and Social Psychology, 59, 73–81.

When husbands want change in heterosexual relationships, why isn't there more evidence that husbands demand and wives withdraw? The demand/withdraw pattern may be related to the power structure in heterosexual relationships and the lower status of women relative to men. Demanding behavior may be an attempt to improve one's status, whereas withdrawal behavior may be an attempt to maintain the status quo. Couples may have a history of resolving men's issues compared to women's issues in marriage because men desire less change in relationships and because men have greater power in relationships (Christensen & Heavey, 1993). Thus, men's issues are addressed, meaning that there is less probability of getting into any kind of demand/withdraw cycle. Examine the demand/withdraw pattern and predictors of this pattern in couples you know in Do Gender 9.5.



Who Demands and Who Withdraws?

Come up with your own self-report measure of demand and withdraw behavior. Some sample items adapted from Christensen and Heavey (1993) are shown here. Measure the frequency with which such behavior occurs among dating couples you know by asking them to complete your survey. Is there evidence that women demand more? That men withdraw more? Is relationship satisfaction related to demand/withdraw? Do you find that the less satisfied person engages in more demand behavior? What other predictions would you make based on the literature reviewed in this chapter?

Sample Demand/Withdraw Items

One person nags and the other person refuses to discuss the topic. One person makes demands and the other person is silent. One person criticizes and the other person withdraws. One person tries to start a conversation about a problem and the other person tries to avoid the topic.

Cultural differences in demand and withdraw behavior show the linkage to power. Although demand behavior has been linked to being female and withdraw behavior has been linked to being male in Brazil, Italy, and Taiwan (Christensen, Eldridge, Catta-Preta, Lim, & Santagata, 2006), other cross-cultural research has shown that demand and withdraw behavior have different meanings in some cultures. One study showed that female demand/male withdraw was greater among Americans than Pakistanis, and male demand/female withdraw was greater among Pakistanis than Americans (Rehman & Holtzworth-Munroe, 2006). The nature of demand and withdraw behavior, however, differed between the two countries. Whereas Americans conceptualize withdraw behavior as reflecting resistance to change, withdraw behavior in Pakistan may reflect a less powerful position—resigned acceptance. Demands on the part of American women were more dominant and aggressive, whereas demands of Pakistani women were more unassertive and pleading. Thus, withdraw behavior among Pakistani women reflected a lack of power and their demand behavior was more passive.

A fourth argument as to why women demand and men withdraw is that women have a greater tolerance for the physiological arousal that conflict produces (Gottman, 1994; Levenson, Carstensen, & Gottman, 1994). Gottman has suggested that men may avoid situations that produce physiological arousal because their bodies recover more slowly from arousal than women's bodies. Thus, men may find the physiological arousal that conflict produces more aversive than women and withdraw from it. One problem with this explanation is that numerous studies show that women become more physiologically aroused than men during discussion of conflict, as you will see in <u>Chapter 11</u>. Gottman (1994) argues that men's lack of physiological arousal is due to their withdraw behavior being effective.

Thus, the female demand/male withdraw pattern observed in the United States can be

explained partly in terms of who desires changes in a relationship, partly in terms of the structure of marriage (e.g., women perceive more problems, women have less power), and partly in terms of culture.

Implications for Relationships

What are the implications of the demand/withdraw pattern for relationships? Not surprisingly, high rates of demand/withdraw behavior are associated with poor conflict resolution (McGinn, McFarland, & Christensen, 2009) and low marital satisfaction across heterosexual and homosexual relationships (Baucom et al., 2010).

The effect of the demand/withdraw pattern on marital satisfaction also appears to depend on who is demanding and who is withdrawing. An older study showed that wife demand/husband withdraw behavior was associated with declines in wife satisfaction over time, but husband demand/wife withdraw behavior was associated with *improvements* in wife satisfaction over time (Heavey, Christensen, & Malamuth, 1995). Why would husband demand behavior be associated with an improvement in wife marital satisfaction? One theory is that demanding behavior reflects engagement in the relationship, and wives are happy that husbands are involved.

Jealousy

In the context of romantic relationships, jealousy is the concern that there is a rival for the other's affections. It is not clear that one sex is more jealous than another. Instead, researchers have suggested that different events inspire jealousy in men and women.

According to evolutionary theory, different situations should provoke jealousy in women and men. Because men are uncertain of the paternity of their offspring, they should be upset by sexual infidelity: Sexual infidelity not only jeopardizes the chance of a man's genes surviving but also means that a man could be investing his resources into raising a child that is not genetically related to him. Sexual infidelity should be less disturbing to women because it does not threaten their genetic link to offspring. Instead, women should be more upset by their partner falling in love with someone else, or emotional infidelity. Emotional infidelity could lead the husband to take his resources elsewhere and invest in children with someone else; thus, in that sense emotional infidelity threatens the viability of the female's offspring.

In a now classic study, Buss and colleagues (1992) tested this idea by asking college students whether they would be more disturbed by sexual or emotional infidelity. The exact wording of the questions is contained in <u>Table 9.6</u>. They found that women were more distressed by emotional than sexual infidelity, and men were more distressed by sexual than emotional infidelity. In a subsequent experiment, the investigators also found physiological effects that paralleled the self-reports of distress. Men were more physiologically reactive when they imagined their partner being sexually unfaithful rather than emotionally unfaithful, whereas women were more physiologically reactive

when they imagined their partner being emotionally rather than sexually unfaithful.

Differences in the situations that evoke jealousy for men and women were illustrated in a content analysis of the reality television show *Cheaters*. When faced with an unfaithful partner, men were more likely to ask questions about the sexual aspects of their partner's infidelity and women were more likely to ask questions about the emotional aspects of their partner's infidelity (Kuhle, 2011). Although the author argues that this is a real-life depiction of the sex difference, I would argue that the people on this show are anything but representative of real life! Does this study really support the sex difference in which aspects of infidelity are distressing to men and women, or does the study simply show that we are all aware of this stereotype?

One criticism of the research on sexual and emotional infidelity is the forced choice nature of the question-people are asked to choose between sexual and emotional infidelity. When people respond to sexual and emotional infidelity separately (as opposed to the forced choice question), the results differ. A study of heterosexual, lesbian, and gay men showed that everyone reported more distress in response to sexual infidelity than emotional infidelity (Leeker & Carlozzi, 2014). Women reported more distress than men in response to both types of infidelity, and heterosexuals reported more distress than homosexuals in response to both types of infidelity. A study of college students concurred with these findings (Tagler & Jeffers, 2013). Sexual infidelity was rated as more distressing than emotional infidelity, and women were more distressed than men by both. However, there was an interaction showing that the type of infidelity mattered more to men than women. As shown in Figure 9.11, the interaction is largely due to men being relatively less distressed by emotional infidelity. Another study of college students revealed similar findings: Women were more upset than men by emotional infidelity but there was no sex difference in response to sexual infidelity (Zandbergen & Brown, 2015).

Table 9.6 Emotional Versus Sexual Infidelity

Imagine you discover that the person with whom you've been seriously involved became interested in someone else. What would upset or distress you more (please circle only one in each set):

Set A

- (A) Imagining your partner forming a deep emotional attachment to that person.
- (B) Imagining your partner enjoying passionate sexual intercourse with that other person.

Set B

- (A) Imagining your partner trying different sexual positions with that other person.
- (B) Imagining your partner falling in love with that other person.


Figure 9.11 Men are more distressed by sexual than emotional infidelity, whereas women are equally distressed by both. The least distress occurs for men in the context of emotional infidelity. *Source:* Adapted from Tagler and Jeffers (2013)

Because there had been so many contradictory findings, the research in this area cried out for a meta-analysis. Two meta-analyses were undertaken and published in the same year: Carpenter (2012) and Sagarin et al. (2012). Sadly, even the meta-analyses did not reach the same conclusions. Carpenter (2012) compared the results of forced choice studies with those in which emotional and sexual infidelity were evaluated separately. When asked to make a choice, both men and women reported being more upset by emotional infidelity than sexual infidelity, which contradicts evolutionary theory. However, the country in which the research was conducted was a moderator variable. These findings applied to all countries except the United States. Only in the United States did men find sexual infidelity more upsetting than emotional infidelity. When sexual infidelity and emotional infidelity were rated separately, the results were completely different. Both men and women rated sexual infidelity as more distressing than emotional infidelity. Again, the results contradict evolutionary theory. Thus, although the findings differed across the two methodologies, in general men and women responded similarly.

Sagarin et al.'s (2012) meta-analysis was limited to studies that only examined responses to sexual and emotional infidelity separately (i.e., excluded the forced choice studies) and also included some unpublished studies. There are advantages and disadvantages of including unpublished studies. On the positive side, the findings may be more generalizable and reflective of the literature because people tend to refrain from publishing nonsignificant findings. On the negative side, studies may be unpublished because they did not pass peer review and are of a lower quality. Rather than examine responses to sexual and emotional infidelity individually, the authors computed a single dependent variable such that higher numbers represented a stronger response to sexual than emotional infidelity. This meta-analysis concluded that men scored higher than

women on this index, meaning that men had a stronger negative reaction than women to sexual infidelity compared to emotional infidelity. Because of the way the index was computed, however, it is not clear where the sex difference lies. An important moderator variable was the nature of the sample. Effect sizes were larger in student than nonstudent samples.

One difficulty with this area of research is the extent to which sexual infidelity and emotional infidelity are intertwined. Are people really only unfaithful in terms of sex or emotions, but not both? When the forced choice question is provided, respondents may not be considering sexual and emotional infidelity in isolation of each other. Perhaps men view sexual infidelity as implying emotional infidelity. Men might think, "If my wife was unfaithful, she must *really* be in love with someone else." Recall that both women and men perceive that women connect sex with love. If that is the case, men are comparing the combination of sexual and emotional infidelity to emotional infidelity alone. Women, by contrast, may perceive that emotional infidelity implies sexual infidelity. They may believe that if their husbands are emotionally unfaithful, they must also be having sex with the person. In other words, wives are comparing sexual infidelity to the combination of emotional and sexual infidelity. This idea is referred to as the **double-shot hypothesis** and is depicted in Figure 9.12. Explore the link between emotional and sexual infidelity in <u>Do Gender 9.6</u>

FEMALE PARTNER

MALE PARTNER





Relations Between Sexual and Emotional Infidelity

Ask a group of people who are in a steady dating relationship to imagine their partner has become interested in someone else. Read the first item under Set A in <u>Table 9.6</u> (the item that indicates emotional infidelity). Now have these people rate how likely they would be to think their partner had sexual relations with the other person.

Similarly, have another group of people read the second item under Set A in <u>Table 9.6</u> (the item that indicates sexual infidelity). Have the people rate how likely they would be to think their partner had fallen in love with the other person.

- 1. Is sexual infidelity linked to emotional infidelity?
- 2. Is emotional infidelity linked to sexual infidelity?
- 3. Do the answers to these questions depend on the sex of the respondent?

One of the meta-analyses evaluated the double-shot hypothesis and concluded that there was some evidence for it among homosexual couples (Carpenter, 2012). Gay men found emotional infidelity more distressing than sexual infidelity, and lesbians found sexual infidelity more distressing than emotional infidelity. The authors argued that people's responses are a function of the sex of the partner rather than their own sex. People whose partner is male will be more upset by emotional infidelity because they will assume that emotional infidelity equals emotions + sex (see right half of Figure 9.12). People whose partner is female will be more upset by sexual infidelity because they will assume that sexual infidelity equals sex + emotions (see left half of Figure 9.12).

Finally, responses to infidelity were examined in a broader sample with respect to race and ethnicity as well as sexual orientation. A survey that contained the forced choice measure was posted in 2007 on <u>msnbc.com</u> and more than 63,000 people participated (Frederick & Fales, 2016). Here the double-shot hypothesis was removed, as investigators asked respondents which type of infidelity was more distressing—"sex but not love" or "love but not sex." Among heterosexuals, more men than women reported being more upset by sexual than emotional infidelity (54% versus 35%). However, among homosexual and bisexual people, there were no sex differences and the majority of each was more upset by emotional than sexual infidelity. Figure 9.13 shows that the only group more upset by sexual than emotional infidelity was heterosexual males. One of the strengths of this study is that the sample was broad with respect to race and ethnicity unlike much of the research based on middle-class White college students.

If men—at least heterosexual men—are more distressed than women by sexual infidelity, it would make sense that men may be more likely than women to monitor whether their partners are being unfaithful. Men report more suspicion about infidelity than women, and are more likely to discover that a partner has cheated on them compared to women (Andrews, Gangestad, Miller, Haselton, Thornhill, & Neale, 2008;

Brand, Markey, Mills, & Hodges, 2007). Although men were more accurate than women in detecting infidelity, men were slightly less accurate than women in detecting fidelity (i.e., estimating that their partner had been faithful when in fact their partner had been faithful). Men are more likely to detect infidelity than women for two reasons. First, women are more likely than men to disclose their infidelity. Second, men are more likely than women to confront their partners with suspicions.



emotion was more distressing than emotional infidelity without sex.

Finally, some researchers have decided to move beyond sex and examine other variables that may be more predictive of responses to infidelity. Sociosexual orientation is one of these. People who score high on this personality trait are sexually permissive. It turns out that people high in sociosexual orientation are more distressed by sexual infidelity (Treger & Sprecher, 2011). Attachment style also seems to be related to responses to infidelity. People who score high on dismissive avoidance are more concerned with the sexual aspects of a relationship and are often more promiscuous. Dismissive avoidant people also are more likely to be male than female. In a study of college students, those who scored high on dismissive avoidance—both men and women —were relatively more distressed by sexual than emotional infidelity (Levy & Kelly, 2010).

Source: Adapted from Frederick and Fales (2016)

Take Home Points

- In marital interaction studies, women display more negative affect than men and are more likely to reciprocate negative affect than men in distressed couples—leading to the suggestion that women are the emotional barometers in relationships.
- The demand/withdraw behavior pattern has been linked to sex. Women are more likely to demand, and husbands are more likely to withdraw.
- There are several explanations for this pattern:
 - a. Men and women have a basic conflict in that women want connection, which requires cooperation from a partner, and men want autonomy, which they can achieve on their own.
 - b. The person who most wants change in a relationship demands, and women are more likely than men to want change in the context of heterosexual relationships.
 - c. The demand/withdraw pattern may be related to the power structure in heterosexual relationships.
 - d. Men are less tolerant of physiological arousal than women, so they withdraw to avoid arousal.
- The demand/withdraw pattern is associated with lower levels of marital satisfaction.
- Evolutionary theory predicts that men will be distressed by sexual infidelity, whereas women will be distressed by emotional infidelity. Findings from this research depend on how responses to infidelity are assessed and the nature of the sample.
- There is some evidence for the double-shot hypothesis, that emotional infidelity in male partners implies both emotional and sexual infidelity and that sexual infidelity in female partners implies sexual and emotional infidelity.
- With the exception of heterosexual men, all other groups (heterosexual women, homosexuals, bisexuals) are more distressed by emotional than sexual infidelity.

Cohabiting Relationships

Cohabitation is becoming increasingly common, and attitudes toward cohabitation are becoming increasingly favorable. The majority of people who marry today have cohabited prior to getting married (Guzzo, 2014). Of first marriages that occurred between 1997 and 2001, 68% of them began with cohabitation. In 2011–2013, 15% of women and 14% of men ages 15–44 were currently cohabiting with an other-sex person (Centers for Disease Control and Prevention, 2015). And more than half (53% men and 57% women) had ever cohabited.

There are a number of factors that have given rise to the increase in cohabitation, including the sexual revolution of the 1960s, the women's movement, the increase in women's education, and the increase in the acceptability of sex before marriage (Popenoe, 2008). The delay in marriage has played a large role in the increase in cohabitation. Whereas couples used to marry in their early 20s and have children shortly thereafter, today couples wait to get a job, finish their education, or establish a career before making the commitment. In 1970, the median age of marriage was 23 for men and 21 for women. Today, the median age of marriage is 28 for men and 26 for women (Copen et al., 2012). About half of marriages end in divorce today, making people a bit leery of marriage. Cohabitation has delayed rather than replaced marriage.

Reasons for Cohabitation

People cohabit for a variety of reasons. Focus groups and in-person interviews with a racially diverse group of young adults revealed three primary motives (Huang, Smock, Manning, & Bergstrom-Lynch, 2011). First, people cohabit because it is a *convenient* way to spend time together. Second, cohabitation allows couples to *share expenses*. Third, couples believe that cohabitation allows a *"test" of the relationship*—an opportunity to evaluate if they are compatible.

Women and men are generally in agreement on these three motives, but there are some differences in the way they are construed. In terms of convenience, women were three times as likely as men to mention convenience with respect to "love," and men were four times as likely as women to mention convenience with respect to "sex." The compatibility test also was construed somewhat differently, as women were more likely to see the evaluation of compatibility in terms of suitability for marriage, whereas men did not necessarily link the compatibility to marriage plans. The disadvantages of cohabitation mirror these differences. Men said cohabitation limited their freedom, and women said that cohabitation came with less commitment. Other research has shown that women are more likely than men to view cohabitation as a serious commitment (Rhoades, Stanley, & Markman, 2006).

Couples who cohabit also have been grouped into three categories (Gold, 2012). The *"prenuptial cohabitors"* plan to marry but may be waiting to save money or to complete

their education. The *"testers"* are less certain about marriage and more likely to be cohabiting to test out their compatibility as described above. These are the kinds of relationships that may drift into marriage without making a serious commitment to the relationship, an effect that has been referred to as "sliding versus deciding" (Popanoe, 2008). Finally, the *"alternatives"* comprise a group of couples who has no interest in marriage and prefers the freedom of cohabitation over marriage. Older couples may opt for this arrangement because they want the companionship of a partner but don't want to be bothered with merging finances or the possibility of divorce. Marriage increases income taxes and reduces social security payments. Elderly people, who are often on a fixed income, do not want to become involved in an arrangement that will reduce their income.

Who Cohabits

Permissive attitudes toward cohabitation are associated with less religiosity, being White, with more permissive attitudes toward sex, and with being male (Willoughby & Carroll, 2012). The latter two factors are related, as men have more permissive attitudes toward sex than women. Interestingly, people have less positive attitudes toward cohabitation when the couple has no plans to marry.

People often associate cohabitation with the college experience. However, cohabitation is more common among less educated people, poorer people, and African Americans and Hispanics compared to Whites (Laumann, Mahay, & Youm, 2007), in part due to the shared resources that cohabitation provides. People assume cohabiting couples are childless. This is not the case, as rates of children in the household are as high for cohabiting couples as married couples (Vespa, Lewis, & Kreider, 2013).

A minority of people are serial cohabitors, meaning that they have cohabited with multiple people over their lives. Serial cohabitors are more likely to have lower income, lower education, and are less likely to have a relationship end in marriage (Lichter & Qian, 2008). When serial cohabitors do marry, they are twice as likely to divorce as someone who has cohabited only with a future spouse.

Outcomes of Cohabitation

Cohabiting relationships are usually of short duration; most cohabiting couples either marry or terminate their relationship rather than remain in a long-term cohabiting relationship. Among couples who cohabited in 2006–2010, about one-third (32%) of relationships remained intact 3 years later, 40% had transitioned to marriage, and 27% had broken up. When a longer follow-up is examined, the breakup rate increases. A study that followed cohabiting couples for 5 years after the birth of a child found that only 18% remained cohabiting, 27% had married, and 51% had separated (McClain, 2011). In this study, higher father involvement predicted less likelihood of separation but not necessarily an increase in marriage. Thus, father involvement reflected a commitment to

the child rather than to the mother.

We said that people frequently view cohabitation as a way to test the relationship before marriage. Does it work? Is cohabitation the solution to the high divorce rate? Almost half of Americans (49%) believe that cohabitation makes couples less likely to divorce (Saad, 2008). However, the evidence is not that clear. A meta-analytic review of the literature showed that those who cohabited with someone before marrying had lower marital quality and were more likely to divorce than those who had not cohabited before marrying (Jose, O'Leary, & Moyer, 2010). However, the negative effects of cohabitation on marital quality and divorce disappear if one examines only cohabitation with the eventual marriage partner (Jose et al., 2010). People whose first cohabitation is with a person they marry are no more likely to divorce than people who did not cohabit.

There is evidence from Australia that the relation of premarital cohabitation to marriage outcomes may be changing (Hewitt & DeVaus, 2009). When marriages between 1945 and 2000 were examined, it appeared that premarital cohabitation early on was associated with an increased risk of divorce after marrying, but this risk is decreasing each year and has almost disappeared. Today, cohabitation is common, and a more diverse group is cohabiting. Thus, the adverse outcomes in early studies are disappearing (Copen et al., 2012).

One study examined the implications of cohabitation for a couples' wealth accumulation. Given that pooling of economic resources is a motive for cohabitation, is there evidence that premarital cohabitation leads to more wealth? A national survey of married couples in which one-third had cohabited prior to marriage revealed that there was no overall difference in the couples' net worth (Vespa & Painter, 2011). However, there was one exception. White couples who married the person with whom they cohabited had the highest wealth trajectory. This finding did not apply to Black or Hispanic couples. Cohabitations of longer length were associated with decreases in wealth, but largely because longer cohabitations are more likely to end than result in marriage. These kinds of findings show that the outcome of cohabitation is now complicated. It depends on the motive for cohabitation, with whom one cohabited, for how long one cohabited, and race/ethnicity.

Most research shows that cohabiting relationships are not as satisfying as married relationships. Jealousy is more common in cohabiting relationships than married or noncohabiting relationships (Gatzeva & Paik, 2011). In a study of 27 countries, cohabiting couples were not as happy as married people but were happier than single people (Lee & Ono, 2012). The religiosity of a country influenced these relations, such that cohabiting couples were much less happy than married couples in countries that were more religious. The gender egalitarianism of a country also influenced these relations but only for women; cohabiting women were much less happy than married women in more traditional societies. Thus, cohabitation may be more problematic for couples who live in societies that are not as supportive of cohabitation.

One exception to the lower quality of cohabitating relationships is those among older adults. In a study of adults ages 57–85, there was no difference in relationship quality

between cohabiting and married couples (Brown & Kawamura, 2010). The cohabiting older adults had been together an average of 9 years, which is a long period of time for cohabitation. Thus, among older adults, cohabitation may be more of an alternative to marriage.

Cohabitation seems to have negative outcomes for children in the United States but not in Sweden (Bjorklund, Ginther, & Sundstrom, 2007). One reason may be that cohabiting couples spend less time with children than married couples in the United States but the same amount of time with children as married couples in Sweden (Ono & Yeilding, 2009).

Explanations

When negative outcomes of cohabitation do occur, what are the reasons? One answer lies in the kind of people who choose to cohabit. There is a selection bias in comparing marriages among people who did and did not cohabit; after all, people are not randomly assigned to cohabit or not. The kind of person who cohabits has less traditional views of gender roles, less traditional views of marriage, is more accepting of divorce, and is less religious. Each of these factors is associated with divorce. A study of premarital cohabitation in Austria showed that those who cohabited prior to marriage were more likely to get divorced than those who did not, but this difference completely disappeared when education, religiosity, and urban living were taken into consideration (Kulu & Boyle, 2010). In addition, people who cohabit have more economic difficulties than those who marry (Hardie & Lucas, 2010), and economic difficulties predict lower levels of relationship satisfaction and more conflict for both married and cohabiting couples. Thus, one reason for the difference in satisfaction between the two relationships might be economic difficulties rather than something inherent about the relationship.

In addition to the difference in the kinds of people who enter into cohabiting relationships, the marital relationships of people who have cohabited may differ from the marital relationships of people who have not. People may enter cohabiting relationships instead of marriage because they are more tentative about the relationship; that tentativeness could be a sign of a less well-functioning relationship. In fact, people who say that they are cohabiting in order to test the relationship are the ones with the greatest relationship problems (Rhoades, Stanley, & Markman, 2009).

A third reason cohabitation may have adverse effects on marriage is the possibility that the cohabitation experience alters the people or the relationship in ways that make it less viable after marriage. People who cohabit have a more egalitarian division of labor (Dominguez-Folgueras, 2012)—and that egalitarian division of labor persists when they marry (Baxter, Haynes, & Hewitt, 2010). To be clear, this egalitarianism is not so much due to men participating more in household labor as it is to women participating less in household labor. A more egalitarian division of labor should be viewed as a benefit to marriage, but egalitarian expectations are often violated by the pressure to enact traditional roles when marrying (Seltzer, 2000). Thus, people who have cohabited may be more resentful of these traditional roles. There also is greater freedom associated with cohabitation than marriage; when this freedom extends into marriage, problems may erupt.

Take Home Points

- Cohabitation is becoming more widely accepted, and the majority of people today cohabit prior to marriage.
- People cohabit for a variety of reasons, including convenience, shared economic resources, and a way to test the relationship.
- Historically, cohabitation was associated with poor marital outcomes, but this negative effect is now disappearing. There are no differences in divorce rates between people who do not cohabit and people who cohabit with the person that they marry, suggesting that the motivation for cohabitation is important to the outcomes.
- To the extent that there are negative effects associated with cohabitation, there are three explanations:
 - 1. There is a selection bias; that is, the kind of people who enter into cohabiting relationships are the kind of people who are more prone to divorce.
 - 2. Cohabiting relationships are qualitatively different from marital relationships, especially in terms of commitment level.
 - 3. Cohabitation may change the nature of a relationship in a way that makes it less viable upon marriage.

Summary

Men and women are equally interested in romantic relationships and generally expect to get the same things out of a romantic relationship: love, companionship, intimacy, and sex. Men and women also desire similar characteristics in a partner, such as trustworthiness and kindness. There is an overall sex difference such that women attach more importance to most characteristics compared to men, which implies that women are choosier. There also are consistent sex differences in preferences for some of the less important characteristics; across cultures, men attach greater importance to the physical appearance of their partner and women attach greater importance to the financial status of their partner. However, these sex differences that are obtained when examining partners in the abstract do not appear when real-life partner attraction is examined. Evolutionary theory and social role theory provide explanations for these differences.

Romantic relationships are characterized by intimacy, expressions of love and caring, self-disclosure, and sexuality for both women and men. There is little evidence that women and men define intimacy in their relationship differently. Some evidence suggests that men hold more romantic beliefs about relationships compared to women, and there are some sex differences in styles of love. Men tend to adopt a more game-playing strategy of love and score higher on avoidant attachment, whereas women tend to adopt a more practical and friendship-based approach but also score higher on anxious attachment.

Men have more permissive attitudes toward sex, but these differences are limited to less serious relationships. The double standard still exists in which sex—that is, casual sex—is more acceptable among men than women but the stereotype may be stronger than the judgments people actually make. The acceptability of casual sex has increased, but both women and men say that they would prefer dating relationships to casual sex or "hookups."

There are a variety of ways that men and women maintain relationships, but women utilize more of these strategies than men. The happiest couples are those who share power and perceive their contributions to the relationship to be equitable. Homosexual relationships are as happy as heterosexual relationships.

Women and men manage conflict somewhat differently. In laboratory studies of conflict discussions, women are more negative than men and remain engaged in the conflict, whereas men withdraw from the conflict and try to de-escalate it with positive behavior. Because the behavior of women is different in distressed versus nondistressed couples, women have been referred to as the "emotional barometers" of relationships. Much research has focused on a particular pattern of conflict behavior known as the demand/withdraw pattern. Research suggests that women are more likely to demand and men to withdraw, largely because women desire more change in relationships than men do.

Jealousy is equally likely to be evoked in women and men. Evolutionary psychologists have suggested that men are more upset by sexual infidelity and women are more upset by emotional infidelity. The evidence for this proposition is mixed. Among heterosexuals and homosexuals, it appears that the only group more distressed by sexual infidelity than emotional infidelity is heterosexual men. Heterosexual men are more likely than heterosexual women to monitor their partner's fidelity.

Finally, the chapter concluded with a discussion of cohabiting relationships. Cohabiting relationships are increasingly common, such that the majority of currently married couples cohabited prior to marriage. Although cohabiting relationships are of a lower quality than marital relationships, it is no longer clear that cohabiting prior to marriage increases the risk of divorce. When people marry the person with whom they first cohabited, there is no increased risk of divorce compared to people who marry without cohabiting. The negative outcomes of cohabitation may be due to the kinds of people who enter into cohabitation, the nature of the cohabiting relationship itself, or to actual adverse effects of cohabitation on people's relationships.

Discussion Questions

- 1. What are the similarities and differences in women's and men's mate preferences?
- 2. Debate the following: Men are more attracted to partners' based on physical attraction and women are more attracted to partners based on their earning potential.
- 3. Which sex is more romantic? Why?
- 4. Why do women demand and men withdraw?
- 5. Knowing what you do about gender roles in relationships, how would you predict that gay men's relationships would differ from lesbians' relationships?
- 6. What kinds of problems might be unique to homosexual couples? To heterosexual couples?
- 7. What are the differences in the way men and women interact when discussing conflict?
- 8. What does it mean that women are the "emotional barometer" in a relationship?
- 9. In what ways is the demand/withdraw pattern influenced by culture?
- 10. What is the evidence for and against the proposition that men are more upset by sexual than emotional infidelity?
- 11. What are the reasons that people cohabit before marriage?

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Key Terms

Agape—Pure love, a blend of eros and storge.

Demand/withdraw pattern—Interaction episode characterized by one person demanding and the other person not responding or withdrawing.

Double-shot hypothesis—The idea that emotional and sexual infidelity are not examined in isolation of one another with the forced choice methodology.

Equity—State of a relationship in which the ratio of what one puts in and gets out of a relationship equals that of the partner.

Eros—Romantic love.

Evolutionary theory—Theory that states that social behavior is shaped by survival of genes.

Ludus–Game-playing love.

Mania–Manic love, a blend of eros and ludus.

Negative reciprocity—Communication pattern in which one person makes a negative/critical remark, and the partner responds negatively.

Potentials-attract hypothesis—The idea that young beautiful women end up in relationships with attractive wealthy men.

Pragma–Practical love, a blend of storge and ludus.

Script—Schema or cognitive representation for a sequence of events.

Social constructionist theory—Theory that states that women's and men's behavior is determined by the context they are in, which includes the norms or rules of a society.

Social role theory—Theory that states men's and women's behavior is a function of the roles that they hold in society.

Storge—Friendship love.

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Chapter 10

Sex Differences in Health Evidence and Explanations

Women are sicker than men. They report spending more days in bed during the year due to illness compared to men, report more pain, are more depressed, perceive their health as less good, and report more physical symptoms than men. Yet women live longer than men! In fact, men are more likely than women to die from 8 of the 10 leading causes of death in the United States. This is the great paradox of gender and health. Women have higher rates of **morbidity** (i.e., illness), but men have higher rates of **mortality**.

This chapter begins the final section of the book, which focuses on the implications of gender for health, one domain in which there are pervasive and sizable sex differences, such as those just described. I construe health broadly, as both emotional well-being (psychological distress, life satisfaction, happiness) and physical problems (physical symptoms, coronary heart disease). This chapter provides an overview of sex differences in health as well as the common classes of explanations for these sex differences. First, I describe the sex differences in mortality rates and then the sex differences in morbidity rates. Then, I review numerous explanations for these differences.

Sex Differences in Mortality

Life Span

Men die younger than women throughout the life span. Although 105 boys are born for every 100 girls in the United States (Matthews & Hamilton, 2005), more boys than girls die at every age. There are not an equal number of males and females in the United States until age 18. After that, there are a greater number of females than males. The ratio of male to female mortality for each age group is shown in <u>Table 10.1</u>. For every 22 girls who die between the ages of 1 and 4, 29 boys die, resulting in a male to female ratio of 1.32. You can see that the sex difference peaks during adolescence and young adulthood. It is during these years that men engage in greater risky and aggressive behavior—behavior that declines with age, as does the sex disparity in mortality (Rogers, Everett, Onge, & Krueger, 2010).

It used to be thought that more males than females were conceived, but recent data has estimated the sex ratio at conception to be equal (Orzack et al., 2015). These data stem from examinations of day-old embryos, induced abortions, chorionic villus sampling, and amniocentesis. The total female mortality during pregnancy exceeds that of males, resulting in the higher ratio of males to females at birth.

Age	Male	Female	Male: Female Ratio	
01-4	29	22	1.32	
05-14	29	23	1.26	
15-24	183	71	2.58	
25-34	291	132	2.20	
35-44	426	259	1.64	
45-54	996	624	1.60	
55-64	2,209	1,311	1.68	
65-74	4,533	3,030	1.50	
75-84	11,449	8,312	1.38	
85 and over	14,912	13,022	1.15	

 Table 10.1
 Number of Deaths per 100,000 in 2013

After birth, males have higher death rates than females at all ages. Thus, it comes as no surprise that women live longer than men. In 2013, people in the United States reached a record long life expectancy of 78.8 years. However, men did not live as long as women. Life expectancy at birth for White women was 81 but 77 for White men (see Table 10.2). Life expectancy at birth for Black people lagged behind, but the sex difference persisted: 78 for Black women and 72 for Black men. Data collection on life expectancies for Hispanics began in 2006. In 2013, the life expectancies for Hispanics exceeded those for Blacks and Whites, with Latina women outliving Latino men by

about 4 years (women 83.8; men 79.1; Centers for Disease Control and Prevention, 2013). On average, women outlive men by 5 years in the United States.

Sex differences in longevity have existed throughout the 20th century, but their size has varied. The average length of life for women and men during each decade of the 20th century is shown in <u>Table 10.2</u>. In 1900, the average man lived to be 46 and the average woman 48; the sex difference in mortality was only 2 years. Life spans lengthened for both men and women over the course of the century due to better nutrition, better health care, and the development of vaccines. The sex difference in longevity widened during the middle of the century, peaking in 1979, when women outlived men by nearly 7.8 years. The increased sex difference was due to the reduction in women's mortality during childbirth and the increase in men's mortality from heart disease and lung cancer (Jones, Podolsky, & Greene, 2012). The increase in men's lung cancer can be directly tied to smoking.

	Men	Women	White Men	White Women	Black Men	Black Women
2013	76.4	81.2	76.7	81.4	72.3	78.4
2000	74.1	79.5	74.8	80.0	67.2	74.7
1990	71.8	78.8	72.7	79.4	64.5	73.6
1980	70.0	77.5	70.7	78.1	63.8	72.5
1970	67.1	74.7	68.0	75.6	60.0	68.3
1960	66.6	73.1	67.4	74.1	61.1	66.3
1950	65.6	71.1	66.5	72.2	59.1	62.9
1940	60.8	65.2	62.1	66.6	51.5	54.9
1930	58.1	61.6	59.7	63.5	47.3	49.2
1920	53.6	54.6	54.4	55.6	45.5	45.2
1910	48.4	51.8	48.6	52.0	33.8	37.5
1900	46.3	48.3	46.6	48.7	32.5	33.5

Table 10.2 Life Expectancies Over the 20th Century to Date

Source: Centers for Disease Control and Prevention (2013)

Note: The figures from 1900 to 1960 for Black people reflect "Black and other" people.

Source: Centers for Disease Control and Prevention (2013)

More recently, the sex gap in mortality has narrowed. In the 1980s and 1990s, sex differences in life expectancy grew smaller. In 2010, the gap became the smallest it has been since 1948. The narrowing has been attributed to a greater proportionate decrease in heart disease and cancer mortality among men than women and to a greater increase in the incidence of lung cancer among women than men. Between 1979 and 1986, lung cancer increased by 7% for men and 44% for women (Rodin & Ickovics, 1990). These statistics can be directly tied to changes in smoking patterns. Women's smoking rates increased during the second half of the 20th century, and women were less likely than men to quit smoking.

As you can see in <u>Table 10.2</u>, there also are large race differences in mortality. The sex

difference in mortality is slightly larger for Black than White people, largely due to the high mortality rate of Black men. The poor health of Black men is partly a function of education and partly a function of their minority status. Sex differences in mortality are largest for those with less education. The rate of male to female mortality is 1.84 for those with less than 12 years of education and 1.56 for those with 13 or more years of education (Williams, 2003). There are large differences in pay and employment between college-educated White and Black men, and this difference has increased over the past 20 years (Williams, 2003). I remember the famous tennis player Arthur Ashe—who was Black and had HIV from a blood transfusion—saying it was more difficult being Black than having AIDS (Deford, 1993). Although this was an era in which HIV was highly stigmatized, Ashe suffered much greater discrimination due to his race than his HIV status, even as a famous athlete. In addition, Black people are 6.3 times more likely than White people to become victims of murder (Smith & Cooper, 2013).

Sex differences in life expectancy exist in other nations of the world as well. <u>Table 10.3</u> shows sex differences in life expectancies in Western and Eastern Europe and developing countries. The sex difference is larger in Eastern than in Western Europe. The sex difference is more variable in developing countries where the life span is much shorter. In developing countries, the status difference between women and men is even greater, leading to high rates of female infanticide, pregnancy-related deaths, and poverty-related mortality (Murphy, 2003).

Table 10.5 Estimates of 2014 Life Expectancies Around the world						
	Male	Female	F:M Difference			
East						
Bulgaria	70.7	78.1	7.4			
China	73.1	77.4	4.3			
Hong Kong	80.2	85.7	5.5			
Japan	81.1	88.0	6.9			
Poland	72.7	80.8	8.1			
Romania	71.2	78.4	7.2			
Russia	64.4	76.3	11.9			
West						
Canada	79.1	84.4	5.3			
Denmark	76.7	81.6	4.9			
France	78.6	84.9	6.3			
Ireland	78.3	83.0	4.7			
Mexico	72.7	78.3	5.6			
Netherlands	79.0	83.3	4.3			
Portugal	75.8	82.5	6.7			
Switzerland	80.1	84.8	4.7			
Developing Countries						
Cambodia	61.4	66.3	4.9			

Table 10.3 Estimates of 2014 Life Expectancies Around the World

Haiti	61.8	64.6	2.8	
Laos	61.5	65.6	4.1	
Madagascar	63.8	66.7	2.9	
Nepal	65.9	68.6	2.7	
Nigeria	51.6	53.7	2.1	
Rwanda	57.7	60.8	3.1	
Somalia	49.6	53.7	4.1	
South Africa	50.5	48.6	-1.9	
Zimbabwe	55.4	56.0	0.6	

Source: The World Factbook (2014)

Leading Causes of Death

At the turn of the 20th century, women and men were most likely to die from infectious diseases, such as tuberculosis, influenza, pneumonia, and diphtheria. Today, with the exception of AIDS and some recent infection epidemics (e.g., H1N1, MERS), people in the United States are less likely to die from communicable diseases. Instead, people die from diseases in which lifestyle factors play a role. The leading causes of death in the United States are shown in <u>Table 10.4</u>. The number one cause of death for both men and women -White, Black, and Hispanic-is coronary heart disease. The second leading cause of death is cancer, followed by chronic lower respiratory disease (i.e., emphysema), cerebrovascular disease (i.e., stroke), and then accidents. The etiology of these diseases is much more complicated than the etiology of an infectious disease. There are a variety of factors that play a role in the top five leading causes of death, many of which include behavioral factors, such as smoking, diet, drinking, and driving while intoxicated. The most noteworthy feature of Table 10.4 is that the death rate for 12 of the top 15 causes is higher in males than females. Alzheimer's disease is the only cause of death that has a higher mortality rate for women, and this extends across Whites, Blacks, and Hispanics. The largest sex differences appear for accidents, suicide, liver disease, and Parkinson's disease. Although homicide is not in the top 15 causes of death, the sex difference is huge -men are 3.6 times as likely as women to be victims of homicide (Smith & Cooper, 2013). In the case of diabetes, the direction of the sex difference depends on race: Men have higher rates of diabetes than women among Whites, but women have higher rates than men among Blacks and Hispanics. This is likely due to the high rate of obesity among Black and Hispanic women.

Table 10.4 Age-Adjusted Death Rates (per 100,000) for the Leading Causes of Death in 2010

Cause of Death	All	M/F	B/W
Heart disease	179.1	1.6	1.3
Cancer	172.8	1.4	1.2
Chronic lower respiratory disease	42.2	1.3	.7
Cerebrovascular disease	39.1	1.0	1.4

Accidents	38.0	2.0	.8	
Alzheimer's disease	25.1	.8	.8	
Diabetes mellitus	20.8	1.4	2.0	
Kidney disease	15.3	1.4	2.1	
Pneumonia and influenza	15.1	1.4	1.1	
Suicide	12.1	4.0	.4	
Septicemia	10.6	1.2	2.0	
Liver disease	9.4	2.1	.7	
Hypertension and renal disease	8.0	1.0	2.4	
Parkinson's disease	6.8	2.3	.4	
Pneumonitis due to solids and liquids	5.1	1.9	.9	

Source: Murphy, Xu, and Kochanek (2013). National Vital Statistics Reports.

M/F = Male to female ratio; B/W = Black to White ratio

The leading causes of death are influenced by age, race, and sex. The leading cause of death for Hispanic men and women, White men and women, and Black women ages 15 to 24 is accidents. For Black men ages 15 to 24, the leading cause of death is homicide. Although HIV is not in the top 10 causes of overall mortality, it is among the top five for some subgroups of people: Black men and women between the ages of 25 and 44 and Hispanic women between the ages of 35 and 44. Sex differences in accidents, suicide, and homicide account for most of the sex difference in mortality among younger people. Among older people, heart disease and cancer account for most of the sex difference in mortality.

LGBT persons may be disadvantaged with respect to some causes of death. National surveys have shown that women in same-sex couples were 3.2 times more likely to die of breast cancer (Cochran & Mays, 2012) and are at increased risk of suicide (Cochran & Mays, 2015) compared to women in other-sex couples. There is no increased risk of suicide among gay compared to heterosexual men, nor are there differences between heterosexuals and homosexuals in overall mortality. One way in which gay men are disadvantaged in regard to health is HIV/AIDS. A meta-analytic review of the literature showed that HIV+ men are less likely than women to be enrolled in antiretroviral therapy programs in Africa, and that among people enrolled in such programs, men are more likely than women to die (Druyts et al., 2013). Because HIV+ men are more likely than HIV+ women to be gay, some of this discrepancy may stem from the stigma and discrimination associated with homosexuality for men.

Crime Statistics

Men are more likely than women to commit violent crimes, and men are more likely than women to be the victims of violent crimes, with the exception of rape. That is, men are more likely than women to be assaulted, robbed, threatened with violence, and killed. It is rare that women commit murder. Imagine how society would have reacted if the two teenagers at Columbine High School were girls instead of boys or if the person who killed all of the children at Sandy Hook Elementary was female instead of male. When women are victims, they are almost 10 times as likely to be killed by a male as a female. However, women are almost four times as likely to kill men as to kill women. The female perpetrator/female victim category is a rare one. Both perpetrator and victim are male in 63% of the cases (Federal Bureau of Investigation, 2013a).

The sex difference interacts with race (Smith & Cooper, 2013). As shown in Figure 10.1, Black males are much more likely than White males to be victims of homicide. However, this difference is dramatic during adolescence and young adulthood. At about age 23, Black males are 10 times more likely than White males to be victims of homicide.

We often imagine murder as involving a stranger. Many of the mass killings we hear about in the media involve a person killing strangers, and these accounts draw a great deal of publicity. However, 2013 statistics show that the perpetrator was unknown only 43% of the time (Federal Bureau of Investigation, 2013b). The perpetrator's relationship to the victim differs for men and women. Women are more likely than men to be killed by someone they know across all age groups.

Although men are more likely than women to be victims of violence, the association of violence with poor health seems to be stronger for women than men (Sundaram, Helweg-Larsen, Laursen, & Bjerregaard, 2004). In a national survey in Denmark, a history of violence was more strongly associated with self-ratings of poor health, anxiety, depression, and stomach problems in women than men. This may be due to the fact that violence is more likely to take place in the context of relationships for women compared to men.



Figure 10.1 Black males are more likely than White males to be victims of homicide at all ages, but the disparity is extremely large during adolescence and young adulthood.

Source: Smith & Cooper (2013)

Take Home Points

- Males die younger than females at all ages.
- The sex difference in longevity increased over the 20th century to a record 7.8 years in 1979 but more recently has decreased. Today, women outlive men by 5 years.
- The leading causes of death are heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, and accidents—all causes for which lifestyle factors play a role.
- Men are more likely than women to die of most of the leading causes of death.
- Men are more likely than women to commit violent crimes and to be victims of violent crimes, including homicide.
- Women are more likely than men to be killed by someone they know.

Sex Differences in Morbidity

Morbidity reflects illness. Whereas mortality rates have decreased and the life span has lengthened, morbidity rates have increased. People are living longer, but partly because they are living with diseases rather than dying from them. During the early part of the 20th century, the leading causes of death were from infectious diseases. The causes of these diseases were relatively simple to understand; typically, there was a single causal agent, the germ. With the development of penicillin and vaccinations, people began to live longer; thus, they had more time to develop and subsequently die from chronic diseases. Whereas an acute illness lasts a short time and is either fatal (a possibility in the case of tuberculosis or pneumonia) or nonfatal (the common cold), a **chronic illness** is long lasting and typically does not disappear. A chronic illness can be fatal or nonfatal; rheumatoid arthritis is an example of a nonfatal chronic illness, and cancer and heart disease are examples of chronic illnesses that can be fatal—in fact, they are the two leading causes of death. The increase in chronic diseases accounts for the increase in morbidity, that is, the increase in illness, disability, and activity restriction among the U.S. population.

Women have higher morbidity rates than men. In fact, the morbidity-free life expectancy (i.e., life without chronic disease) has declined for both women and men but more so for women than men (Perenboom, van Herten, Boshuizen, & van den Bos, 2005). In 1989, women and men could expect 55 morbidity-free years. By 2000, women's morbidity-free years had declined to 51, and men's had declined to 54. Although men have higher incident rates (i.e., men contract diseases more than women do) and death rates from the two leading causes of death (heart disease and cancer), women suffer from more acute illnesses and more nonfatal chronic illnesses compared to men (Case & Paxson, 2005). Women suffer higher rates of arthritis, immune disorders, and digestive conditions compared to men. Women suffer from more painful disorders compared to men, such as migraines, tension headaches, musculoskeletal pain, back pain, abdominal pain, carpal tunnel syndrome, irritable bowel syndrome, rheumatoid arthritis, multiple sclerosis, and Raynaud's disease. Thus at any given point in time, women are more likely than men to be ill and to be living with a chronic disease. In a study that followed the ups and downs of men's and women's health over time, men were more likely to die after a period of good health, whereas women were more likely to survive but experience health declines (Doblhammer & Hoffman, 2009). When health declined, men were much more likely than women to die. This, in effect, displays the higher mortality rate of men and the higher morbidity rate of women. Thus, part of the reason that women have higher morbidity rates than men is that men die when sick and women survive!

Not surprisingly, women perceive their health to be worse than men do, although the sex difference decreases with age (Ross, Masters, & Hummer, 2012). Subjective health perceptions are typically measured by a single question that asks respondents to rate
their health as poor, fair, good, very good, or excellent. Because women have a higher rate of nonfatal chronic diseases causing daily symptoms, pain, and distress, women's ratings of their health are lowered. Interestingly, the relation of health self-perceptions to mortality is stronger for men than women (Khang & Kim, 2010), and the reason seems to have to do with a higher prevalence of nonfatal chronic conditions in women compared to men. Women have higher rates of painful musculoskeletal disorders (e.g., arthritis, sciatica) than men—disorders that greatly influence women's perceptions of their health but disorders that are not fatal.

Women also report more **illness behavior** than men, that is, behaviors that signify illness. For example, women report more days in bed due to illness, more days in which they restricted their activities due to illness, and greater physical limitations (Pleis & Lethbridge-Cejku, 2007). Among employed persons, women take more sick days from work (Smeby, Bruusgaard, & Claussen, 2009). Women report greater disability and greater functional limitations than men, and this difference persists throughout adulthood and increases with age (Gorman & Read, 2006).

One aspect of illness behavior is seeking medical care. Women report a greater use of health services compared to men (Skoog, Midlov, Borgquist, Sundquist, & Halling, 2014), which is often taken as an indication of women being sicker than men. Sex differences in the use of health care services peak during women's childbearing years. When reproductive-related reasons are taken into consideration, sex differences in hospitalization become more similar, but women still receive greater outpatient care than men. One reason women use more health care is that women have a greater number of chronic conditions. Some of women's higher morbidity rates are related to gynecological problems, but even when these problems are taken into consideration, women have higher rates of morbidity than men.

Interestingly, sex differences in morbidity do not appear until adolescence. As discussed in <u>Chapter 13</u>, the sex difference in depression (females more than males) does not appear until adolescence. Physical symptoms such as stomach problems and headache also increase during adolescence for girls more than boys (Sweeting & West, 2003). In a study of 11- to 15-year-olds across 29 European and North American countries, girls reported more health complaints (e.g., headache, stomachache, depression, dizziness) than boys (Torsheim et al., 2006). The difference appeared in all countries and for each of the nine health complaints. As shown in <u>Table 10.5</u>, the sex difference (i.e., odds ratio, such that higher numbers mean more females than males) increased with age as you compare the rows for 11-year-olds to 13-year-olds and 15-year-olds. The sex difference also was smaller (i.e., smaller odds ratio) in countries where women had more education and income (i.e., higher gender development index).

Health care utilization rates reflect the changes in female and male morbidity over adolescence. During childhood, boys visit health care professionals more frequently than girls, but during adolescence, girls visit health care professionals more than boys. Health care utilization in childhood, however, does not reflect children's behavior alone; adults are more likely to be making the decision to seek health care. Thus, it may be that parents (in particular mothers) are more likely to take boys than girls to see a doctor when they are young. Parents might take boys' complaints more seriously because they expect boys to be less likely than girls to complain of symptoms; admitting illness violates gender-role norms for boys.

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	Low GDI	Medium GDI	High GDI		
11-year-olds	1.56	1.17	1.18		
13-year-olds	1.88	1.70	1.56		
15-year-olds	2.27	1.91	1.88		

Table 10.5 Odds Ratio of Girls Having More Health Symptoms Than Boys

Note: GDI = Gender Development Index, high GDI signifies women have higher education and income. *Source:* Torsheim et al. (2006)

Sexual minorities are at increased risk of morbidity, in terms of both mental and physical health (Bogart, Revenson, Whitfield, & France, 2014; Lick, Durso, & Johnson, 2013). Societal stigma plays a major role in this increased risk. There are still no laws that prevent the discrimination of sexual minorities in terms of housing or jobs. Because many religious groups perceive homosexuality to be immoral, these organizations are a source of societal stigma. Societal stigma not only leads to stress, which can have direct effects on physiology, but also can indirectly affect health through behaviors. Sexual minorities may be more likely to cope with stress by smoking and drinking and feel less comfortable seeking medical care because they expect negative reactions from the health care system. Finally, societal stigma may become internalized, which can be a source of stress in and of itself.

Take Home Points

- Women have higher rates of morbidity than men.
- Whereas men are more likely to suffer from fatal chronic illnesses, women are more likely than men to suffer from nonfatal chronic illnesses and painful disorders—meaning that at any point in time women are more likely than men to be ill.
- Women report more symptoms, perceive their health to be worse, restrict their activities due to illness, and seek medical care more than men.
- Sex differences in morbidity first appear during adolescence.

Explanations for Sex Differences in Health

Next, I examine six classes of explanations for sex differences in morbidity and mortality. First, I examine biological factors that might contribute to sex differences in health. Second, I consider the role of artifacts in sex differences in health. Artifacts are factors that cause sex differences to appear that do not really exist. For example, men have a higher socioeconomic status (SES) than women, and SES is related to health. Is women's poor health a function of their lower income? Physician bias is another example of an artifact; perhaps physicians treat women and men differently so it appears that women are sicker, but women and men are actually equally healthy or unhealthy. Third, I consider the role of health behaviors, such as preventive health care, smoking, drinking, drug use, diet, and exercise; there are sex differences for most of these behaviors. Fourth, I consider aspects of female and male gender roles that might influence health. Aspects of the male gender role can be linked to specific health behaviors and to general risk-taking behavior; aspects of the female gender role can be related to greater concerns with health but also to risks associated with involvement in relationships. Fifth, I discuss whether men and women perceive symptoms similarly or whether women have a lower threshold for symptoms, which makes it appear that women are sicker than men. Finally, I consider whether men and women respond to symptoms in similar ways in terms of taking care of themselves and seeking medical attention.

Biology

Genes

There are clearly some disorders that are linked to chromosomes that may place women or men at a disadvantage (Snow, 2008). Females are resistant to some X-linked chromosomal abnormalities compared to men because they have a second X chromosome. The X chromosome carries more information on it than the Y chromosome. In females, an abnormality on an X chromosome is not necessarily a problem because a second X chromosome is there to suppress it; the abnormality is usually recessive. Thus, a female will simply be a carrier of the abnormality but will not manifest it. The male, however, has a Y chromosome, which cannot override an abnormality of an X chromosome. This may partly explain why more males than females suffer from some congenital disorders, such as hemophilia, meningitis, and muscular dystrophy. However, there are also some disorders that are linked to the XX genotype, such as breast cancer, osteoarthritis, and glaucoma.

Hormones

Estrogen plays a significant role in women's health. The sex difference in rates of heart disease is much larger at younger ages before women reach menopause. After menopause, women's rates of heart disease increase dramatically.

Why does heart disease increase in women after menopause? One theory is that women are protected from heart disease before menopause because of their higher levels of estrogen. With menopause, estrogen levels drop. In the 1980s and 1990s, researchers were so confident of the link between estrogen and heart disease that many women were put on hormone replacement therapy (HRT) after menopause to reduce their risk of heart disease. However, at that time most studies linking HRT to lower rates of heart disease were correlational, meaning it was unclear whether HRT caused a reduction in heart disease or whether there was a third confounding variable, like SES, that influenced rates of heart disease. That is, women of a higher SES could have been more likely to use HRT, and women with a higher SES have better health.

Finally, a randomized trial of more than 16,000 postmenopausal women was conducted to determine the effect of HRT on the prevention of heart disease (Writing Group for the Women's Health Initiative Investigators, 2002). The trial was stopped early in 2002 because the effects of HRT were so dramatic. Unfortunately, the effects were not as predicted. Women on HRT had a significant increased risk of breast cancer and an increased risk of heart attack. Subsequent trials have linked HRT with an increased risk of heart disease and stroke (Lowe, 2004). This is a significant example of how important it is to conduct experimental research to test theories developed from correlational data. We also have learned that higher SES women were, in fact, more likely to use HRT

(Lawlor, Smith, & Ebrahim, 2004). More recent studies suggest that the picture may be even more complicated, such that the effects of HRT depend on timing. There is the possibility that HRT used by younger women or used closer to menopause may be associated with reduced risk (Committee on Gynecologic Practice, 2013).

Thus, there is not a clear link between higher levels of estrogen and lower levels of heart disease. Another problem for this theory is that oral contraceptives, which often contain estrogen, increase risk factors for heart disease. Oral contraceptives increase blood pressure, cholesterol levels, and blood glucose levels. In the past, using oral contraceptives in combination with smoking was a particularly lethal combination, increasing the risk of a heart attack by a magnitude of 30, but the synergy among more recent classes of contraceptives has been reduced (Chasan-Taber & Stampfer, 2001).

Estrogen also plays a hazardous role in the development of some cancers (breast cancer, endometrial cancer) and may be linked to osteoarthritis. Sex hormones seem to play a role in periodontal disease, which explains why females are at greater risk during times of hormonal fluctuation (e.g., pregnancy, menopause; Patil, Kalburgi, Koregol, Warad, Patil, & Ugale, 2012). Estrogens may play a role in autoimmune diseases, but whether the links are protective or harmful is not clear. Thus, hormones certainly play a role in women's and men's health, but which hormones are responsible for the effects and the direction of the effects are not certain.

Immune System

There are some differences in the nature of men's and women's immune systems, and the effects seem to be paradoxical. On the one hand, females have a stronger immune response to bacterial and viral infection compared to males (Fischer, Jung, Robinson, & Lehmann, 2015; Jorgensen, 2015). However, females are more vulnerable to some autoimmune diseases, such as lupus, rheumatoid arthritis, and multiple sclerosis perhaps because they have a stronger immune response! That is, women's stronger immune response could explain why their immune system ends up attacking their own bodies resulting in a higher rate of autoimmune diseases.

These biological systems are interrelated. The genetic vulnerabilities are just that vulnerabilities, not guarantees of disease. Sex-linked vulnerabilities are influenced by environmental factors. The immune system and endocrine system are also interrelated, as some of the sex differences in immune response have been attributed to hormones (Oertelt-Prigione, 2012). Testosterone has been suggested to play a role in men's protection from autoimmune diseases (Markle et al., 2013). Note that the sex difference in autoimmune diseases declines with age, as testosterone levels decline in men.

Cardiovascular Reactivity

Cardiovascular reactivity refers to the increase in blood pressure and heart rate that occurs when engaging in a challenging or stressful task. You may experience

cardiovascular reactivity when taking an exam, when thinking about an exam, or when receiving a graded exam. You are also likely to experience cardiovascular reactivity during an argument, during a traffic jam, or when your computer screen freezes. Yet we all do not experience the same level of reactivity to the same stressors. One theory is that people who exhibit heightened physiological responses to stressful events might be damaging their arteries on a daily basis, making them more vulnerable to heart disease. There is some evidence that cardiovascular reactivity is related to indicators of heart disease (Treiber et al., 2003).

To the extent that cardiovascular reactivity is linked to heart disease, sex differences in reactivity become an important topic. Numerous studies have shown that men exhibit greater cardiovascular reactivity than women, which could explain a portion of men's higher rates of heart disease. Cardiovascular reactivity is typically studied in the laboratory by exposing participants to a stressful or challenging task and observing changes in blood pressure or heart rate. Men are more reactive than women to a majority of stressors studied in the lab (Matthews, Gump, & Owens, 2001).

However, researchers realized that men may show greater reactivity than women to laboratory tasks because the tasks are more relevant to men than women. Laboratory tasks that reveal men to be more reactive than women are often achievement oriented. The real-world stressors that show men to be more reactive than women are typically exams and work, which are also achievement oriented. Perhaps women would exhibit greater reactivity than men when the domain is more communal. As you will see in <u>Chapter 11</u>, women exhibit greater cardiovascular, neuroendocrine, and immune reactivity than men when discussing a relationship conflict.

Several studies have examined the idea that men react to stressors relevant to the male gender role and women react to stressors relevant to the female gender role. In one study, men were more reactive than women to two masculine tasks, serial subtraction and a handgrip squeeze, whereas women were more reactive than men to a feminine task, giving a speech on the likes and dislikes about one's physical appearance (Stroud, Niaura, & Salovey, 2000). In another study, college males' and females' reactions to either an achievement (math, verbal memorization) or an interpersonal (rejection) challenge were examined (Stroud, Salovey, & Epel, 2002). As shown in Figure 10.2, men exhibited greater cortisol increases than women in response to the achievement stressor, and women exhibited greater cortisol increases than men in response to the interpersonal stressor.



Figure 10.2 (a) Men show elevated cortisol reactivity to an achievement stressor compared to women; (b) women show elevated cortisol reactivity to an interpersonal stressor compared to men. Source: Adapted from Stroud et al. (2002)

Take Home Points

- The fact that women have a second X chromosome may protect women from some genetically based diseases.
- Estrogens play a role in women's greater resistance and vulnerability to disease.
- There is a paradox in immune function for women and men. Women have a stronger immune response to infection but are also more vulnerable to autoimmune disease compared to men.
- Historically, research showed that men exhibited greater cardiovascular reactivity to stressful tasks compared to women, which was thought to provide an explanation for men's greater vulnerability to heart disease.
- More recent research has shown that sex differences in cardiovascular reactivity are dependent on the nature of the stressor. Women's and men's reactivity may depend on whether the stressor is perceived to be threatening to them.

Artifacts

One class of explanations for sex differences in health is that the differences are not real but are due to artifacts. Recall that artifacts are methodological variables that might lead to the appearance of sex differences in health even when differences do not exist. A confounding variable, such as SES, could be an artifact of the relation between gender and health. Other artifactual explanations have to do with the way that health is measured. Although mortality is an objective index of health, many of the indexes of morbidity are subjective and may be influenced by the way they are assessed. Thus, sex differences in morbidity may be especially vulnerable to artifacts.

Socioeconomic Status

Socioeconomic status (SES) clearly is related to health. With every increase in income, health improves—even among people who are middle to upper class. If SES is measured by earnings, men have a higher status than women. If SES is measured by education, women have a higher status than men. It does not appear that differences in men's and women's SES can explain sex differences in either mortality or morbidity in the United States. However, in countries where women lack substantially more resources compared to men, such as India, women's health suffers (Roy & Chaudhuri, 2008). Unlike women from wealthier countries, such as the United States, these women do not practice primary prevention.

Another question is whether SES shows the same relation to health for men and women. When SES is construed as education, the relation seems to be stronger for women than men (Ross & Mirowsky, 2010; Ross et al., 2012). Sex differences in health perceptions and physical functioning decrease as education increases. That is, at lower levels of education, women have much poorer physical functioning and perceive their health to be worse compared to men, but these differences nearly disappear at higher levels of education. One theory that explains these findings is **resource substitution**. Resource substitution implies that one resource will have a stronger effect when other resources are lacking. Because women have fewer socioeconomic resources than men, education has a stronger effect on their health.

However, in terms of mortality, it appears that education has a stronger effect on men than women (Ross et al., 2012). That is, men are much more likely than women to die at lower levels of education, but the sex difference in mortality is smaller at higher levels of education. The causes of death that are directly involved in this finding are lung cancer, respiratory disease, stroke, homicide, suicide, cirrhosis of the liver, and accidents—all causes of death that are influenced by risk-taking behavior. The authors suggest that men's higher status relative to that of women allow them to engage in these riskier behaviors—smoking, driving fast cars, buying guns, and drinking heavily—and that education deters men from such risky behavior. Thus, it is the men who are less educated who engage in the riskiest behavior, putting them at risk for death.

SES also is implicated in health behaviors, especially smoking. More educated people are less likely to smoke, and this link is stronger among males than females perhaps for the reason stated above (Denney, Rogers, Hummer, & Pampel, 2010). Among adults with less than a high school education, 35% of males and 25% of females smoke; among adults with a college education, 10% of males and females smoke. Between 1986 and 2006, those with the most education were the most likely to quit smoking (Montez, Hummer, Hayward, Woo, & Rogers, 2011).

It also appears that a spouse's SES influences one's health (Skalicka & Kunst, 2008). In a study in Norway, husbands' occupation, income, and education were related to a decrease in wives' mortality, with relations being stronger for occupation and income. However, it was only wives' education that was related to a reduction in husbands' mortality. The traditional female role involves taking care of the family's health—a role that benefits from education. Other research has linked women's education to lower mortality rates among children (Brinda, Rajkumar, & Enemark, 2015).

Physician Bias

Physicians may respond to women and men differently, contributing to sex differences in health. Two areas in which this issue has been well investigated are heart disease and mental health. Physician bias in the context of mental health will be discussed in <u>Chapter 13</u>. Here we examine physician bias in the context of heart disease.

Heart disease is the leading cause of death among women as well as men, but the age of onset is later in women than men (Mikkola, Gissler, Merikukka, Tuomikowski, & Ylikorkala, 2013). Heart disease increases with age for both men and women, but the rate of increase is much larger among women after age 60. Thus, at younger ages, men have much higher rates of heart disease than women, but the sex difference is smaller at older ages. In recent years, mortality from heart disease has declined among men but not among women (Crea, Battipaglia, & Andreotti, 2015). The question is why. The answers are varied, are discussed below, and are summarized in Table 10.6.

Table 10.6 Reasons for Sex Disparity in Health From Heart Disease

- 1. women less likely than men to be referred for treatment
- 2. women have more complications and higher mortality rates after treatment
 - o women older than men
 - o women more comorbid conditions than men
 - women's arteries smaller than those of men
 - o treatments developed on men
- 3. heart disease not taken as seriously among women as men
- 4. women present with less classic symptoms of heart disease compared to men
- 5. women have more microvessel disease (which is more difficult to detect and treat) compared to men

One reason women are disadvantaged compared to men is that women are less likely than men to be referred for diagnostic tests and procedures. One treatment is a type of drug therapy, referred to as **thrombolytic therapy**. Thrombolytic drugs are administered during the course of a heart attack with the hope of opening the arteries, increasing blood flow, and reducing the amount of heart damage. Despite the fact that thrombolytic therapy has been shown to be more effective in women than men (Sacco, Cerone, & Carolei, 2009), it is used less often in women than in men. Women also are less likely than men to be referred for surgical procedures, such as the insertion of a coronary stent or bypass surgery (Claassen, Sybrandy, Appelman, & Asselbergs, 2012; Merz, 2011).

One explanation for a reticence on the part of physicians to refer women compared to men for surgical procedures is that these treatments are less successful among women than men. Women have higher complications and mortality rates following revascularization procedures, such as insertion of a coronary stent and bypass surgery (Alam et al., 2013; Claassen et al., 2012; Crea et al., 2015; Takagi, Manabe, & Umemoto, 2010). There are several reasons for this disadvantage. One is that women are often older than men when they present with heart disease. In fact, controlling for age reduces the difference in treatment outcomes but does not completely account for it (Bucholz et al., 2014). A second reason that women do not fare as well as men after surgical treatments is that women are sicker than men when they present with heart disease. Women are more likely than men to have other health problems such as diabetes and hypertension, and these differences account for some but again, not all, of the sex difference (Alam et al., 2013; Bucholz et al., 2014). A third reason women have poorer surgical outcomes than men is that women's coronary arteries have smaller diameters than those of men, making interventions more difficult.

It also is possible that women are not referred for and do not benefit from diagnostic tests and treatments for heart disease because they have largely been developed on men. Major clinical trials that have made important contributions to the treatment of heart disease have historically included only men. For example, the Multiple Risk Factor Intervention Trial Research Group (1983) was conducted to reduce risk factors of heart disease. The study included 12,866 men and 0 women. In the Physicians' Health Study, physicians were randomly assigned to receive aspirin or placebo to see if aspirin protected against heart disease (Steering Committee of the Physicians' Health Study Research Group, 1988). The study was terminated early because the benefits of aspirin were so large that it was unethical to withhold this information from the public. No female physicians were included in the study. In response to this concern, the National Institutes of Health made a major commitment to women's health in the 1990s, first by requiring clinical trials to report the number of women and men in studies and second by developing the Women's Health Initiative in 1991. The Women's Health Initiative was a 15-year longitudinal study of about 164,000 women to evaluate the effects of diet, vitamins, and HRT on heart disease, cancer, and osteoporosis.

The fact that diagnostic tests and treatments were developed on men poses two problems for women. First, because women's and men's anatomy differs, it is quite likely that a test developed on men's bodies is not as accurate in detecting disease in women's bodies. In fact, it may be more difficult to treat women with revascularization procedures compared to men because their coronary arteries are smaller in diameter compared to those of men (Alam et al., 2013). Second, a treatment developed for men may not be as effective for women. Even treatments for the prevention of heart disease seem to be less effective among women than men. For example, cholesterol-lowering drugs reduce the risk of heart disease among women and men but men benefit more than women (Petretta, Costanzo, Perrone-Filardi, & Chiariello, 2010).

Finally, another possibility is that heart disease is not taken as seriously among women as it is among men. Despite the fact that heart disease is the leading cause of death of women as well as men, women are less likely than men to receive information from their physician about the risks of heart disease (Grunau, Ratner, Galdas, & Hossain, 2009). Physicians may be more likely to attribute women's cardiac symptoms to psychological distress because they are aware that women, on average, are more depressed and anxious compared to men. And chest pain can signify stress and anxiety. If a patient reports feelings of psychological distress along with cardiac symptoms, the psychosocial complaints may distract the physician from the cardiac symptoms-at least when the patient is female. This problem was demonstrated in one study in which medical students and residents were provided with a vignette of a person with clear cardiac symptoms (e.g., chest pain, shortness of breath) who was or was not experiencing stress (Chiaramonte & Friend, 2006). Women and men were treated differently only under conditions of high stress. Coronary heart disease was equally likely to be diagnosed among women and men in the no-stress condition but less likely to be diagnosed among women than men in the high-stress condition. In addition, women and men in the no-stress condition were equally likely to be referred to a cardiologist, but women were less likely than men to be referred to a cardiologist in the high-stress condition. The investigators found that symptoms of women in the highstress condition were less likely to be attributed to a physiological cause compared to the symptoms of the targets in the other three conditions. Thus, stress may distract physicians from diagnosing heart disease in women.

Physicians also might have more difficulty detecting heart disease in women compared to men because women are less likely than men to present with the classic "elephant on chest" pain and more likely to present with ambiguous symptoms, such as nausea and shortness of breath (Canto et al., 2012). However, even when symptoms are the same, physicians appear less likely to diagnose heart disease in women than men. In an experimental study, a videotape of a patient with key symptoms of heart disease (chest pain, stress, heartburn, low energy) was presented to family physicians who were asked to indicate the nature of the problem and the certainty of their opinion (Maserejian, Link, Lutfey, Marceau, & McKinley, 2009). The patient was either male or female and either 55 or 75 years old. Regardless of the diagnosis physicians made, they were more confident in assessing the male than the female. When heart disease was diagnosed, physicians were the least confident in diagnosing a younger female as shown in <u>Figure 10.3</u>. Physicians were more likely to diagnose mental health problems in younger females compared to all other groups.



especially uncertain in the case of younger females.

Source: Adapted from Maserejian et al. (2009)

Recently, a theory is advancing that heart disease manifests itself differently in women compared to men (Lansky et al., 2012; Merz, 2011). Men are more likely than women to have blockages in the main coronary arteries, which can be effectively treated with angioplasty and bypass surgery. By contrast, women are more likely than men to have a gradual buildup of plaque in their coronary arteries that is more difficult to detect and treat. Women are more likely than men to have disease in the smaller arteries that feed the heart. This theory explains why women may not suffer from chest pain to the extent that men do when they have heart disease, why women don't show blockages on coronary angiography compared to men, and why women aren't treated as aggressively as men. Because microvessel disease is more difficult to detect, women with heart disease may not receive the same treatment as men.

Taken collectively, heart disease in women may not be diagnosed as quickly as it is in men because women's signs of heart disease are more ambiguous and because health care professionals associate heart disease with being male rather than female. See if the men and women with heart disease you encounter have different experiences with the health care system with <u>Do Gender 10.1</u>.



Women's and Men's Experiences With Heart Problems

Interview 10 adult men and 10 adult women who have had a heart problem, such as a heart attack. Ask them what their symptoms of the heart problem were, when they first noticed symptoms, and how they responded to those symptoms. How long did they wait before going to the doctor? How did the physician respond? Did the physician know right away the symptoms were cardiac in nature? How were they treated for their heart problem? Are there any differences between women's and men's responses?

Take Home Points

- Artifactual explanations for sex differences in health include men's higher SES compared to women and physicians' differential treatment of women and men.
- Education is more strongly linked to morbidity among women than men due to resource substitution, but education is more strongly related to mortality among men than women because more educated men reduce their risk-taking behavior.
- The treatment for heart disease has benefitted men more than women.
- Women are treated less aggressively than men for cardiac disease, in part because some treatments are less effective and riskier for women than men, in part because symptoms of heart disease are more ambiguous among women than men, and in part because physicians attribute cardiac symptoms to psychological causes in the presence of stress among women.
- Heart disease may manifest itself differently in men and women, affecting the larger coronary arteries among men and the smaller vessels among women. These differences could explain why heart disease is more difficult to detect and treat in women.

Health Behaviors

One class of variables that may explain sex differences in mortality and morbidity are **health behaviors**. These include risky behaviors, such as smoking, alcohol abuse, and drug abuse, as well as healthy behaviors, such as preventive health care, exercise, and diet. These behavioral factors contribute to sex differences in the leading causes of death —heart disease, lung cancer, chronic lower respiratory disease, accidents, suicides, homicides, and liver disease. Now that people are living longer and dying of chronic diseases, behavioral factors may play a larger role than biology in sex differences in mortality.

Preventive Health Care

Women are more likely than men to believe in the value of preventive health care. Women attach greater importance to healthy eating than men (Wardle et al., 2004). Across 23 different countries, women were more likely than men to report that they avoided high-fat foods, ate more fruit, ate more fiber, and limited salt. Women eat more fruit and vegetables than men and score higher on an overall healthy eating index compared to men (Ervin, 2011). Among children, the picture is more complicated. Twothirds of high school girls and boys eat fruit or drink 100% fruit juice and similar numbers of girls and boys eat vegetables (Kann et al., 2014a). However, more girls than boys had not drunk milk in the past 7 days (25% vs. 13%), and boys are more likely than girls to drink soda.

Women are more likely to have a regular physician and to visit the physician more frequently than men (Blackwell, Lucas, & Clarke, 2014). Women are also more likely to take prescriptions as recommended and to return to the doctor's office for follow-up care.

One reason women have a regular physician and have better preventive care habits centers on reproductive issues. Women regularly visit the doctor for pap smears, mammograms, birth control, pregnancy, and postmenopausal symptoms. Men do not have the same regular life events or health issues early in life that involve establishing a regular physician or routine physician visits. However, even when reproductive visits are excluded from analyses, women still visit the doctor more frequently compared to men. In a sense, it is difficult to account completely for reproductive reasons when examining sex differences in the use of health care services. We can certainly count the number of visits attributed to reproductive issues, such as pregnancy or contraception, but we must consider that women are more likely than men to become involved in the health care system in the first place because of reproductive issues. Thus, when it comes to getting a flu shot, getting a regular physical, and seeking medical attention in response to a complaint, women are more likely to have a resource available and to be familiar with turning to that resource. Conduct <u>Do Gender 10.2</u> to find out if your female and male

peers have a physician and examine their reasons.



Do You Have a Doctor?

Interview 10 female and 10 male college students to find out if they have a regular doctor. You might ask, "If you become sick, is there a specific doctor you would call?" To be certain that people have a physician, you might even ask for the physician's name. If a person does not have a physician, ask why.

Then, interview 20 older adults (10 female, 10 male) and ask the same question. You might interview the same students' parents, university staff, or faculty.

Are there sex differences in having a physician? Does it depend on age? What are the reasons for not having a physician? Do men and women provide different reasons?

One group of women do not receive greater health care compared to men: lesbians. Both lesbians and gay men are underserved by the health care system, in part due to a lack of health insurance (Johnson, Mimiaga, & Bradford, 2008). Lesbians are less likely than heterosexual women to have health insurance from a spouse's employment, and lesbian households have lower income. Although rates of screening have increased in recent years for lesbians, screening rates are still lower than rates for heterosexual women (Roberts, Patsdaughter, Grindel, & Tarmina, 2004). Lesbians, gay men, and bisexuals are less likely than heterosexuals to report that they have a regular place to go for health care and more likely to say that they didn't receive health care during the past year (Ward, Dahlhamer, Galinsky, & Joestl, 2014). Sexual minorities may feel uncomfortable dealing with a health care system that is not sensitive to homosexuality.

What are the implications of heterosexual women's greater use of medical services for prevention compared to men? Theoretically, if women visit the doctor more frequently than men, women's illnesses should be diagnosed at an earlier stage than men's. Early intervention may keep minor illnesses from developing into fatal ones. Routine office visits provide physicians with an opportunity to detect disease and provide patients with an opportunity to disclose problems. Although this is a compelling explanation for sex differences in mortality, there is no evidence to show that women's greater use of health services leads to earlier detection of disease. In fact, heart disease is detected later in women than men, and women delay longer in seeking treatment for symptoms of heart disease.

Smoking

Smoking has been referred to as the single most preventable cause of death (Denney et al., 2010). Tobacco accounts for almost one in five deaths in the United States, one-third of heart disease and 30% of cancer-related deaths (American Cancer Society, 2014; American Heart Association Writing Group, 2015). Smoking is a major cause of stroke

and emphysema, and a contributor to at least 15 different kinds of cancer, including lung, lip, oral, esophagus, pancreas, kidney, and stomach. Among men, smoking is associated with slightly less than a one in two chance of developing cancer at some point in life; among women, the rate is slightly more than one in three. Smoking is also associated with chronic conditions such as chronic bronchitis and osteoporosis. Among women, smoking is related to early menopause, decreased fertility, and complications during pregnancy.

Smoking is most strongly linked to lung cancer (American Cancer Society, 2014). Men and women who smoke are 25 times as likely as nonsmokers to develop lung cancer, and lung cancer is the leading cause of cancer death for both men and women. The risk of lung cancer decreases as the length of smoking cessation increases. However, the risk of lung cancer remains higher among former smokers than nonsmokers, no matter how long the cessation period. It is not clear whether smoking is riskier for women or men in terms of lung cancer. Some studies argue that when the amount of smoking is taken into consideration, there are no sex differences in vulnerability to smoking, whereas other studies suggest that women are more vulnerable to lung cancer at every level of smoking. If women are more vulnerable, both hormonal and genetic factors may play a role. Women are clearly more vulnerable to lung cancer than men among nonsmokers.

Prevalence Among Adults

The most recent data from the Centers for Disease Control and Prevention (2014a) show that 17.8% of adults in the United States smoked in 2013. This is down from 42% in 1965. As shown in Figure 10.4, men are more likely than women to smoke across ethnic groups in the United States, with the largest sex differences appearing among Asian, American Indians/Alaska Natives, and Hispanics and the smallest sex difference occurring in Whites. The lowest rates of smoking are in the Western region of the United States (13.6%), and the highest rates are in the Midwest (20.5%). LGB persons have higher rates of smoking (26.2%) than heterosexuals (17.6%). Although there is no sex difference in smoking among LGB persons, men are more likely than women to smoke among heterosexuals.

Sex differences in smoking changed throughout the 20th century. The increased rates of men smoking in the middle of the 20th century can be directly tied to the dramatic rise in lung cancer and heart disease among men and the subsequent widening of the sex difference in mortality at that time (Hyams & Johnson, 2010). In the early part of the century, men smoked more than women because smoking was not viewed as socially acceptable for women. In 1955, 25% of women smoked compared to 52% of men (Chesney & Nealey, 1996). In the 1960s and 1970s, the health hazards of smoking became publicized, but smoking also became more socially acceptable for women. Smoking among women increased during the women's movement and came to be associated with women's fight for equality. Thus, in the 1960s and 1970s, more women than men started smoking, and more men than women began to quit smoking. The sex difference in smoking has decreased over time.



Current Smoking

Source: Adapted from Centers for Disease Control and Prevention (2014a)

Along with the sex difference in smoking patterns, the sex difference in lung cancer shifted. In 1950, the male-female ratio of lung cancer was 4.6; in 1960, it was 6.7; in 1990, it was 2.3; and in 2014, it was estimated to be 1.1 (American Cancer Society, 2014). Since the 1980s, the incidence of lung cancer has declined among men but increased among women. In 1987, lung cancer surpassed breast cancer as the leading cause of cancer death in women. Only recently has the rate of lung cancer leveled off among women. Because lung cancer develops over the two to three decades following smoking, the changes in women's and men's rates of lung cancer can be directly tied to changes in their rates of smoking.

Over the years, the targets of tobacco companies' advertising campaigns have shifted. In the 1920s, tobacco companies started marketing toward women (Campaign for Tobacco-Free Kids, 2015a). One of the earliest campaigns was for Lucky Strikes with the slogan: "Reach for a Lucky Instead of a Sweet." You will see later in this section that some women smoke to lose weight. However, women didn't really start smoking until after World War II and the start of the women's movement. Phillip Morris introduced the Virginia Slims cigarette with the slogan "You've Come a Long Way Baby," which depicted women as independent, successful, attractive, and—of course, slim! In the 1970s,

Figure 10.4 Percentages of adults in the United States who report they currently smoke. In all ethnic groups, more men than women smoke.

low-tar and light cigarettes were marketed toward women and used more by women than men.

More recently, tobacco companies have targeted minority communities (Campaign for Tobacco-Free Kids, 2015b). Because of the preference for menthol cigarettes among Black people, tobacco companies targeted Black communities with advertising for menthol cigarettes. A study of communities in California showed that the percentage of Black students in a high school was positively correlated with the number of menthol ads, the promotion of menthol cigarettes, and lower cost for menthol cigarettes (Henriksen, Schleicher, Dauphinee, & Fortmann, 2012). The United States Food and Drug Administration is particularly concerned about the use of menthol in cigarettes because people become more addicted to menthol cigarettes and have a more difficult time quitting.

Prevalence Among Adolescents and Children

Smoking is particularly important to study among children and adolescents. More than 80% of all smokers start smoking before they are 18 years old (Campaign for Tobacco-Free Kids, 2015b). Second, some evidence suggests that smoking slows lung development among adolescents (Gold et al., 1996). These effects are stronger among females than males.

Among middle school and high school students in 2014, 10.6% of boys and 7.9% of girls smoked, which was defined as having smoked one or more cigarettes in the past 30 days (Centers for Disease Control and Prevention, 2015c). The rate of smoking among children increased in the early 1990s, decreased since 1997, and now appears to have leveled off. In the 1990s, smoking among Black males increased dramatically, but those rates have decreased substantially in recent years. Among racial and ethnic groups ages 12–17, the highest rates of smoking are observed among American Indian/Alaska Natives (14.9%), followed by Whites (9.8%) and Hispanics (8%); Black and Asian youth have the lowest rates of smoking (4.5% and 3.6%, respectively; Substance Abuse and Mental Health Services Administration, 2011). Studies of sexual minorities show that males smoke more than females, and gay and lesbian youth smoke more than bisexuals (Newcomb, Heinz, Birkett, & Mustanski, 2014).

There are many environmental factors related to smoking. Children who smoke are much more likely to have friends and parents who smoke. A review of the literature concluded that mothers' smoking was more strongly related to girls' than sons' smoking (Sullivan, Bottorff, & Reid, 2011), supporting social learning theory and the idea that same-sex models are more impactful. Smoking is correlated among friendship groups, but it is not clear whether this is because children who smoke choose friends who smoke or whether having a friend smoke leads a child to smoke. A social network analysis of junior high school students and their friends was conducted to address this question (Mercken, Snijders, Steglich, Vertiainen, & de Vries, 2010). Both boys and girls who smoked tended to select friends who smoked, but only girls were influenced by their

friends to smoke—suggesting that peer pressure may play a larger role in girls' than boys' smoking behavior.

Psychological distress appears to be more strongly related to smoking in girls than boys (Richardson, He, Curry, & Merikangas, 2012) and is also linked to smoking among sexual minorities (Newcomb et al., 2014). Being a victim of harassment or discrimination due to race (Wiehe, Aalsma, Liu, & Fortenberry, 2010) or sexual minority status (Newcomb et al., 2014) also has been implicated in smoking

Smoking Cessation

It is more difficult to find a place to smoke in the United States than it was 10 and 20 years ago, as it has been banned from many public buildings, restaurants, and even some parks and beaches. As of 2015, smoking was banned from workplaces, restaurants, and bars in 36 states and the District of Columbia (American Nonsmokers' Rights Foundation, 2015). With these smoking restrictions, the increased awareness of health risks, and the increased cost of cigarettes, many people have attempted to quit smoking. Nearly half of all high school smokers have said that they have tried to quit (Kann et al., 2014a).

Smoking cessation treatments are more successful among men than women (Cosgrove et al., 2014; Piper et al., 2010). However, it is not clear whether men have higher quit rates overall than women, as people can also try to quit on their own. National survey data in the United States, Canada, and Britain found that women had slightly higher quit rates than men in the United States and Canada, and men had slightly higher quit rates than women in Britain (Jarvis, Cohen, Delnevo, & Giovino, 2013). Sex differences in quit rates were influenced by age. Among younger people, women were more likely than men to have quit smoking, but men were more likely than women to have quit smoking, but men were more likely than women to have quit smoking among older people. What is the explanation for the discrepancy between the treatment data and the survey data? The treatment data are biased in that most people who quit smoking do not seek treatment for it. However, the survey data also could be biased by relying on self-reports of quitting smoking.

Several theories attempt to explain why it is more difficult for women than men to quit smoking. One theory is that smoking is associated with negative affect and depression, and women are more likely than men to be depressed. People with a history of depression or anxiety disorders are more likely to smoke than people without such histories (Morrell, Cohen, & McChargue, 2010). And the relation of smoking to depression is stronger among women than men (Husky, Mazure, Paliwal, & McKee, 2008; Massak & Graham, 2008; Morrell et al., 2010). Women smokers, in particular, are likely to believe that smoking enhances their mood and helps them to cope with stress (Hazen, Mannino, & Clayton, 2008; Reid, Pipe, Riley, & Sorensen, 2009). It also turns out that quitting smoking is associated with an increase in negative mood—and more so for women than men (Morrell et al., 2010). A laboratory study showed the link of negative mood to smoking was stronger for females than males. When adult smokers were

assigned to a musical mood induction, females smoked more quickly after a negative mood was induced than males, whereas there was no sex difference in smoking in response to the positive and neutral mood conditions (Weinberger & McKee, 2012). To recap, one reason women are less able to quit smoking than men is that depression interferes with cessation, women are more likely than men to be depressed, and smoking is more strongly associated with mood enhancement in women than men.

Another theory as to why women have more difficulty quitting smoking is that women are more likely to be physiologically addicted to smoking. Women become addicted to smoking at lower nicotine levels and with fewer cigarettes compared to men (Tuchman, 2010). A study in which men and women were monitored over the course of a number of days to track their smoking behavior and craving showed that craving was more strongly linked to smoking among women than men (Shiffman & Rathbun, 2011). A laboratory study in which smokers were randomly assigned to abstain from smoking or not and then shown pictures to induce a neutral or negative mood showed that craving increased the most among women following abstinence and the negative affect induction (Perkins, Karelitz, Giedgowd, & Conklin, 2013). These findings suggest that women might be more vulnerable to craving, especially in the context of a bad mood or an acute stressor. The Fagerstrom Tolerance Questionnaire, shown in Table 10.7, is a widely used measure of physiological addiction to nicotine (Heatherton, Kozlowski, Frecker, & Fagerstrom, 1991). If you have friends who smoke, conduct Do Gender 10.3 to see who is more strongly addicted to smoking. Also see Sidebar 10.1 for a discussion of how methodology affects reporting of withdrawal symptoms.

Table 10.7 Revised Fagerstrom Tolerance Questionnaire

- 1. How soon after you wake up do you smoke your first cigarette?
 - a. After 60 minutes.
 - b. 31-60 minutes.
 - c. 6-30 minutes.
 - d. Within 5 minutes.
- 2. Do you find it difficult to refrain from smoking in places where it is forbidden? No Yes
- 3. Which cigarette would you hate to give up?
 - a. The first one in the morning.
 - b. Any other.
- 4. How many cigarettes per day do you smoke?
 - a. 10 or fewer
 - b. 11–20
 - c. 21–30
 - d. 31 or more
- 5. Do you smoke more frequently during the first hours after waking than during the rest of the day?
 - No Yes
- 6. Do you smoke if you are so ill that you are in bed most of the day?

No Yes

Source: T. F. Heatherton et al. (1991). Copyright 1991. Reprinted by permission of John Wiley and Sons.

Ø Do Gender 10.3

Who Is More Physiologically Addicted to Smoking?

Administer the Fagerstrom Tolerance Questionnaire shown in <u>Table 10.7</u> to 10 male and 10 female smokers. Is one sex more addicted than the other? Can you predict addiction from any other variables, such as age or depression?

Perkins (2009), however, has argued that women are *less* likely than men to be physiologically addicted to nicotine. This argument is based on research that shows nicotine replacement therapies are less effective for women. A meta-analytic review of the literature showed that women receive about half the benefit of men from the nicotine patch (Perkins & Scott, 2008). Studies of the brain during smoking show that dopamine is released in the part of the brain that is responsible for reinforcement (right ventral striatum) more so for men than women, suggesting that smoking is more physiologically reinforcing for men than women (Cosgrove et al., 2014). One illustrative study showed that nicotine was more rewarding to men than women by having smokers abstain from smoking and then randomly assigning them to smoke cigarettes that either did or did not contain nicotine (Perkins & Karelitz, 2015). Smoking the cigarettes with nicotine was associated with a greater decrease in withdrawal symptoms than smoking the non-nicotine cigarettes—but only among men. Women's withdrawal symptoms were unaffected by whether the cigarette contained nicotine or not, suggesting that nicotine is more reinforcing for men than women.

If women are not as physiologically addicted to nicotine, what is the basis of women's addiction? One theory is that smoking is more of a sensory experience for women than for men (Perkins, 2009). Women enjoy the visual and olfactory experiences of smoking more than men. A related idea is that women are more vulnerable than men to smoking-related cues. When smokers were exposed to smoking-related and neutral cues, females showed a greater increase than males in craving and negative affect in response to the smoking-related than the neutral cues (Doran, 2014). However, an ecological momentary assessment study in which people reported on their smoking and the situational cues several times over the course of the day showed no evidence that situational cues are more strongly linked to smoking in women than men (Ferguson, Frandsen, Dunbar, & Shiffman, 2015).

A third theory as to why women have greater difficulty quitting smoking is that women are more concerned with the potential for weight gain. Women around the world are more likely than men to say that they smoke to suppress their appetite (Reid et al., 2009), and women are concerned about gaining weight if they quit smoking (Larsen, Otten, & Engels, 2009). Among adults, both underweight and overweight women are more likely to smoke than normal weight women, whereas overweight men are less likely to smoke than normal weight men (Park, 2009). Despite weight concerns, after quitting, there is no evidence that weight gain predicts relapse in women (Borrelli, Niaura, Hitsman, Spring, & Papandonatos, 2001; Perkins et al., 2001).

Quitting smoking does lead to weight gain, but not as much as people think, partly because people underestimate how much they weighed before they quit smoking (Peterson, 1999). A meta-analysis on weight gain following smoking cessation revealed that people gain an average of 10 pounds during the first year after they quit smoking, with most of the weight gain occurring within the first 3 months (Aubin, Farley, Lycett, Lahmek, & Aveyard, 2012). The weight gain associated with smoking cessation is far less hazardous to health than the hazards associated with smoking. It's also the case that 16% of people lose weight when they quit smoking.

***** Sidebar 10.1

How Methodology Affects Self-Report of Withdrawal Symptoms

One way physiological addiction is measured is by self-reports of withdrawal symptoms when quitting smoking. Withdrawal symptoms include depressed mood, insomnia, irritability, anxiety, difficulty concentrating, restlessness, decreased heart rate, and increased appetite (American Psychiatric Association, 2013). It is not clear whether women or men report more withdrawal symptoms. The methodology of a study appears to influence whether sex differences in withdrawal symptoms emerge. Prospective studies (conducted during cessation) show no sex differences, whereas retrospective studies (conducted after cessation) show that women recall more symptoms than men. What is the source of this discrepancy? Is it that women recall more symptoms than they actually experience or that men recall fewer symptoms? The latter seems to be the case. Pomerleau and colleagues (1994) compared prospective and retrospective reports of withdrawal symptoms. They asked men and women first to recall their experience of four common withdrawal symptoms (anxiety, anger/irritation, difficulty in concentrating, hunger) from previous attempts to quit smoking and then to report prospectively their experience of these symptoms over the first few days that they quit smoking. Men recalled fewer symptoms in the past than they actually experienced during their present attempt; in other words, men's recall of symptoms underestimated the extent to which they actually experienced symptoms. For example, only 5% of men said they experienced difficulty concentrating during past attempts to quit smoking, but 58% reported this symptom during the present attempt. Women's retrospective reports of difficulty concentrating were more similar to their prospective reports (40% vs. 56%). There were no sex differences in any of the prospective reports of symptoms. Thus, retrospective methodologies may suggest that women experience more withdrawal symptoms due to men's tendency to recall fewer symptoms than they actually experienced. According to self-reports of current withdrawal symptoms, women and men experience similar withdrawal symptoms, which means similar levels of physiological addiction.

One motivator for women to quit smoking is pregnancy. Of women who were smoking within the 3 months before they became pregnant, 55% quit (Centers for Disease Control and Prevention, 2014c). Women who are of a lower SES, have partners who smoke, are more addicted, and have more children are less likely to quit smoking while pregnant. However, 40% of women who quit when they become pregnant resume smoking within 6 months of childbirth.

Thus, various theories have been put forth to explain why women have more difficulty than men when they try to quit smoking. As discussed earlier, one theory is that women are more depressed and depression interferes with smoking cessation. Some evidence supports this. Another theory is that women are more physiologically addicted to smoking, but the evidence in support of this theory is completely contradictory. On some self-report measures of physiological addiction, women appear more dependent than men on nicotine; yet another group of investigators suggests men are more physiologically addicted because nicotine patches are more effective in relieving men's than women's withdrawal symptoms. A third theory is that women are more concerned than men with the weight gain that follows smoking cessation. This concern may interfere with initial cessation efforts but does not predict relapse. People do gain weight when they quit smoking but probably not as much as they expect.

<u>Alcohol</u>

The relation of moderate alcohol intake to health is mixed. On the one hand, alcohol in moderation is protective against heart disease and appears to provide immunity from the common cold (Rich-Edwards, Manson, Hennekens, & Buring, 1995). However, alcohol in moderation may also be associated with breast cancer (American Cancer Society, 2009).

Large quantities of alcohol are clearly harmful to health. Heavy use of alcohol is associated with a variety of health risks, including injury, violence, poisoning, and birth defects/miscarriage in the short-term and cardiovascular disease, cancer, liver disease, and dementia in the long term (Centers for Disease Control and Prevention, 2015d). Alcohol is linked to accidents in general and to motor vehicle accidents in particular. Of fatal crashes, 38% of men and 21% of women were driving under the influence of alcohol (Insurance Institute for Highway Safety, 2015).

Alcohol has different consequences for women and men (Nolen-Hoeksema & Hilt, 2006). Although women have a lower genetic risk for alcohol-use disorders, the physiological consequences of alcohol are more damaging to women. It takes proportionally less alcohol to have the same effect on a woman as a man; even if a woman and a man of similar weight drink the same amount of alcohol, the woman will have a higher blood-alcohol level. The ratio of fat to water in a woman's body is greater than that in a man's body; in other words, men have more water available in their systems to dilute consumed alcohol. In addition, more of the alcohol is metabolized by enzymes in the stomachs of men compared to women. Thus, men and women who drink the same amount of alcohol in proportion to their body weight will not have the same blood-alcohol levels. This may be one reason why alcohol is more strongly associated with cirrhosis of the liver in women than in men. The progression from the first drink to an alcohol-related problem is faster among women than men, a process referred to as "telescoping." Thus, women are more vulnerable than men to both acute and chronic (long-lasting) effects of alcohol. Alcohol also seems to be more strongly related to depression in women than men (Harrell & Karim, 2008; Tuchman, 2010).

Prevalence

Alcohol usage and alcohol-related problems are higher among men than women. National survey data from 2013 reveal that 62% of males and 50% of females ages 26 and older are current drinkers (Substance Abuse and Mental Health Services Administration, 2014a). Binge drinking in the past month, which is defined as five or more drinks on a single occasion for males and four or more drinks on a single occasion for females, is twice as prevalent among men than women ages 26 and older (31% vs. 15%). The rate is highest among Whites and lowest among Asians, with Blacks and Hispanics between the

two groups. There is cross-cultural support for these sex differences. In a study of 10 countries (Australia, Canada, Czech Republic, Estonia, Finland, Israel, Russia, Sweden, the Netherlands, and the United States), men drank alcohol more frequently, consumed higher amounts of alcohol at one time, had more episodes of heavy drinking, and were more likely to suffer adverse consequences of drinking compared to women (e.g., health problems, criticism by others, losing control; Wilsnack, Vogeltanz, Wilsnack, & Harris, 2000). Sexual minorities have higher rates of excess drinking than heterosexuals (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013; Talley, Hughes, Aranda, Birkett, & Marshal, 2014).



Source: Adapted from Substance Abuse and Mental Health Services Administration (2014a)

The relation of gender to alcohol among high school students is quite different. Here, the picture is one of similarity. As shown in Figure 10.5, similar percentages of youth ages 12–17 are current drinkers of alcohol (11.2% male, 11.9% female), defined as having drunk alcohol at least once in the past month. With age, the sex difference starts to widen. The rate of alcohol use increases dramatically in the later teens.

One reason adult women drink less heavily than men has to do with society's attitudes toward drinking (Ricciardelli & Williams, 2011). Drinking alcohol is a symbol of masculinity. Women are still stigmatized more than men for drinking heavily, perhaps because drinking is thought to interfere with the female role of being responsible for children. In a study of university students in England, there were no sex differences in the use of alcohol, getting drunk, or binge drinking, but a double standard existed (de Visser & McDonnell, 2012). Both men and women agreed that alcohol was a masculine behavior and that it was more acceptable for men than women to get drunk. Another

reason women drink less than men is that women are more involved in religion, which deters drinking. Sex differences in drinking have decreased over the last 50 years, such that today there are no sex differences in alcohol usage among youth. Is this because society now views drinking as equally acceptable in women and men? Find out about your peers' attitudes toward men and women drinking in <u>Do Gender 10.4</u>.



Attitudes Toward Men and Women Drinking

Create several scenarios of a person at a party drinking varying amounts of alcohol, ranging from none to moderate to a lot (i.e., so much that he or she gets sick or blacks out). Create two versions of these scenarios by using a female name and a male name. Develop a set of items to measure people's attitudes toward the person in the scenario. Are women and men who do not use alcohol viewed similarly? Are men and women who drink alcohol viewed similarly? Does it depend on the level? Finally, do the answers to these questions depend on the sex of the respondent?

Drugs

The health consequences of substance abuse can be severe; the most severe consequence is death. However, substance abuse can also lead to other problems, such as complications with pregnancy, health problems in children born to addicted mothers and fathers, sexual difficulties, and, in the case of intravenous drug use, HIV. Women are quicker to develop physical health problems following drug usage compared to men, such as liver problems, hypertension, and gastrointestinal problems (Tuchman, 2010). Women are less likely to seek treatment than men because women are poorer, are more likely to have a drug-using partner, and, in the case of children, lack child care and fear losing custody of children.

PrevalenceMen use more drugs than women do. According to findings from the 2013 National Household Survey on Drug Abuse, the rate of drug use has declined for both men and women since the late 1970s, stabilized in the 1990s, and shown a slight increase recently (Substance Abuse and Mental Health Services Administration, 2014b). Among persons ages 12 and older, 11.5% of males used an illicit drug in the prior month compared to 7.3% of females. The highest rates were observed for American Indian/Alaska Native and Black persons, and the lowest rates were observed for Whites and Asians, with Hispanics in the middle. When youth ages 12 to 17 were examined, the rates for males and females were more comparable: 9.6% of males compared to 8% of females. Males ages 12 and older also are nearly twice as likely as females to be classified as dependent on alcohol (8.7% vs. 4.6%), although the rate among 12- to 17-year-olds is much closer for males and females.

Substance	Adults	Adolescents	Age Unspecified
Alcohol	males 2.5:1		
Amphetamine	equal	females 3:1	
Cannabis	males 3:1	males	

Table 10.8 Sex Differences in Substance Abuse

Cocaine	-	-	males 4:1
Hallucinogen	males 2:1	females	
Heroin	-	-	males 3:1
Inhalant	males	equal	
Opioid	-	females	males 1.5:1
Sedatives	males	females 2:1	
Tobacco	equal	-	

Source: Adapted from the American Psychiatric Association (2013); (- = not specified)

A meta-analytic review of the relation of sexual orientation to substance use showed that sexual minorities engage in more substance usage than heterosexuals (d = -.59; Marshal et al., 2008). The effect was especially high for lesbians and bisexuals. The largest effects were for hard drugs, and the smallest effects were for more commonly used drugs, such as marijuana and alcohol.

A study that provides substantial information about drug usage among adolescents is the Monitoring the Future Study (Johnston, O'Malley, Bachman, Schulenberg, & Miech, 2014). This study has tracked drug use among thousands of high school seniors since 1975 and among thousands of 8th- and 10th-grade students since 1991. In the 1990s, drug use increased dramatically and disapproval of drugs decreased. In the late 1990s, drug usage started to decrease and then leveled off. Since 2008, there has been some increase and an expectation of a further increase—especially for marijuana—with the legalization of marijuana in some states. In 2013, the daily prevalence rate of marijuana was 1.1% for 8th-graders, 4% for 10th-graders, and 6.5% for 12th-graders—the latter being nearly a peak usage. That is, nearly 1 in 15 12th-graders is reporting that he or she uses marijuana daily. In 2013, the number of persons who had used an illicit drug was 8.5% for 8thgraders, 19.4% for 10th-graders, 25.5% for 12th-graders, and 22.5% for college students.

The rate of drug use among youth ages 12 to 17 is similar for males and females (10.4% and 9.8%, respectively; Substance Abuse and Mental Health Services Administration, 2011). Males are somewhat more likely than females to be current marijuana users, and females are somewhat more likely than males to be current users of pain relieving medication and psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, sedatives). Averaging across studies, sex differences in the use of specific drugs are shown in Table 10.8.

Overweight and Obesity

Obesity is a risk factor for all causes of mortality, heart disease, Type 2 diabetes, hypertension (high blood pressure), high cholesterol, and some cancers. Obesity takes different forms in women and men. Men are more likely to have **android obesity**: the apple shape, which consists of extra weight collected around the abdomen. Android obesity is measured by the ratio of waist to hip size. A ratio of more than 1.0 is a significant risk factor for men, and a ratio of more than .8 is a significant risk for women

(Wing & Klem, 1997). Women are more likely to have **gynoid obesity**: the pear shape, which consists of extra weight around the hips. In general, android obesity poses greater risks to health than gynoid obesity. Among those 45 years old and younger, obesity has a stronger relation to mortality for men, but among those older than 45, overweight and obesity have a stronger relation to hospitalizations and mortality for women (Han, Truesdale, Taber, Cai, Juhaeri, & Stevens, 2009; Muennig, Lubetkin, Jia, & Franks, 2006).

Aside from physical health problems, there are implications of obesity for quality of life. The social, psychological, and economic consequences of obesity are more severe for women than for men (Muennig et al., 2006). Whereas obese women are less likely than nonobese women to go to college, there is no relation of obesity to higher education among men (Crosnoe, 2007). Obesity is also more clearly related to depression in White, Black, and Hispanic women than men (Heo, Pietrobelli, Fontaine, Sirey, & Faith, 2006). Being overweight also is related to older age at first sex—but only among White females (Cheng & Landale, 2011).

Definition

Obesity is typically determined by a combination of height and weight, or the **body mass index (BMI)**, the calculation for which is shown in <u>Table 10.9</u>. A BMI between 25.0 and 29.9 is classified as overweight, and a BMI higher than 30.0 is classified as obese.

Table 10.1 Number of Deaths per 100,000 in 2013

BMI calculation: $\frac{\text{Weight (Kilograms)}}{\text{Height}^2 \text{ (meters)}}$

Prevalence

As first indicated by the Surgeon General's call to action in 2001, obesity has become an epidemic in the United States. According to the National Center for Health Statistics (2014a), 73% of men and 65% of women are overweight, and 35% of men and 36% of women are obese. The rate of obesity has doubled since the 1976–1980 survey. However, a recent report in 2015 noted that calories consumed on a daily basis have declined for the first time in 40 years and extend across income and race (Sanger-Katz, 2015). The increase in overweight and obesity is due in part to an increase in weight among the most obese (i.e., the heaviest people are becoming heavier) and in part to an increase in weight for all age and sex groups (i.e., the entire distribution of weight has shifted). As shown in Figure 10.6, among Whites the rate of obesity is about the same for men and women, but the rates of obesity are higher among women than men among Blacks and those of Mexican heritage (National Center for Health Statistics, 2014a). Among women (Fredriksen-Goldsen et al., 2013).

In the vast majority of the countries in the world, women are more likely than men to be obese (Case & Menendez, 2009). For example, in South Africa, women are five times as likely as men to be obese. In Morocco, women are nearly three times as likely as men to be obese (Batnitzky, 2008). Traditional gender roles partly explain these findings. In cultures where women and men have traditional roles, women gain weight due to childbearing; they also lack time for leisure exercise due to the burden of household chores. In addition, women traditionally serve men their meals first, which means that men eat the healthiest food.



Figure 10.6 Men and women have similar rates of obesity among Whites, but more women than men are obese among Blacks and those of Mexican heritage.

Obesity has also increased dramatically among children, although rates appear to have leveled off in recent years. The rates of obesity for children ages 12 to 19 are shown in Figure 10.7. Obesity among children is defined as a BMI at or above the 95th percentile for one's age and sex. The percentage of obese children in the 2011–2012 survey was 17% for boys and girls (National Center for Health Statistics, 2014b). The size and direction of the sex difference depend on race. Among Hispanics, more males are obese compared to females (27% vs. 20%); among Whites, the same percentage of males as females are obese (18%); but among Blacks, more females are obese compared to males (24% vs. 22%). The risk of obesity appears to increase during the transition from adolescence to early adulthood when youth begin to establish independent living situations, but the increase is especially high in some subgroups—specifically, females, immigrants, Blacks, and

Source: Adapted from National Center for Health Statistics (2014a)

Hispanics (Harris, Perreira, & Lee, 2009).

Obesity is especially problematic in children because dietary and exercise habits instilled in childhood are difficult to change. In addition, obesity is accompanied by metabolic changes in children that are difficult to reverse. One result of the increase in obesity among children—especially minority children—is the increase in Type 2 diabetes —formerly a disease thought to characterize older people (Writing Group for the SEARCH for Diabetes in Youth Study Group, 2007). Type 2 diabetes is an endocrine disorder in which the body is not as capable of using insulin to metabolize food. Children who are obese often have risk factors for cardiovascular diseases, such as high blood pressure, high cholesterol, and diabetes.

Obesity is more common among those with a lower SES, partly because low SES is associated with poorer diets and less exercise. However, obesity is not clearly related to SES among all ethnic groups. Obesity is related to higher SES among White men, White women, and Black women; lower SES among Black and Hispanic men; and unrelated to SES among Hispanic women.



off in recent years.

Source: Adapted from National Center for Health Statistics (2014b)

Views of obesity differ across gender and race. Overweight and obese men are less likely than women to perceive their weight to be a health problem (Gregory, Blanck, Gillespie, Maynard, & Serdula, 2008). Minority groups may have a less negative view of being overweight because weight symbolized wealth historically. White women are more dissatisfied with their bodies than Black and Hispanic women (Grabe & Hyde, 2006). Among adolescents and adults, Black, Hispanic, and White girls say that they wish that they were thinner but this desire occurs at a lower BMI for White girls than Black and Hispanic girls (Banitt et al., 2008; Fitzgibbon, Blackman, & Avellone, 2000). Among college students, Black women say that being thin is less important to them than White
women—especially when race is central to their identity (Fujioka, Ryan, Agle, Legaspi, & Toohey, 2009).

Etiology

There are genetic predispositions to obesity, but societal and behavioral factors also are involved. Because the increase in obesity has been so dramatic and has affected the entire population of people, some explanations must focus on societal changes. Among these are the increased availability of food, the increase in food consumption, and the decrease in physical activity (Flegal & Troiano, 2000). During the 1970s, 1980s, and 1990s, people started consuming more food away from home, and a greater proportion of calories started coming from salty snacks, soft drinks, and pizza (Nielsen, Siega-Riz, & Popkin, 2002).

The increase in obesity among children has been attributed to poor diet and lack of physical activity—both of which are influenced by heavy television viewing. Studies have found links of television and computer usage to obesity in children (Govindan et al., 2013). A 28-year longitudinal study of children showed that television viewing as a child predicted increased BMI and lower levels of fitness as adults (Landhuis, Poulton, Welch, & Hancox, 2008).

Why are women more likely than men to be obese? First, as described next, women engage in a lower level of physical activity than men. Second, there are life events associated with obesity in women: Women are most likely to gain weight when they get married, when they have a child, and during menopause (Wing & Klem, 1997).

Exercise

Physical activity has been related to lower rates of mortality and morbidity (Centers for Disease Control and Prevention, 2014c), and lack of physical activity is clearly linked to the increase in obesity. Specifically, physical activity is associated with reduced heart disease, stroke, hypertension, some cancers (e.g., colon cancer), Type 2 diabetes, osteoporosis, and depression.

The recommended guidelines for physical activity are twofold (Centers for Disease Control and Prevention, 2015a): (1) engage in moderate-intensity exercise, such as brisk walking, bicycling, gardening, vacuuming, or anything that causes a small increase in breathing or heart rate, for 150 minutes per week or vigorous activity, such as jogging, for 75 minutes per week, or some combination of the two; and (2) engage in muscle-strengthening exercises on 2 or more days per week. In 2010, 21% of adults met the total guidelines, and just fewer than half of adults met the first aerobic guideline. More men than women met the aerobic guidelines (52% vs. 43%). The rates of exercise are higher for Whites than Blacks or Hispanics.

Rates of physical activity among children have decreased dramatically. In 2013, 37% of high school boys and 18% of high school girls said that they had been physically active

for 60 minutes each day in the past week (Centers for Disease Control and Prevention, 2015b). More girls than boys (19.2% vs. 11.2%) said that they did not do any kind of physical activity in the last week (Kann et al., 2014b). The sex difference was similar across White, Black, and Hispanic children.

The kind of exercise in which females and males engage differs. Females are more likely to be involved in individual sports (see Figure 10.8) and noncompetitive exercise, whereas males are more likely to be involved in team sports. In fact, one reason boys get more exercise than girls is that boys are more likely to participate in sports, especially team sports. In 2013, 61% of boys and 34% of girls said that sports were a big part of who they were (Kelley & Carchia, 2013). The most frequently played team sports for boys were football (40%), basketball (40%), baseball (24%), soccer (20%), and track (17%). The most frequently played team sports for girls were basketball (25%), volleyball (23%), baseball/softball (17%), soccer (17%), and track (17%). The number of girls who participated in high school athletic programs has dramatically increased over the past 30 years (see Figure 10.9). Of NCAA sports, 57% of participants are men (NCAA, 2011). The most popular sports for college men are football, baseball, indoor and outdoor track and field, and then soccer. The most popular sports for college women are outdoor track and field, soccer, indoor track and field, softball, and then basketball.



Figure 10.8 Adult women exercising. Adult women are less likely than adult men to exercise and even less likely to be involved in competitive exercise.



Figure 10.9 The number of high school female and male students who participated in team sports between 1971 and 2014. Female participation has dramatically increased. Source: Adapted from National Federation of State High School Associations (2015)

The motives for exercise also differ (Waldron, 1997); men are motivated by competition, whereas women are motivated by concerns about appearance and weight control. Unfortunately, body shape motives are associated with *lower* levels of physical activity compared to other motives for exercise, such as health and intrinsic interest in exercise (Segar, Spruijt-Metz, & Nolen-Hoeksema, 2006).

One reason for the reduced rates of physical activity among children is that technological advances have made sedentary activities more appealing; these include television, video games, computers, and cell phones. Meyering (2005) refers to the current children as Generation M with the "M" standing for media. Today's children and teenagers are simultaneously surfing the Internet, listening to music, and texting with the television on in the background. One study reported that children spend an average of 6.5 hours per day with media. Two-thirds of children have televisions in their bedrooms (Meyering, 2005). Researchers have suggested that it is not only that television viewing promotes sedentary activity but also that it exposes children to low-nutritional foods via advertising (Jenvey, 2007).

Physical activity in childhood is important because a pattern is set in motion that persists into adulthood. Physical activity is also important because it appears to be a deterrent to risk behavior. Participation in athletics seems to be associated with lower drug usage although the relations to alcohol are contradictory (Connor, 2009; Fredricks & Eccles, 2006). Physical activity also seems to have some unique benefits for adolescent girls. First, physical activity is related to a healthy body image and less depression

(Dishman et al., 2006). Second, physical activity is a deterrent to sexual behavior among girls (Lehman & Koerner, 2004), in part due to a sense of empowerment. Third, physical activity has been connected to lower rates of violent behavior among adolescent girls (Romo, 2013).

Take Home Points

- Women practice better preventive health care than men by watching their diet and visiting the physician on a regular basis. Reproductive issues do not account for this sex difference. Lesbians are an exception to this sex difference, as sexual minorities report less access to health care.
- Smoking is the health behavior that can be most strongly tied to the leading causes of death, and smoking contributes greatly to sex differences in mortality.
- Among adults, men smoke more than women but are quitting at higher rates; among children and adolescents, sex differences in smoking are smaller.
- Lung cancer is the best illustration of how changes in smoking have influenced changes in mortality rates. Men smoke more than women, have higher rates of lung cancer than women, and die younger than women. However, more men also have quit smoking, and women's rates of smoking have not decreased to the extent that men's have, resulting in an increase in lung cancer among women and a reduction in the sex difference in longevity.
- There are a variety of reasons why women have more difficulty with smoking cessation compared to men: links of smoking to depression, greater physiological addiction in women (a hotly debated issue), and a concern with weight gain after smoking cessation.
- Men drink more than women, but the same amount of alcohol per body weight has more hazardous health consequences for women than men.
- Men use more drugs than women, and the sex difference increases with age during adolescence.
- Sexual minorities have higher rates of smoking, alcohol usage, and drug usage compared to heterosexuals.
- The increase in obesity in the United States is considered an epidemic. Women have higher rates of
 obesity than men among African Americans and Hispanics, but the same rate among Whites.
- There are socioeconomic and cultural explanations for ethnic differences in obesity. Black and Hispanic groups have lower incomes, and low income is generally associated with obesity. Culturally, however, being thin is not as valued among the African-American as the White community.
- Physical activity is related to health in general, including obesity. The decline in physical activity is one contributor to the increase in obesity. Men are more physically active than women.
- Television, video games, and computers have been linked to both the decline in physical activity and the increase in obesity.
- Boys are more active than girls, but the sex difference has decreased in recent years as athletics have become more available to girls.

Men's and Women's Social Roles

If gender roles contribute to sex differences in health, fewer sex differences should exist when roles are more similar. Two older, now classic, studies have tested this hypothesis. First, Leviatan and Cohen (1985) studied men and women on a kibbutz where their roles were more equal. A kibbutz is a community in Israel characterized by a collective lifestyle whereby everyone contributes to the welfare of the community. On a kibbutz, there is equal access to health care, all men and women work inside and outside of the home, and all participate in community decisions. However, roles are not perfectly equal even on a kibbutz. It is still true that women tend to take care of household chores more than men, and the kinds of jobs men and women hold are different and sex stereotypical. Women are more likely to be employed in education and service industries, whereas men are more likely to be employed in agriculture and industry. Nonetheless, Leviatan and Cohen found that sex differences in life expectancies on the kibbutz were smaller than those in the general population, largely due to an increase in men's life expectancy. Leviatan and Cohen suggest men may have had more social support on the kibbutz and may have been faced with fewer sources of male gender-role strain.

In a second study of people on a kibbutz (Anson, Levenson, & Bonneh, 1990), an array of health outcomes were examined, and sex differences appeared on only two of them in the direction opposite to that previously discussed in this chapter. Women rated their subjective health as higher than men, and women were less disabled than men. There were no sex differences in psychological distress, physical symptoms, health behaviors, chronic illnesses, restricted activity days, doctor visits, or use of medication. These two studies suggest that when women's and men's social roles are more similar, sex differences in health diminish.

What are some specific features of women's and men's social roles that might be linked to health? Men's social roles include risky behavior, such as working at hazardous jobs and driving. Risk-taking behavior, in general, is part of the male gender role. The female social role includes attending to one's own health concerns. However, the female gender role is also associated with taking care of others, which could have negative implications for health. In this next section, I review some aspects of the female and male social roles, including gender-related traits, that have implications for health.

Job Characteristics

One social role that men and women occupy is their work role. Men work at more hazardous jobs compared to women. According to the U.S. Department of Labor (2015a), men account for 57% of the hours worked but 93% of fatal work injuries. The sex difference in fatalities likely reflects men working in riskier jobs than women. Fatal work injuries are most likely to occur in jobs having to do with agriculture/forestry, mining, transportation, and construction—industries in which more men than women work.

Men, especially Black men, are more likely to be exposed to hazardous substances at work, such as asbestos that has been linked to lung cancer (Waldron, 1995).

Men's labor at home also includes more risks than women's labor at home. For example, men are more likely to be the ones who repair electrical problems and climb on the roof to fix a leak.

Driving

Driving is part of men's social role. Men drive more than women, and when men and women are together, men typically drive. Men drive faster and take more risks while driving. A study of 12th-graders showed that men engage in riskier driving, are more likely to be cited for traffic offenses, and are more likely to get in accidents than women (Elliott, Shope, Raghunathan, & Waller, 2006). Thus, it is not surprising that men have a higher rate of fatal automobile accidents than women at all ages (Insurance Institute for Highway Safety, 2015). Twice as many men as women die in motor vehicle accidents (8.9 vs. 4.6 deaths per 100,000). In 2013, 71% of those who died in motor vehicle accidents were male. The sex difference varies with age, such that the highest rate of death is for males ages 20–24 (18.4 vs. 8 per 100,000 for males and females, respectively). One reason for the sex difference in fatalities is alcohol. Of fatal crashes, 38% of men compared to 21% of women were driving under the influence of alcohol (Insurance Institute for Highway Safety, 2015). It is also the case that the percentage of deaths that involve speeding are higher for men than women (31% male, 22% female).

Women also are more likely than men to wear a seat belt (86% vs. 81%), although this sex difference has decreased over the past decade, largely due to increased usage of seat belts among men (U.S. Department of Transportation, 2009). Among 9th- through 12th-graders, boys are more likely than girls to say that they have never worn or rarely wear a seatbelt (9% vs. 6%; Kann et al., 2014a). One risky driving behavior that is on the rise is texting while driving. Nearly half of high school students ages 16 and older admitted to texting while driving at least once in the past month, with the rate being slightly higher for males (46%) than females (42%; Olsen, Shults, & Eaton, 2013). The rate is also higher among White (51%) than Black (30%) and Hispanic (39%) students.

<u>Risky Behavior</u>

Many differences in health can be explained by a single aspect of the male gender role: risk-taking behavior. Men's activities are inherently riskier than women's, and men take more risks than women during these activities. Because of men's risk-taking behavior, men have higher rates of all kinds of accidents compared to women, including driving, work, and recreational. We have seen that men's jobs are more hazardous than those of women. We have also seen that men are more likely to find themselves in the driver's seat of a car and to take more risks when driving. Men also are more likely to engage in risky leisure activities such as downhill skiing, skydiving, and mountain climbing. Men are more likely to drown from swimming and boating; men are more likely to own guns and the greater use of guns contributes to a greater number of fatal gun accidents (Waldron, 1995). Until recently, only men participated in the armed services, risking death from combat. Men engage in riskier sexual behavior than women, in terms of inconsistent condom use and sex with multiple partners (Beadnell et al., 2005). See <u>Sidebar 10.2</u> for a discussion of this issue.



Condom Use

Condoms are used to prevent the spread of HIV and other sexually transmitted diseases (STDs) as well as provide a form of contraception to prevent pregnancy. The number of women in the United States who use condoms during sexual intercourse has risen sharply over the past 30 years since the onset of the AIDS epidemic. In 1982, just more than half (52%) of women ages 15 to 44 had ever used a condom during sex, whereas the corresponding figure from the 2006–2010 survey was 93% (Daniels, Mosher, & Jones, 2013). The figures are highest for Whites and African Americans (97% and 96%) and lowest among Asians (88%) and Hispanics (75% foreign born, 89% U.S. born). Among sexually active teens, 68% of females and 80% of males say they used a condom the first time they had sex, and 96% of sexually active female teens say they have used a condom at least once (Guttmacher Institute, 2014). Unfortunately, some studies have shown that adolescents and adults are less likely to use condoms when engaging in casual sex than sex with a more serious romantic partner (Corbett, Dickson-Gomez, Hilario, & Weeks, 2009; Manlove, Ikramullah, & Terry-Humen, 2008).

Condom usage among high-risk individuals is low. In a study of illicit drug users, partners of IV drug users, homeless and poor people, and commercial sex workers, a majority of persons reported that they never used a condom (Corbett et al., 2009). People purposefully refrained from using a condom to try to communicate to their partners that they are interested in establishing a serious relationship. They try to establish trust in the relationship by not using a condom—a behavior they think communicates that they are not having sex with someone else. Thus, the people who are at most risk are least likely to take precautions to protect themselves.

The nature of condom usage presents different challenges for heterosexual females and males. Whereas men are deciding whether or not to use a condom, women are deciding whether or not to persuade their partner to use a condom. A study of Mexican adolescents revealed that both women and men believe that the male should initiate condom use (Martinez-Donate et al., 2004). The nature of female and male roles may make the behavior required of women more difficult. Women are more concerned than men that asking a partner to use a condom raises issues of trust and fidelity (Williams, Gardos, Ortiz-Torres, Tross, & Ehrhardt, 2001). When relationships are troubled, women are less likely to ensure that condoms are used during sex (Manning, Flanigan, Giordano, & Longmore, 2009). Women also have less power in their relationships compared to men, making them less assertive in sexual matters. Both males and females report that they would have more difficulty using a condom when they felt they had less power over the sexual situation (Woolf & Maisto, 2008). The most effective strategy to get one's partner to use a condom is direct communication (Tschann, Flores, de Groat, Deardorff, & Wibbelsman, 2010), and among Latino youth, males are more likely than females to employ this strategy. Women are also socialized to be the more passive sexual partner. Low power and passivity are aspects of the female gender role that may make it more difficult for women to ensure their partners use a condom.

A meta-analysis of 150 risk-taking behavior studies revealed that men were greater risk takers than women (d = +.13; Byrnes, Miller, & Schafer, 1999). This effect held across a range of behaviors that included sex, drinking, using drugs, risky driving, risky physical activities, and gambling. Byrnes and colleagues also found that the size of the

sex difference had decreased over time. More recent research substantiated that claim, by showing that the sex difference in risk-taking behavior is getting smaller due to an increase in risky behavior among females (Abbott-Chapman, Denholm, &Wyld, 2008). In a study in Australia, high school boys and girls reported similar levels of risky behavior (e.g., body piercing, alcohol/drugs, skipping school, shoplifting), but fathers recalled more risky activities as teens compared to mothers. Among parents, the sex difference was larger for those who were in their teens in the 1950s compared to the teens of the 1960s or 1970s. The diminishing sex difference may be due to greater opportunities for girls to engage in risky activities today. However, a more recent meta-analysis showed that the sex difference in risky behavior remains (Cross, Copping, & Campbell, 2011).

Studies of children also show that boys engage in riskier behavior than girls, whether this is documented by self-report, parent report, or observation (Morrongiello & Lasenby-Lessard, 2007; Morrongiello, McArthur, Kane, & Fleury, 2013). There are a number of reasons for this difference. Some reasons have to do with characteristics of girls and boys. Girls perceive situations as riskier than boys (Hillier & Morrongiello, 1998). When facing a risky situation, girls are more likely to ask themselves "Will I get hurt?" and boys are more likely to ask themselves "How hurt will I get?" Emotions also play a role in these sex differences. Boys are more likely than girls to associate risktaking behavior with excitement (Morrongiello & Mattheis, 2007). When girls and boys were asked to select the highest height at which they would cross a balance beam, boys not only selected a higher height but expressed more excitement, whereas girls expressed more fear. And excitement predicted greater risk-taking behavior, whereas fear predicted less risk-taking behavior. When asked to choose which path they would take to a destination, with paths varying in the risky activity required, boys chose riskier paths than girls because they found the paths more fun and more convenient (Morrongiello & Dawber, 2004). Girls were more likely to choose paths that they viewed as safe. Boys are also more likely than girls to attribute an injury to bad luck rather than their own behavior (Morrongiello & Lasenby-Lessard, 2007), which means that injuries will not necessarily deter them from repeating the behavior. Interestingly, parents make those same sex-specific attributions (Morrongiello & Hogg, 2004).

Parents—both mothers and fathers—also are more likely to encourage risk-taking behavior in boys than girls (Morrongiello & Lasenby-Lessard, 2007). In one study, parents were shown a video of children on a playground and asked what they would say (Morrongiello & Dawber, 2000). Mothers of girls were more likely to warn of injury risk and were more likely to intervene and to do so quickly. Parents are less likely to supervise boys than girls (Morrongiello, Klemencic, & Corbett, 2008), and report being more willing to leave boys alone for a few minutes at a younger age compared to girls (Morrongiello, Walpole, & McArthur, 2009). When mothers were presented with hypothetical scenarios in which their children misbehaved in a way that could pose a risk for injury (e.g., climbing on the counters), mothers focused on discipline more than safety for boys and safety more than discipline for girls (Morrongiello & Hogg, 2004). These results are shown in Figure 10.10. Mothers also reacted to boys' behavior with

anger and to girls' behavior with disappointment, believing that there was little that they could do to change boys' behavior—"boys will be boys!"

For all of these reasons, it is not a surprise that boys sustain more injuries than girls. Boys are more likely than girls to suffer nonfatal and fatal injuries during childhood (Borse, Gilchrist, Dellinger, Rudd, Ballesteros, & Sleet, 2008). The sex difference is similar across Whites, Blacks, Asians, and American Indian/Alaska Natives—although the rate of injury is highest for the latter group. A study of admits to pediatric intensive care units found that boys were twice as likely as girls to be admitted for traumatic injuries (Esteban, Bujaldon, Esparza, Jordan, & Esteban, 2015), a finding the authors attributed to greater risk behavior in boys compared to girls. Males in general—adults and children have higher rates of mortality from injury compared to females—across ethnic groups (Sorenson, 2011). The largest sex difference occurs in young adulthood (ages 25–29), when males are 4.38 times more likely than females to be injured.



Figure 10.10 Parents were more likely to emphasize concerns with safety than discipline for girls' risky behavior but are more likely to emphasize discipline than concerns with safety for boys' risky behavior. Source: Adapted from Morrongiello and Hogg (2004)

Risky activities may be linked to the male gender role. Participation in sports while in pain or while injured is an example of a risky behavior with strong connections to traditional masculinity. Playing while injured is a sign of emotional toughness and physical strength; in fact, taking care of oneself after an injury is viewed as weak behavior that undermines masculinity. The athlete who continues to play while injured is afforded high status.

There are a number of studies that have tied male risk-taking behavior to the male gender role. One study measured aspects of masculinity and femininity and showed that masculinity accounted for the sex difference, meaning that males' risk-taking behavior was due to their higher masculinity scores (Meier-Pesti & Penz, 2008). Male risk-taking behavior also seems to be influenced by the presence of the other sex. An observational study of pedestrian risk-taking behavior (i.e., crossing dangerous intersections) showed that males' risk behavior increased when there was a female across the street, whereas females' risk behavior was not affected by the presence of a male or female across the street (Pawlowski, Atwal, & Dunbar, 2008). Pawlowski and colleagues concluded that male risk taking is a mate attraction strategy. Try <u>Do Gender 10.5</u> to see if there are sex differences in risky leisure activities among your peers and if risky activities can be linked to gender roles.



Risky Leisure Activities

Develop a list of leisure activities that vary in their level of risk. Ask a group of women and men if they have ever engaged in the activity and, if so, how often. You might also ask respondents how willing they would be to engage in each activity. Also administer a measure of gender roles. Agency, communion, unmitigated agency, and traditional gender-role attitudes are good candidates.

Is there a sex difference in willingness to engage in risky activities? Is there a sex difference in having engaged in risky activities? Are differences in risky behavior linked to gender-related traits or gender-role attitudes?

Despite the links of risky behavior to gender roles, fMRI (functional magnetic resonance imaging) research has shown that there may be a neural basis for the sex difference in risk-taking behavior. Females and males show a different pattern of brain activation in response to risky activity (Lee, Chan, Leung, Fox, & Gao, 2009). This does not necessarily imply a biological basis for the sex difference, however, as different experiences with risk could lead to the altered pattern of brain activation.

Concerns With Health

So far, we have discussed a number of characteristics of the male gender role that might account for men's higher mortality rates: hazardous jobs, driving, and risky behavior in general. What aspects of the female gender role relate to women's lower mortality rates and higher morbidity rates? One aspect of the female gender role that may be related to both is women's concern with health. Women are more likely than men to have a usual place to go when they are sick (87% vs. 79%; Blackwell et al., 2014). Women visit the physician more frequently than men (Skoog et al., 2014). More frequent visits to the physician might be counted as higher morbidity, but—if effective—could reduce mortality.

Studies have shown that women are more interested than men in health matters (Green & Pope, 1999). For example, women report they think about health and read about health in newspapers and magazines more often than men do. Women are more likely than men to search the Internet for health information. Women are designated as the persons responsible for the family's health care. However, it is not the case that women's concerns with health lead them to engage in all health-promoting behaviors; for example, women exercise less than men and have been more reluctant than men to quit smoking.

Health-promotion behaviors, such as preventive health care, is viewed as being inconsistent with masculinity (Levant, Wimer, & Williams, 2011). Men may brag about not having seen a doctor, about not taking time off from work when sick, and about

engaging in risky activities that undermine health. At times, there can be serious health consequences for adhering to the male gender role. For example, men are less likely to use sunscreen than women and more likely than women to get skin cancer. Men may be especially less likely than women to seek help for mental health problems due to concerns that doing so undermines traditional masculinity. A meta-analytic review of the literature showed that men had more negative attitudes than women about seeking professional help for psychological problems (Nam, Chu, Lee, Lee, Kim, & Lee, 2010). This sex difference was moderated by race. The sex difference was larger among Whites than Asians because both Asian men and women have negative attitudes toward seeking help. Asians have cultural norms that imply seeking help reflects poorly on the family.

Nurturant Roles

One aspect of the female gender role poses a risk to women's health and may account for some of women's higher morbidity rates compared to men: women's nurturant role (see Figure 10.11). Women are socialized to take care of others, and taking care of others has its costs. Women have higher volunteer rates compared to men at all ages, across education and across race and ethnicity (U.S. Department of Labor, 2015b). Although there are obvious health benefits to involvement in social networks, reviewed in detail in Chapter 11, there is a downside to such involvement for women. For one, social networks increase exposure to infectious disease. Women may sustain more minor illnesses than men, such as colds and flu, because they spend more time around people, in particular children, compared to men.



Figure 10.11 Women traditionally hold more nurturant roles than men.

A specific hypothesis about how women's involvement in relationships could be hazardous to their health is the nurturant role hypothesis (Gove, 1984; Gove & Hughes, 1979). According to the nurturant role hypothesis, women's roles require them to attend to the needs of others, and taking care of others interferes with taking care of oneself. First, the nurturant role leads to caretaking behavior, which results in fatigue and vulnerability to illness. Second, the nurturant role leads to greater exposure to communicable diseases. Finally, once sick, the nurturant role prevents one from taking care of oneself.

The nurturant role hypothesis also suggests that women's involvement in relationships leads to a greater exposure to stress, which has direct effects on health. Stress also might indirectly affect health via health behaviors. In a longitudinal study of couples that tracked when one person became chronically ill, women were not only more likely than men to stop smoking when their partner became ill but women were more likely than men to start smoking (Margolis, 2013)!

In a classic study, Gove and Hughes (1979) found that women suffered greater health problems than men due to their nurturant roles. Specifically, women were more likely than men to say they did not get enough sleep and did not eat properly when taking care of others. Women also reported they were more likely to catch others' illnesses and did not take care of themselves when they were ill (i.e., continued with chores, did not get proper rest). Married women suffered more of these problems than married men, and the differences were even greater when the people had children. This is because married women, especially mothers, have greater nurturant role obligations. Among married couples without children, 14% of men and 21% of women said they were unable to rest when they were sick; among married couples with children, 16% of men and 44% of women said they were unable to rest when they were sick. Among unmarried individuals who lived alone, there were no sex differences in these nurturant role problems. Nurturant role problems, in particular the inability to rest when ill, were associated with poor physical health and accounted for most of the sex differences in physical health.

The nurturant role hypothesis has not gone without criticism. For example, as you will see in <u>Chapter 11</u>, married women are healthier than single women, which would seem to contradict the nurturant role hypothesis because married women have more nurturant roles. Women with seemingly more role obligations, such as women who work and women who have children, report less illness and less disability.

How can these contradictory ideas be reconciled? Are nurturant roles related to less illness or more illness among women? One possibility is that nurturant roles lead to more illness but also to less *reporting* of illness. People who have more nurturant role responsibilities may be sick more often but seek health care less often. Thus, the nurturant role hypothesis is a viable explanation for women's higher rates of morbidity compared to men. As you will see in <u>Chapter 11</u>, marriage and social networks confer fewer health benefits to women than to men, and one reason is that there are health costs to involvement in social networks for women. This is consistent with the nurturant

role hypothesis.

Gender-Related Traits

The last social role explanation for sex differences in morbidity and mortality involves gender-related traits. Gender-related traits include agency, unmitigated agency, communion, and unmitigated communion. These traits could be linked to some of the previously mentioned social role explanations. For example, unmitigated agency is related to feelings of superiority and invulnerability, which would promote risky behavior, whereas unmitigated communion would be related to having overly nurturant roles.

A body of research has linked gender-related traits to health (Helgeson, 1994; Helgeson, 2012). Although the hope was that androgyny, the combination of agency and communion, would be the best predictor of health, research has shown that agency alone is the best predictor of psychological well-being. Overall, agency has been associated with greater perceived health, fewer physical symptoms, reduced psychological distress, reduced psychiatric problems, and better physical health. Agency also has been linked to a variety of good health practices, including physical activity, healthy eating, and good dental hygiene. By contrast, communion is typically unrelated to psychological or physical health. Thus, some of men's lower morbidity rates compared to those of women may be explained by the male gender-related trait of agency, but women's higher morbidity rates cannot be linked to the female gender-related trait of communion.

The distinctions between agency and unmitigated agency and between communion and unmitigated communion are important. When I first became interested in these issues in my dissertation research, I distinguished agency from unmitigated agency in a group of heart attack survivors and found that unmitigated agency was associated with more severe heart attacks, whereas agency was associated with less severe heart attacks (Helgeson, 1990). Since that time, unmitigated agency has been associated with reckless driving, substance use, binge eating, psychological distress, and overall lower levels of well-being (Danoff-Burg, Mosher, & Grant, 2006; Ghaed & Gallo, 2006; Yu & Xie, 2008). One study did not measure unmitigated agency per se but found that those who scored high on agency and low on communion (a profile consistent with unmitigated agency) were more likely to die of heart disease 17 years later (Hunt, Lewars, Emslie, & Batty, 2007).

There are several reasons for the connection of unmitigated agency to poor health (Helgeson, 2012). First, individuals who score high on unmitigated agency are reluctant to seek help and help may be needed when the problem is health related. Second, unmitigated agency is related to difficulties with emotional expression, and emotional expression is necessary for good relationships and access to social support. Finally, unmitigated agency is related to poor health behavior and noncompliance due to hyper-independence and feelings of invulnerability.

Although communion is typically unrelated to health, unmitigated communion is

associated with poor health, especially greater psychological distress, disturbed eating behavior, and poor health behavior (Helgeson, 2012). The mechanisms linking unmitigated communion to health differ in some ways from those related to unmitigated agency. One has to do with interpersonal relationships. Individuals who score high on unmitigated communion report greater interpersonal stress and are more strongly affected by it. Unmitigated communion is also linked to poor health care, but for different reasons than unmitigated agency. The high unmitigated communion individual neglects health care because the person is overly involved in taking care of others. The person characterized by unmitigated communion has a host of interpersonal difficulties related to self-neglect, including difficulties asserting one's needs, self-effacement, and self-subjugation.

There is also a body of research that links adhering to gender role norms to health behavior, but the nature of the link depends on the specific gender-role norm. College men who endorse the norms of being dominant, a playboy, and putting work first had higher rates of drinking alcohol (Sanchez-Lopez & Cuellar-Flores, 2012), and adult Black men who endorsed restricting emotions were more anxious about their health and believed that their health was outside of their control (Hammond, Matthews, Mohottige, Agyemang, & Corbie-Smith, 2010). However, adult Black men who endorsed the norm to be self-reliant were more likely to have blood pressure and cholesterol screenings (Hammond et al., 2010). College women who endorsed the norms of investing in appearance and sexual fidelity had lower rates of drinking alcohol and smoking cigarettes, but those who endorsed the norm of domesticity had higher rates of chronic illness (Sanchez-Lopez & Cuellar-Flores, 2012). These findings lead to two conclusions. First, gender-related socialization may be a better predictor of health than sex. Second, men and women are socialized in ways that have both positive and negative implications for health.

Take Home Points

- When women's and men's social roles become more equal, sex differences in health diminish.
- One reason for men's higher mortality rates compared to women—especially from accidents—is men's greater job hazards, riskier driving, and greater risk-taking behavior. Men take greater risks during work, driving, and leisure activities. And risk-taking behavior is encouraged among males.
- One reason for women's greater morbidity rates compared to men is that women are more concerned with health and are more likely to seek the care of a physician.
- A second reason for women's greater morbidity rates compared to men is that women are socialized to take care of others—or to have nurturant roles. Nurturant roles lead to exposure to illness, to fatigue, and to taking care of others instead of the self.
- Among the gender-related traits, agency is related to good health behavior and less psychological distress, whereas unmitigated agency is related to risk-taking behavior. Communion is unrelated to health, but unmitigated communion is related to poor health behavior and psychological distress, possibly due to nurturant roles.
- Adherence to gender-role norms have both positive and negative implications for health—the relation depends on the specific norm.

Symptom Perception

One explanation for why women suffer greater morbidity compared to men is that women are more sensitive to changes within their bodies. That is, women have a lower threshold for noticing and reporting symptoms.

Evidence

There is no hard evidence indicating women are more able than men to perceive symptoms. It is important, though difficult, to distinguish symptom perception from symptom reporting. Women may be more likely to report a symptom once it is perceived. During childhood, girls are socialized to report symptoms and boys are socialized to withhold symptoms.

One area of research aimed at addressing symptom perception is pain research. Women suffer from more painful disorders than men, such as fibromyalgia, migraine headaches, and irritable bowel syndrome (Bartley & Fillingim, 2013). In health surveys, women report more pain than men. In a study that examined health records for patients' reports of pain, women reported more pain than men for nearly all of the diagnoses (Ruau, Liu, Clark, Angst, & Butte, 2012). Across 17 countries—developing and developed —women report more chronic pain conditions than men (Tsang et al., 2008). When women and men present with these disorders, women report more severe pain, longer-lasting pain, and more frequent pain than men (Hurley & Adams, 2008). Even among adolescents (ages 11 to 19) who seek treatment for pain, females reported more severe pain than males without reporting any more depression or disability than males (Keogh & Eccleston, 2006).

It is unclear, however, whether there are sex differences in pain perception. In laboratory studies, a pain stimulus is applied to the respondent at a very low level, and intensity is gradually increased. Some studies show that women have lower thresholds of pain, report greater intensity of pain, have lower tolerance levels for pain, and are better able to discriminate different levels of pain compared to men (Defrin, Shramm, & Eli, 2009; Fillingim, King, Ribeiro-Dasilva, Rahim-Williams, & Riley, 2009). However, several reviews of the literature have concluded that sex differences in sensitivity to pain are not clear (Bartley & Fillingim, 2013; Racine et al., 2012). A meta-analytic review of studies find no sex differences, but among the ones that do, women report greater pain than men (Boerner, Birnie, Caes, Schinkel, & Chambers, 2014). This is especially the case for studies that involved children who were at or had reached puberty (i.e., ages 12 and older). One concern that investigators have raised is that findings on pain among healthy persons may not generalize to those with painful disorders (Racine et al., 2012).

Explanations

Although sex differences in pain perception are far from clear, this has not stopped investigators from speculating about the cause of differences. Biological factors have been thought to play a role because women suffer from more painful disorders than men and because women are more responsive than men to some classes of painkillers. Women obtain greater relief than men from some opiates, such as morphine (Cairns & Gazerani, 2009). Sex differences in response to experimentally induced pain also have been linked to different parts of the brain being activated in women and men (Girard-Tremblay et al., 2014; Vincent & Tracey, 2013). Hormones may play a role in the pain conditions to which women are more vulnerable (e.g., rheumatoid arthritis) and may play a role in why women respond differently from men to some analgesics.

Psychological factors also have been linked to sex differences in pain. Women report more negative emotions, such as anxiety and depression, which have been shown to influence pain reports (Keogh, 2009). There also appear to be sex differences in coping with pain. Women are more likely than men to seek support when in pain, whereas men are more likely than women to distract themselves from pain (Keogh & Eccleston, 2006). Women also are more likely than men to think catastrophically or magnify the problem in response to pain, and catastrophic thinking (i.e., feeling helpless, pessimistic) has accounted for some sex differences in pain reports (Hurley & Adams, 2008).

Reports of pain are also vulnerable to demand characteristics. When college students were exposed to an inert substance and led to believe that they would experience physical symptoms, physical symptoms increased for women and men only when a same-sex confederate displayed those symptoms (Mazzoni, Foan, Hyland, & Kirsch, 2010). One study showed that the sex of the experimenter influenced pain reports (Gijsbers & Nicholson, 2005). Men had higher pain thresholds in the presence of a female experimenter than a male experimenter, whereas women had similar pain thresholds in the presence of female and male experimenters.

Gender roles affect pain reports. The male gender role is associated with strength and emotional inhibition, both of which are consistent with minimizing reports of pain. During childhood, boys learn they should be tough and not admit pain. We applaud the male athlete who "plays through the pain." In experimental studies of induced pain, higher scores on masculinity and lower scores on femininity have been associated with higher pain thresholds and tolerance (Alabas, Tashani, Tabasam, & Johnson, 2012). When gender-related cues were manipulated by having college students write about stereotypical masculine, feminine, or neutral behavior, men reported less pain than women in response to the cold pressor test (i.e., submerging hand in ice cold water) *only* after writing about stereotypical feminine behavior (Fowler, Rasinski, Geers, Helfer, & France, 2011). There were no differences in pain reports after the masculine and neutral cues. Gender roles also may explain why women's pain reports are associated with their facial expressions of pain, whereas men's are not (Kunz, Gruber, & Lautenbacher, 2006). The male gender role encourages the inhibition of emotion, whereas the female gender role encourages the expression of emotion.

Take Home Points

- There is no evidence that women suffer greater morbidity than men because they overreport symptoms or are in greater touch with their bodies compared to men.
- One symptom that is more common among women than men is pain. Women suffer from more painful disorders than men and report more pain than men. It is not clear whether women are more sensitive to pain than men.
- Explanations for sex differences in pain include biology, psychological factors such as coping, and social factors such as gender-role norms.

Illness Behavior

Illness behavior is often referred to as adopting the "sick role," or labeling a symptom as illness and responding to it. Sick role behavior includes restricting activities, getting bed rest, taking medication, and seeking the help of health care professionals. These are all activities that women do more than men. In a study of the workplace in Sweden, researchers observed that men engage in "sickness presenteeism"—which means that men continue to work when they are sick and do so even more when the workplace is male dominated (Barclay, 2013).

Implications for Morbidity

These sick role behaviors are frequently included in indices of morbidity. Thus, one reason women have higher rates of morbidity compared to men is that women are more likely to adopt the sick role. The **sick role hypothesis** suggests that sex differences in medical care utilization are due to women's greater tendency to adopt the sick role (Nathanson, 1978). If women and men are equally ill, but women are more likely to seek help for symptoms, sex differences in morbidity are really artifactual. It may be more socially acceptable for women than men to reduce their activities when ill.

One reason women may be more willing to adopt the sick role is that women have fewer **fixed role obligations** than men (Marcus & Seeman, 1981). A fixed role is one that is structured and difficult to reschedule. Men are likely to have two fixed roles: worker and head of household. Performance in these roles is visible. Historically, women were likely to have only one role, that of housewife, a role relatively unstructured and invisible. A housewife has few deadlines and can put chores off from one day to the next; thus, women had fewer constraints on their time and were freer to restrict their activities and take care of themselves when ill. In other words, women's social role could accommodate illness. Another tenet of the fixed role obligations hypothesis is that men's fixed roles keep them task focused, whereas women's lack of fixed roles allows them time to ruminate about their problems. This would explain why women perceive their health as worse than men and why women report more symptoms than men.

In an initial test of the fixed role hypothesis, Marcus and Seeman (1981) examined the relation of role obligations to health problems. Fixed role obligations were measured in terms of financial responsibility (how much the person contributes to family income), status as head of household, and employment status. They found that men had greater fixed role obligations than women, and women had greater restricted activity days and more chronic illnesses than men. In addition, fixed role obligations were associated with fewer restricted activity days and fewer chronic illnesses. Thus, women had more restricted activities than men because they had fewer fixed roles, and men were less likely to adopt the sick role because they had more fixed roles. There are alternative interpretations of these data, however. Perhaps men's good health allowed them to have

more fixed roles. Because the study is correlational, the causal relation between fixed roles and health cannot be determined.

Today, however, it is not the case that men necessarily have more fixed roles than women. The implication of the fixed role hypothesis is that women who have a large number of role obligations, such as women with children or women who work, would be less likely to adopt the sick role. Are changes in women's roles associated with changes in their health? If women now have more fixed roles, there should be fewer sex differences in morbidity. To some extent this is true, as will be shown in <u>Chapter 12</u> when we focus on the relation of paid employment to health.

Implications for Mortality

Just as women's illness behaviors may account for their greater morbidity compared to men, these same illness behaviors may account for women's longer life span. Perhaps women respond to acute symptoms of illness more quickly, which makes it appear at a given point in time that women are sicker than men. However, women's early response to symptoms could prevent a minor illness from developing into a more serious one.

Once a symptom is perceived, is there evidence that women and men respond to the symptom differently? Admitting illness may be construed as admitting weakness or vulnerability. Thus, men may be less likely than women to seek help when ill because help-seeking behavior is inconsistent with the male gender role.

It is not clear whether women or men delay longer before seeking help for symptoms of a serious illness. Studies of people who have had heart attacks find there is a tendency for women to delay longer than men before seeking help for symptoms (Dracup, Moser, Eisenberg, Meischke, Alonzo, & Braslow, 1995; Moscucci et al., 2004). By contrast, men appear to delay longer than women before seeking help for symptoms of cancer (Evans, Brotherstone, Miles, & Wardle, 2005). The findings from these studies may be explained by men's and women's lack of knowledge about specific diseases. Women may associate heart disease with being male and be less sensitive to heart disease symptoms. The study of people with cancer showed that men were less knowledgeable than women about cancer and its warning signs. Find out if your female and male peers respond similarly to symptoms in Do Gender 10.6.



Responses to Symptoms

Develop a list of responses to illness. Your list should include visiting a physician, taking medication, and restricting activities. Ask 10 women and 10 men to recall the last time they were ill and have them indicate how they responded to their illness by checking the responses that apply from your list. Also ask them to state the nature of the illness or injury so you can determine its severity. Do men and women respond to illness in similar ways? Do their responses depend on the severity of the illness or symptom?

Take Home Points

- One reason that women have higher morbidity rates than men is that women are more likely than men to adopt the sick role.
- Women are more likely to adopt the sick role because illness is more inconsistent with the male than the female gender role and because women's traditional social roles are more flexible than those of men; in other words, women have fewer "fixed role" obligations that provide them with time to take care of themselves and seek help for symptoms.
- Women's lower mortality rates compared to those of men could be explained by women seeking help for symptoms, which may keep a minor illness from developing into a serious one.
- The evidence that women and men respond differently to symptoms, however, is not clear. The sex difference in the time it takes to seek help for symptoms of serious disease, such as cancer and heart disease, is not clear.

Conclusions

I have reviewed a number of classes of explanations for sex differences in morbidity and mortality. Which has the greatest explanatory power? A number of investigators have reviewed the literature and compared different classes of explanations. Nearly two decades ago, Verbrugge (1985) came to the conclusion that sex differences in health behaviors are a major—if not the major—cause of sex differences in mortality. Courtenay (2000) certainly agreed; he compiled a list of 30 behaviors—ranging from diet, sleep, and substance abuse to weapon use—that are linked to men's greater mortality than women.

However, health behaviors are limited in their ability to explain sex differences in morbidity (Verbrugge, 1989). Men have worse health behaviors than women, yet women have higher morbidity rates. Health behaviors also cannot account in total for the sex difference in mortality. Men may smoke and drink more than women, but women exercise less and are more likely to be obese than men. The sex gap in mortality is partly narrowing because men have improved their health behaviors—especially smoking (Rogers et al., 2010).

It may be that different classes of explanations affect men's and women's health. Denton and Walters (1999) argued that health behaviors play a greater role in men's health, whereas social structural factors play a greater role in women's health. Social structural factors, such as support from network members and caretaking responsibilities, contribute to women's health. Support is an advantage, whereas caretaking responsibilities are a disadvantage for women. Other social factors, such as women's increased education and increased income, should have widened the sex gap in mortality. However, the entire family's health is likely to benefit from an improvement in women's social status (Rogers et al., 2010). Thus, the class of explanations that describe men's health and women's health may differ.

Summary

Men have higher mortality rates than women, but women have higher morbidity rates than men. In this chapter, I have reviewed the different classes of explanations for this paradox. Although biological factors certainly contribute to health, biology alone cannot explain the increase in the size of the sex difference in life expectancy that occurred over the 20th century and the changes in the size of the sex difference in life expectancy that have occurred more recently. SES factors contribute to health but are unable to explain sex differences in health. Although heart disease is the leading cause of death for women as well as men, women are not treated as aggressively as men for heart disease and have poorer outcomes.

A major contributor to sex differences in morbidity and mortality is health behavior. Women engage in more preventive health care compared to men. Although this difference should theoretically lead to women's lower mortality rates, no evidence supports this conjecture. Instead, women's preventive behavior gets counted as physician visits in indexes of morbidity. Smoking is a major contributor to mortality. That men smoke more than women accounts for a portion of the sex difference in mortality as well as the sex difference in specific diseases (e.g., coronary heart disease, lung cancer). That women have increased their rates of smoking during the last half of the 20th century accounts for the fact that the sex difference in life expectancy has narrowed. Men also have higher rates of alcohol and drug usage compared to women.

Other health behaviors pose greater risks to women's than men's health: obesity and lack of exercise. More women than men are obese in the United States, and the sex difference is particularly striking among Blacks and Hispanics. Women also exercise less than men, although more girls are becoming involved in sports.

Another explanation for sex differences in mortality and morbidity focused on the contribution of women's and men's social roles. One of men's social roles is working outside the home, and men are exposed to more hazards at work compared to women. It is also men's social role to drive: Men drive more than women, drive less safely, and are involved in more driving accidents. In general, many of the behaviors that pose dangers for men's health can be conceptualized as general risk-taking behavior. Men's work, home, and leisure activities are riskier than those of women, which undoubtedly contributes to men's higher death rates from accidents.

The female social role has the advantage of making women more concerned with health matters but the disadvantage of making women the caretakers of other people's health. The nurturant role exposes women to more illness, is a source of fatigue among women, makes them more susceptible to illness, and prevents women from taking care of themselves when they are ill.

Other explanations for sex differences in morbidity have to do with women being more sensitive than men to symptoms, more likely to enact the sick role, and more likely to seek medical care. Women may have a lower threshold and tolerance for pain in experimental studies of pain perception. The explanation for this sex difference is not clear. It does not appear that women are more sensitive than men to changes within their bodies. However, women are more likely to respond to symptoms by restricting their activities and taking care of themselves, in other words, enacting the sick role. One explanation for this sex difference is that women have fewer fixed role obligations than men, and fewer role obligations are associated with a greater willingness to respond to health problems. Women use health services more frequently than men, but the sex difference is limited to minor symptoms. In the case of serious illness, there is less evidence that either women or men are more likely to seek the attention of a health care professional.

Taken collectively, different explanations are more and less relevant to men and women. A few health behaviors explain a good portion of men's higher mortality rates compared to those of women. These health behaviors can be construed in terms of a larger framework reflecting men's risk-taking behavior. Women's higher morbidity rates are more likely to reflect women's social roles than their health behaviors.

Discussion Questions

- 1. How do sex and race influence the leading causes of death?
- 2. Under what conditions do you believe physicians are more or less likely to make a similar diagnosis in a male and a female who present with the same symptoms of heart disease?
- 3. Which health behaviors pose greater risks to women's health, and which health behaviors pose greater risk to men's health?
- 4. What are the reasons that women are less successful than men in quitting smoking?
- 5. Discuss how sex differences in smoking, drinking alcohol, and drug usage have changed over time.
- 6. Given our culture's increasing health consciousness, in particular, the emphasis on diet and exercise, why do you think rates of obesity have increased?
- 7. What are some of the reasons that women report more pain than men?
- 8. Why are nurturant roles hazardous to health?
- 9. How could you test the fixed role obligations hypothesis today?
- 10. Discuss how to determine if men and women actually perceive symptoms differently.
- 11. In what ways are men's and women's responses to illness similar and different?

Suggested Reading

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Key Terms

Android obesity—Extra weight around the abdomen.

Artifacts—Confounding variables that lead sex differences to appear that do not really exist.

Body mass index (BMI)—Measure of obesity that takes into consideration the ratio of weight to height.

Cardiovascular reactivity—Increase in blood pressure and heart rate that occurs when engaging in a challenging or stressful task.

Chronic illness—Disease or condition characterized by persistent health problems that may be treated or controlled but not cured.

Fixed role obligations—Responsibilities specific to one's defining role that are structured and difficult to reschedule.

Gynoid obesity—Extra weight around the hips.

Health behaviors—Activities that either promote good health (e.g., preventive health care, exercise, healthy diet) or contribute to bad health (e.g., smoking, alcohol, and drug use).

Illness behavior—Condition of labeling a symptom as illness and responding to it as such; adopting the "sick role."

Morbidity-Presence of illness or disease.

Mortality–Death rate.

Nurturant role hypothesis-Supposition that women's roles require them to attend to

the needs of others, which results in fatigue, exposure to illness, and not taking care of oneself when sick.

Resource substitution—The idea that one resource has a more dramatic effect when other resources are lacking.

Sick role hypothesis—Suggestion that sex differences in using medical care are due to women's greater tendency than men to adopt the "sick role."

Thrombolytic therapy—Treatment of heart disease employing drugs that dissolve blood clots and reestablish blood flow.

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Chapter 11

Relationships and Health

In 1977, James Lynch wrote *The Broken Heart*. The title was a metaphor for the effects of relationships on health, specifically coronary heart disease. Lynch claimed there are

few conditions in life that do not involve some type of human contact, and so in one sense it would be remarkable if human contact did not influence our hearts. Like the air we breathe, it envelops every aspect of our lives. A simple visit to your doctor, arguments, reassurance and praise, sexual activity, social gatherings, competitive sports, the loss of a friend or loved one, jealousies, humiliations, human triumphs, the cuddling of a child in your lap, the silent hand-holding between two lovers, the quiet comforting of a dying patient—all these affect the heart. (p. 12)

Lynch noted an association between markers of social isolation (e.g., high mobility) and high mortality rates from heart disease. Since then, numerous studies have demonstrated links between aspects of social relationships and health.

This chapter examines the implications of relationships for women's and men's health. We know the female gender role involves a relationship orientation. Does this mean women benefit more than men from social relationships? Or does men's lack of a relationship orientation make relationships all the more important to their health? In the first part of the chapter, I describe the influence of relationships more generally on health-a body of work referred to as social support. Next, I focus on the implications of a primary social relationship for health: marriage. I focus on marriage because quite a bit of evidence suggests that marriage affects men's and women's health in different ways. I also focus on marriage because it is one of the most important relationships (if not the most important relationship) to men and women. I explore the health implications of the loss of this relationship through death and relationship dissolution (e.g., divorce). Next, I examine the health implications of the quality of marriage for women's and men's health. One determinant of quality is how household chores and child care are divided in the family. Thus, I describe the division of labor, examine predictors of the division of labor, and discuss the implications of the division of labor for relationship satisfaction and well-being. Then, I discuss another primary relationship-parenthood. I examine how women and men construe parenthood as well as its links to health. Finally, relationships can go awry. I briefly describe the research on intimate partner violence and on rape and examine their implications for health.

Effect of Social Support on Health

We have relationships with family, friends, neighbors, and coworkers. These relationships have the potential to act as sources of support, which can benefit health, as well as sources of strain, which can harm health. Do women and men differ in the amount of support they receive from network members? Do these relationships have the same effects on women's and men's health? First, I review the literature that compares the nature of men's and women's social support. Then, I turn to the question of how support is related to health for men and women.

Sex Comparisons

There are quantitative and qualitative dimensions of support. Quantitative dimensions are referred to as **structural measures (of support)**; these measures typically assess the size of a social network or the number of social relations. Qualitative dimensions are referred to as **functional measures (of support)** because they address the question of what functions networks serve. Network members may provide emotional support (love, caring, concern), instrumental support (concrete assistance, such as running an errand), or informational support (guidance, advice). In an early review of the literature on gender and support, Belle (1987) concluded that women's networks were more "intensive" but men's networks were more "extensive." This would suggest that women come out ahead on the functional aspects of support, but men come out ahead on the structural aspects of support.

It is unclear whether there are sex differences in structural measures of support. Some studies show that women have larger social networks compared to men, but other studies show just the opposite. Sex differences in support functions are clearer. Women are more likely than men to perceive that support is available from network members (Cheng & Chan, 2006; Kendler, Myers, & Prescott, 2005), starting in adolescence (Rueger, Malecki, & Demaray, 2010). These findings generalize across many cultures (Caetano, Silva, & Vettore, 2013). These sex differences are likely linked to the female gender role, or communion. Communion is related more strongly to perceived support than sex per se (Helgeson & Fritz, 1998; Reevy & Maslach, 2001).

There are a number of reasons why men lack support compared to women. One reason is that men are more reluctant than women to ask for help. The male gender role's emphasis on independence and invulnerability inhibits men from asking for help when they need it. Another reason has to do with the perceptions others hold about women's and men's needs for support. People assume that men do not want or need support and may be less likely to offer support to men. Men also may not be as skilled as women in activating support. Because men have been reluctant to ask for help in the past, they may be unsure about how to obtain help when they really need it. Determine why men and women at your school do not seek support in <u>Do Gender 11.1</u>.

ダ Do Gender 11.1

Social Support Seeking

Is it true that men are less likely than women to seek support when they are having problems? If so, why? Have a group of women and men recall the last time they experienced a stressful event. Then ask them to rate how much they sought the help of others. If they check a response that indicates they did not seek help or did not seek much help, ask them why. Tally your responses to see if women's and men's reasons for not seeking help differ.

Evidence: Relations to Health

Structural Indices

A number of large epidemiological studies have evaluated the relation of social network indices to health. These indices consist of group membership, church attendance, frequency of contact with neighbors, and, sometimes, marital status. Studies typically evaluate women's and men's initial health status, measure social networks, and then measure physical health years later. A number of these studies show stronger health benefits of social networks for men than women. For example, in a now classic study of 2,754 men and women from Tecumseh County, Michigan, men who reported more social relationships and more activities (e.g., attending voluntary associations and going out to social events) were less likely to die 9 to 12 years later (House, Robbins, & Metzner, 1982). There were weak trends in the same direction for women, but they were not significant. A more recent study followed adults from 1988 to 2006 and showed that a social network index was more strongly related to mortality for men than womenespecially older men (Yang, McClintock, Kozloski, & Li, 2013). These results have been found for other health outcomes. One study of adults age 60 and older in Brazil showed that participation in groups (a social network variable) was more strongly related to selfratings of health for men than women (Caetano et al., 2013). However, the studies are not always consistent. One study of older adults (ages 65 and older) from Japan showed that social isolation was more strongly related to mortality for women than men (Saito, Kondo, Kondo, Ojima, & Hirai, 2012).

The explanations for the lack of effects of structural support on women's health often revolve around women's social roles. The presence of a social network for women is a double-edged sword (Belle, 1982): It means more people are available to help women but also that more people will turn to women for help. Social networks may also expose women to additional sources of stress. There is evidence that this stress exposure has a stronger effect on women than men. When young adults came to the laboratory with a friend and talked about a current life challenge the friend was having, women were more adversely affected than men (Magen & Konasewich, 2011). As shown in Figure 11.1, women's positive emotions decreased from before to after the session, whereas

men's emotions remained unchanged. Furthermore, the change in women's emotional state was strongly correlated with the change in the friend's emotional state, whereas there was no relation between men's emotional state and their friend's emotional state. The authors concluded that women were susceptible to **emotional contagion** following exposure to a friend's problem. This may explain why social network variables are not as beneficial to women's as men's health. This phenomenon will be described more in depth in <u>Chapter 13</u>. There we will discuss how this phenomenon is more closely tied to the gender-related trait of unmitigated communion than sex per se.

Thus, it appears that women are more likely than men to reap the benefits of a social network but also to suffer the costs of network involvement. Women are more likely to have social support available but are also more likely to have problematic social relations and conflict. The positive and negative effects of social networks for women may cancel each other out in terms of health: Supportive relations decrease depression, but unsupportive relations and caregiver burden increase depression.



Figure 11.1 Women evidenced a decrease in positive emotions, whereas men's positive emotions remained unchanged after exposure to a friend's problem, providing greater evidence of emotional contagion in women than men.

Source: Adapted from Magen and Konasewich (2011)

Functional IndicesSome evidence—but not all—suggests the functional aspects of support are more strongly related to health among women than men. Support has been more strongly linked to self-ratings of health (Caetano et al., 2013; Cheng & Chan, 2006), good health practices (Jackson, 2006), and reduced onset of depression (Kendler et al., 2005) among women than men. However, some studies have found similarly strong relations of functional support and satisfaction with support to health for men and women (Bucholz et al., 2014; McLaughlin, Vagenas, Pachana, Begum, & Dobson, 2010). One way that the effect of functional support on health has been examined is in the context of stressor reactivity studies. See <u>Sidebar 11.1</u> for a discussion of how support buffers one from laboratory stressors.

🕷 Sidebar 11.1

Manipulation of Social Support in the Laboratory

Because survey studies on support and health cannot distinguish cause and effect, a number of laboratory studies have been conducted in which social support is manipulated while the participant undergoes some kind of stressor, such as giving a speech or performing a difficult math task. Health is measured in terms of cardiovascular reactivity (e.g., change in blood pressure and heart rate), immune function, or the production of stress hormones (e.g., cortisol). A meta-analytic review of the literature showed that the experimental manipulation of support during a stressful task performed in the laboratory had beneficial effects on heart rate, blood pressure, and cortisol (Thorsteinsson & James, 1999). However, most studies only involved female participants. One study that examined both males and females found stronger effects of support on reactivity for females than males (Smith, Ruiz, & Uchino, 2004).

The sex of the support provider also might influence how males and females respond. When the sex of the support provider was manipulated, support provided by a female confederate was more effective in reducing blood pressure than support from a male confederate for both male and female participants (Glynn, Christenfeld, & Gerin, 1999). In fact, there was a slight tendency for male participants to show increased reactivity in response to support from a male confederate. The difference between male and female confederates is interesting, given that the support manipulation was standardized. Thus, it is not only that women may provide more support than men but also that support from women may be more health beneficial. The same behavior may be interpreted differently when displayed by a female than by a male.

The kind of support manipulated in the vast majority of these laboratory studies, including the last one, is emotional support. Thus, the extent to which other kinds of support may be effective in reducing reactivity to stress is unknown. It is also not known whether men and women benefit from different kinds of support in terms of reduced reactivity to stress. Dawn Wilson and her colleagues have examined both emotional support and instrumental support (e.g., advice, concrete assistance) in several studies of African-American adolescents. In a study that aimed to enhance a low-sodium diet to prevent hypertension, Black boys did not benefit as much from family emotional support as Black girls in terms of dietary compliance (Wilson & Ampey-Thornhill, 2001). In a laboratory study in which Black boys and girls were asked to role-play several stressful encounters, boys showed higher levels of reactivity when provided with emotional support and lower reactivity in response to instrumental support (Wilson et al., 1999).

Thus, the laboratory studies of social support leave several questions unanswered. Is support provided by women more effective than support provided by men, or does this pertain only to emotional support? Do women and men benefit more from emotional support compared to other kinds of support, or does the kind of support that is beneficial depend on the sex of the support provider? For example, it may be that instrumental support from men is effective and emotional support from women is effective.

Why would the qualitative dimensions of support be more strongly related to women's than men's health? One explanation is that women's identities are more strongly tied to their connection to others than men's identities. Variability in an identity-relevant domain is more likely to have implications for health. It may also be that supportive networks benefit women more than men because they facilitate women's coping with distress. Women are more likely to seek support during times of stress; thus if others are supportive, women's needs are met.

Take Home Points

- Women have more support available to them compared to men, and women provide more support to others than men.
- Quantitative, or structural, measures of relationships are more strongly associated with men's than women's health.
- Relationships are a double-edged sword for women—a source of support and a source of stress.
- Qualitative, or functional, measures of relationships may have a stronger effect on women's than men's health.

Effect of Marriage on Health

"I now pronounce you man and wife." Those are the words of the traditional marriage ceremony. Historically, marriage for women meant they became defined by their relationship to their husband; marriage for men meant they had someone to take care of the home and the children. Today, however, marriage may have a more similar meaning for women and men: gaining a partner, a person with whom to share one's life. Today, the minister or officiator is more likely to say, "I now pronounce you husband and wife," reflecting the similarity of marriage for men and women.

There has been a shift in cultural values toward marriage over the last several decades. Today, there is a greater emphasis on individual and personal fulfillment, which means people may be less likely to tolerate unsatisfying relationships. There also are greater expectations for relationships: Marriage is expected to be a source of intimacy, sexuality, and companionship. Thus, people have increasing expectations of marriage, and marriage may be less likely to meet those expectations. It is also much easier to dissolve a marriage today than it was in the middle of the 20th century, and society is more tolerant of marital breakups.

Thus, one characteristic of modern marriage is that it is less likely to last. In 2010, 39% of people who were age 46 had experienced at least one divorce, the rate being slightly higher for women (42%) than men (36%; Monthly Labor Review, 2013). The rates were slightly higher in Whites (40%) and Hispanics (39%) than Blacks (33%). See <u>Table 11.1</u> for a list of factors that decrease one's risk of divorce.

Table 11.1 Factors That Protect Against Divorce During the First 10 Years of Marriage

- higher income
- having a baby 7 months or more after marriage (as compared to before marriage)
- at least age 25 at marriage
- parents married (rather than divorced)
- religious affiliation
- higher education

Source: Bramlett and Mosher (2002)

Although the divorce rate increased over much of the 20th century, it leveled off in the mid-1970s and is possibly showing a small decline in recent years (Kreider & Ellis, 2011). One reason that divorce rates have stabilized is that women and men wait longer before they marry, and older age at first marriage is less likely to result in divorce. Today, the median age of marriage is 26 for women and 28 for men (Copen, Daniels, Vespa, & Mosher, 2012).

The marriage rate also has declined in recent years, in part due to increased cohabitation and in part due to people waiting longer before getting married. However, the vast majority of people in the United States are either married or want to be married. A 2013 Gallup Poll showed that only 5% of Americans are not married and do not wish to be married (Newport & Wilke, 2013). This rate is only slightly higher for non-White people. According to the U.S. Census Bureau (2012), 55% of women and 54% of men age 18 and older are married. The rates are higher for Asian people (66% female and male) and White people (58% female, 60% male) compared to Hispanic people (56% female, 52% male) and Black people (36% female, 43% male). The percentage of the population marrying has decreased, while the percentage of people who are divorced and never married has increased. In 2010, 24% of adult women and 30% of adult men had never married, but these numbers varied greatly by race. Figures for never-married males and females were comparable among Asians and Whites (Asian: 21% female, 30% male), and much larger for Blacks (41% female, 45% male).

Nonetheless, most young adults who are not married say that they want to get married (Newport & Wilke, 2013), although non-Whites are slightly less likely to express this interest. Minorities, in particular African Americans, are less likely to marry than other groups in part due to socioeconomic factors. There are proportionally fewer African-American men with stable jobs, and economic problems lead to family conflict. Although Hispanics share some of the same economic problems, Hispanic culture attaches greater value to marriage; African-American culture emphasizes the importance of the extended family.

Evidence

In 1957, Hannah Lees wrote the book *Help Your Husband Stay Alive*. She expressed concern over the fact that men die younger than women and the sex difference in longevity was widening. She suggested that women were not living up to their duty of helping to lengthen the life span of their husbands. Lees said wives should provide support to husbands, make husbands' lives easier, help husbands cope with the pressures and frustrations they face in the working world, provide opportunities for husbands to relax, and help husbands take care of their health.

Lees (1957) may have been too critical of wives. It turns out that women do help men live longer. Numerous studies have shown that being married is advantageous to psychological and physical health for both women and men, but men reap greater rewards from marriage than women do. These findings come from large epidemiological studies in which women's and men's marital status and health status are measured and then followed for many years. In two classic studies conducted many years ago, men who were married were less likely to die than men who were unmarried over the 9 to 15 years they were followed (Berkman & Syme, 1979; House et al., 1982). Marital status did not predict mortality among women in either of these studies. However, more recent studies show that marriage benefits both men and women, but the benefits for men are stronger. An 8-year longitudinal study showed that never-married persons had a 158% increase in mortality compared to married persons, but the difference between the two groups was larger for men than women (Kaplan & Kronick, 2006). Never-married men had especially high rates of mortality from infectious disease and accidents if they were younger and heart disease if they were older. A recent study of Swiss older adults showed that the benefits of marriage on mortality were stronger among men than women, and that men had the highest rate of mortality when they lived alone (Staehelin, Schindler, Spoerri, & Stutz, 2012).

On health parameters other than mortality, married people also fare better and the benefits seem to be stronger for men. Four studies-in Japan, Korea, the United States, and Canada-showed that married people had less depression than unmarried people, but the difference was greater for men than women (Hughes & Waite, 2009; Inaba et al., 2005; Jang et al., 2009; St. John & Montgomery, 2009). A study of Hispanic older adults found that living alone was associated with depression but more so for men than women (Russell & Taylor, 2009). A study of cancer survivors showed that married men were less distressed than unmarried men, but married women were more distressed than unmarried women (Goldzweig et al., 2009). Another study examined C-reactive protein, a marker of inflammation that predicts cardiovascular disease, in older adults and found that married men had lower levels of C-reactive protein than unmarried men, but there were no differences in C-reactive protein among married and unmarried women (Sbarra, 2009). Married people also have a reduced risk of stroke compared to unmarried persons, and the relation is stronger in men than women (Maselko, Bates, Avendano, & Glymour, 2009). Taken collectively, it appears that marriage has stronger benefits on men's than women's health.

Is it marriage per se that leads to health benefits, or is it the presence of a partner in the household? Several studies have examined the effects of cohabitation on health. Although cohabitation benefits health compared to being unmarried among heterosexual couples, the benefit is not as great as that associated with marriage (Ross & Mirowsky, 2013). Cohabiting couples appear to have lower levels of risk behavior than unmarried couples but higher levels of risk behavior than married couples (Duncan, Wilkerson, & England, 2006; Reczek, Liu, & Spiker, 2014). One study examined the rates of heavy drinking among couples from 19 countries and found higher rates among cohabiting than married couples (Li, Wilsnack, Wilsnack, & Kristjanson, 2010). A study that examined life satisfaction in married and cohabiting heterosexual couples in 30 countries showed that married people were more satisfied with their lives than cohabiting couples in most countries (Soons & Kalmijn, 2009). However, married people were also more religious and more likely to be employed than cohabiting people, which accounted for some of the marital status differences in life satisfaction.

The benefits of cohabitation may differ by race and ethnicity. One study examined the intersection of sex, race, and marital status and found that married and cohabiting couples had lower mortality rates compared to other marital statuses for both Whites and Blacks, but that being married was associated with lower mortality than cohabitation for White couples only (Liu & Reczek, 2012). The authors suggested that

cohabitation is viewed as a trial marriage for White couples but may be viewed as an alternative to marriage for Black couples. It also is possible that marriage is not associated with the same economic benefits in Black couples as it is in White couples.

Like marriage, there is some evidence that men benefit more than women from cohabitation. The study described above of White and Black couples showed that cohabitation had a stronger benefit on mortality for men than women (Liu & Reczek, 2012). The cross-cultural study described above found that cohabitation was especially associated with high rates of heavy alcohol use among cohabiting women (Li et al., 2010). Finally, a national survey of same-sex and cohabiting couples in the United States showed that people who cohabited perceived their health as worse than people who were married, but this was especially the case for heterosexual women (Denney, Gorman, & Barrera, 2013).

Because cohabitation is becoming increasingly common, the differences in health between cohabiting and married heterosexual couples is becoming smaller. Two fairly recent studies examined the transitions to marriage, cohabitation, and becoming single over time and found that the transition to marriage and cohabitation was associated with increased psychological well-being and life satisfaction and the benefits of transitions to marriage and cohabitation were the same (Musick & Bumpass, 2012; Naess, Blekesaune, & Jakobsson, 2015). A study conducted in Denmark found that married people had the lowest mortality rate, followed closely by cohabiting couples (Drefahl, 2012). However, these results were influenced by socioeconomic status. For men, those who were of a higher socioeconomic status had *lower* mortality rates when cohabiting than married. The same effect was not observed among women. In the past, there may have been a small and distinct group of people who cohabited that was responsible for the differences in health between cohabiting and married couples. Because cohabitation is so widespread, these selection effects are becoming smaller. Future studies will help to identify the circumstances in which cohabitation does and does not have the same benefits on health as marriage. Here, we have observed two of those circumstances: being Black and being male with a high socioeconomic status.

Because marriage has only recently become an option for same-sex couples, there are not many studies that allow us to examine whether same-sex couples reap the same health benefits from marriage as heterosexual couples. One exception is a study of a nationally representative sample in the United States in which same-sex and oppositesex married and cohabiting couples were compared (Reczek et al., 2014). This study showed that same-sex and opposite-sex cohabiting couples had higher rates of alcohol use than same-sex and opposite-sex married couples. There were no differences between same-sex and opposite-sex married couples in alcohol usage, nor were there differences between same-sex and opposite-sex married couples. Other studies compare the health of same-sex couples to both heterosexual cohabiting and married couples. One such study found that same-sex cohabitors had worse perceived health than married couples but better perceived health than opposite-sex cohabitors (Denney et al., 2013). However, same-sex cohabitors were better educated and had higher incomes than opposite-sex cohabitors. When these differences were taken into consideration, there were no differences in perceived health between same-sex and opposite-sex cohabitors, and both had worse perceived health than married couples. One study compared partnered gays and lesbians to married people, heterosexual cohabitors, heterosexual dating couples, unattached persons, and single gays and lesbians (Wienke & Hill, 2009). As shown in Figure 11.2, married people were happier than all other groups, but partnered gays and lesbians were similar in happiness to heterosexual cohabitors and happier than the rest of the groups. The effects were similar for women and men. Thus, taken collectively it appears that cohabitation has at least the same, if not more, benefits to health among same-sex couples as it does to heterosexual couples.



Figure 11.2 Married men and women are happier than unmarried groups. Among the unmarried groups, partnered gays and lesbians are similar in happiness to cohabiting heterosexuals, both of which are happier than the remaining groups.

Source: Adapted from Wienke and Hill (2009)

Explanations

Many theories address why marriage benefits health. Marriage is presumed to affect health through a set of physiological processes. Two categories of variables might affect physiology: psychological and behavioral. Marriage may provide one with a sense of identity, a source of self-esteem, and a companion to share activities, all of which should promote a positive psychological state. Marriage may also promote good health behavior (e.g., exercising), decrease risk behavior (e.g., smoking), and promote early detection of disease (e.g., routine physical exam). These effects of marriage on health are referred to as direct effects, or **main effects** (Cohen & Wills, 1985). In each case, marriage is directly linked to a psychological state or behavior that influences health.

An alternative hypothesis is that marriage indirectly affects health by providing resources to cope with stress. These effects are referred to as **buffering effects**; marriage is buffering one against the negative effects of stressors (Cohen & Wills, 1985). During times of stress, marriage may help us perceive a stressful event as less troublesome and

may provide resources to cope with stress (e.g., emotional support, financial support). In the face of an illness, marriage may help us make the health behavior changes necessary for a successful recovery.

The distinction between the main effects and buffering effects hypotheses is shown in Figure 11.3. In Figure 11.3a, the main effects hypothesis shows that married people are healthier than unmarried people, regardless of the level of stress. The magnitude of the difference between the two lines is the same across low- and high-stress groups. Of course, stress leads to a decrease in health among both married and unmarried people. In Figure 11.3b, the stress-buffering hypothesis shows that stress is associated with a larger decrease in health among unmarried people than married people. That is, married people who face high levels of stress are protected from the large decrease in health that unmarried people suffer. Here, the magnitude of the difference between the two lines is greater under high levels of stress. Next, I review some of the research on these psychological and behavioral links of marriage to health.



Figure 11.3 (a) Main effects of marriage: Married people are healthier than unmarried people, regardless of their levels of stress. (b) Stress-buffering effects of marriage: Married people are especially healthier than unmarried people when they face high levels of stress. In other words, marriage buffers people from the deleterious effects of stress.

Social Support

One explanation for the effects of marriage on health involves social support. Married women and men report higher levels of support than unmarried persons, but men may have more of an advantage than women. Husbands receive more support from their spouses than do wives (Goldzweig et al., 2009; Verhofstadt, Buysee, & Ickes, 2007). This is

especially the case for emotional support. Wives, by contrast, receive more support than husbands from their broader network of friends. This may explain why one study showed that men had the highest mortality rates when they lived alone, whereas women had the highest mortality rates when they lived with a partner (Staehelin et al., 2012). Another study showed that the reason men who lived alone had worse health than men who lived with someone else was due to a lack of social support (Russell & Taylor, 2009). There were fewer health differences in support between women who lived alone and women who lived with someone else because women have access to support from other network members.

However, observational studies of marital interactions and daily diary studies in which men and women record their behavior on a more momentary basis seem to show that men and women are equally likely to provide their spouses with social support (Neff & Karney, 2005). Yet all support is not the same. Women may provide more effective support than men. Neff and Karney's study showed that men and women provided the same amount of support, but women's support was better timed than men's. At the end of each day for 7 days, husbands and wives reported their levels of stress, the support they provided, and the support they received. Wives were more likely than husbands to provide support when their partners were stressed. In an observational portion of the study where each spouse took turns describing a personal problem, wives provided more support when husbands were describing more severe problems. However, there was no relation between the support husbands provided and the severity of the wives' problems. Another daily diary study was conducted among couples in which one person had Type 2 diabetes (Iida, Stephens, Rook, Franks, & Salem, 2010). Daily support and stress were measured. Wives provided more support on days in which husbands reported higher levels of diabetes-related anxiety, but the same did not occur among husbands. The authors concluded that wives were more sensitive support providers than husbands.

The kind of support that we have been discussing is emotional support. The one kind of support that women are more likely than men to receive from marriage is financial support. One way in which women do not benefit from cohabitation to the that extent men do is that cohabitation is not accompanied by financial support (Staehelin et al., 2012).

Stressful Life Events

Another reason for the differences in distress among people of different marital statuses has to do with the occurrence of negative life events. Some states of being unmarried—separation, divorce, widowhood—can be stressful life events in and of themselves. They can also lead to other negative life events, such as changes in one's social network or financial situation. Thus, it may be that unmarried states are associated with more stress rather than the married state being associated with less stress. However, it also is possible that marriage provides resources that buffer individuals against negative life events as shown in Figure 11.3b.

Health Behavior

Marriage has a positive effect on both men's and women's health behavior, but the effects are more pronounced among men. Wives take more responsibility for their husbands' health than husbands take for their wives' health. Married men are more likely to endorse preventive health care and less likely to drink alcohol compared to unmarried men, whereas there are fewer differences in health behaviors between married and unmarried women (Markey, Markey, Schneider, & Brownlee, 2005; Molloy, Stamatakis, Randall, & Hamer, 2009). In heterosexual couples, it appears that women do what has been referred to as "health work" more than men, which consists of monitoring the spouse's health, reminding about needed health behaviors (e.g., take medication), encouragement of preventive behavior, and discouragement of risk behavior (Reczek & Umberson, 2012). However, in lesbian and gay couples, this "health work" is described as more of a collaborative process in which both partners are looking out for each other. One of the reasons that cohabitation benefits men's health more than women's health among heterosexual couples is that cohabitation has a stronger positive effect on the health behaviors of men than women (Liu & Reczek, 2012); women's health behaviors improve only with marriage.

Marital Satisfaction

Another reason marriage may be more health beneficial for men than women is that women are more dissatisfied with their marriages. Women report more problems in marriage, more negative feelings about marriage, and more frequent thoughts of divorce. In one study, marital satisfaction decreased over the first 4 years of marriage for both women and men, but the decrease was larger for women than men (Kurdek, 2005). Men also are more optimistic about marriage than women. A study of college students in Taiwan showed that both women and men perceived that they were more likely than other people to have a happy marriage, but the difference between self and others was larger for men than women, as shown in Figure 11.4a (Lin & Raghubir, 2005). Men and women also rated their chances of getting divorced as lower than that of other people, but again the difference between self and others was larger for men than women (see Figure 11.4b). In other words, men are more optimistic about their marriage than women.



Figure 11.4 (a) College students estimated that they would be more likely to have a happy marriage than others, but the difference for males was greater than females. (b) College students also estimated that they would be less likely to get divorced than others, but this difference was greater for males than females. Source: Adapted from Lin and Raghubir (2005)

One reason marriage may present more problems for women is that women's roles change more after marriage compared to those of men. Historically, women conformed more than men to what their spouses expected of them upon marriage. Because women were more dependent than men on marriage for financial security, women had more at stake in maintaining the marriage. Thus, women were more motivated to accommodate to their spouses' wishes.

In addition, the traditional housewife role lacks status, structure, and recognition because "accomplishments" often go unnoticed (Gove & Tudor, 1973). Today, however, women are more likely to take on other roles besides housewife and are better equipped to take care of themselves financially. Thus, women's and men's roles are now more similar in marriage. If the difference in roles is the explanation for why marriage is more health beneficial for men, we should see more similar effects of marriage on women's and men's health in the future.

Selection Hypothesis

I have been discussing ways in which marriage could influence health, but it also is possible that health influences marriage. This is the **marital selection hypothesis**, the idea that healthier people are "selected" into marriage. Individuals tend to match in terms of health when they marry (Wilson, 2002). To examine the marital selection hypothesis, a longitudinal study must be conducted to determine whether initial health influences subsequent marital status and whether initial marital status influences subsequent health. One such study showed that persons who married over a 6-year period started out less depressed than those who did not marry (Frech & Williams, 2007). Thus, psychological health predicted marital status. However, those who married benefited in terms of reduced psychological distress 6 years later compared to those who did not. Thus, there was a reciprocal relation between marriage and health.

Take Home Points

- The benefits of marriage to health are stronger for men than women.
- Cohabitation also benefits health but most studies suggest that these benefits are not as great as those associated with marriage.
- Among heterosexual couples, men benefit more than women from cohabitation.
- There are a number of reasons for these sex differences: Marriage is a greater source of emotional support, is more likely to alleviate stress, and encourages better health behavior for men than for women. In addition, men are more satisfied with marriage compared to women, partly due to the receipt of more social support resources.
- The relation between marriage and health is bidirectional. Healthier people are more likely to get married, and married people have better health over time.

Effect of Bereavement on Health

If marriage is good for health, presumably losing a spouse has negative effects on health. These negative effects could stem from the loss of resources that the deceased spouse provided as well as the general experience of bereavement. Determining the effects of bereavement on health is not easy. Two kinds of studies have been conducted to address this issue: cross-sectional and longitudinal. Cross-sectional studies evaluate people who are widowed at a single point in time. The advantage of this methodology is that large representative samples can be studied. There are three disadvantages. First, people are widowed for varying lengths of time, and the length of time since widowhood is bound to influence health. Second, the healthiest people are more likely to remarry after widowhood. Thus, the people who remain widowed are not representative of all widowed people and may be more unhealthy than the widowed who have remarried. Third, causality cannot be inferred. In other words, we will not know if widowhood caused the decline in health or if unhealthy people were more likely to be widowed. At first glance, this latter possibility may seem unlikely. However, recall that people are attracted to similar others and marry people who are similar to themselves. One characteristic on which matching could occur is health. It is possible, then, that less healthy people are more likely to lose a spouse.

An important methodological issue to keep in mind when evaluating cross-sectional studies on the effect of widowhood on health is whether an appropriate comparison group of nonwidowed persons was used. This is especially important when evaluating sex differences in the effects of widowhood on health. Why? If widowed women and widowed men show equal health profiles, can we conclude that widowhood has the same effects on the health of women and men? No, because women and men who are not widowed differ in health. For example, married women are more depressed than married men (described in more detail in <u>Chapter 13</u>). A study that shows no sex differences in depression among widowed women and men could imply that widowhood increased men's distress levels to those of women or lowered women's distress levels to those of men. In other words, widowhood could have very different effects on women's and men's distress. Let's take another example. In general, men have higher suicide rates compared to women. A study that shows no sex differences in suicide rates among the widowed could imply that widowhood increased women's suicide rates to those of men or decreased men's suicide rates to those of women. Thus, the most appropriate comparison group to use in a study of widowhood is married women and men because both widowed and married people share the experience of having entered into marriage. It would not be appropriate to compare widowed persons to never-married persons because we know there are differences between the kinds of people who do and do not get married.

The second way to examine the effects of widowhood on health is to conduct a longitudinal study. Longitudinal studies typically examine people shortly after widowhood and then follow them over time to assess changes in their health. The disadvantage of this methodology is that we do not know people's level of health before widowhood. The advantage, however, is that we know people's initial health status immediately after widowhood so we can truly examine changes in health over time.

The ideal study of widowhood would use a **prospective design** in which people's health is examined before and after widowhood. Imagine how difficult it would be to conduct such a study. One would have to enroll a large number of people into a study and then follow them for a long time until a sufficient number of people lose a spouse. You can imagine there are few prospective studies on widowhood. One way in which a prospective study can be conducted is to follow couples in which a spouse is at high risk for death. However, the caregiver spouse's health might already be impacted if a spouse is ill.

Evidence

Across methodologies, widowhood seems to have a more negative effect on men's health than women's health (Stroebe, Schut, & Stroebe, 2007). A 7-year prospective study showed that widowed men had higher mortality rates compared to married people but widowed women did not (Molloy et al., 2009). Another study showed that men's mortality was higher if widowed than married but women's mortality was lower if widowed than married (Pizzetti & Manfredini, 2008). Another study showed that widowed persons were at increased risk of stroke relative to married persons, but the risk was greater for men (Maselko et al., 2009).

Men also appear to be more distressed following widowhood compared to women. In a prospective study that followed couples before and after a spouse died from severe renal disease, men reported greater grief 6 months following the loss of their spouses compared to women (Pruchno, Cartwright, & Wilson-Genderson, 2009). A nationally representative survey showed that the transition to widowhood was associated with a decline in self-reported health for men but not women (Williams & Umberson, 2004). However, the negative effects were short-

lived. Within 3 to 5 years, these men's health had substantially improved. Finally, one study found that widowed women initially had worse mental health than married women (Wilcox et al., 2003), but with time, the mental health of widowed women improved and ended up exceeding that of the married women. In total, studies show that women recover more easily from widowhood than men.

Explanations

Strains

One explanation for sex differences in health following the loss of a spouse is that women and men face different strains or stressors from widowhood. Traditionally, women suffered financial strains, whereas men suffered strains from having to keep up with household chores. The strain of keeping up with household chores is an immediate strain and a daily strain, which may explain why men suffer more than women immediately following widowhood. Alternatively, caring for an ill spouse is a strain that is removed by widowhood. Because women are traditionally more involved in caregiving than men—whether the spouse is ill or not—one reason that women might not suffer as much as men following the loss of a spouse is that some of the burden associated with support provision has been removed. When recently widowed men and women were interviewed and asked about the possibility of remarriage, women were more reluctant than men because they liked having the freedom of not having to look after someone (Davidson, 2001).

Social Support

A major loss associated with widowhood is the loss of social support. Interpersonal protection theory has been used to explain why men suffer more than women upon widowhood (Stroebe & Stroebe, 1983). Interpersonal protection theory implies there are differences in social support across the marital statuses, and social support provides a buffer against the distress associated with widowhood (Bookwala, Marshall, & Manning, 2014). There are four supportrelated explanations for greater negative effects of widowhood on men than women. First, because marriage increases men's more than women's social support, widowhood results in a greater loss of support among men than women, especially emotional support. Recall that men are more likely than women to rely on their spouses as the sole source of emotional support; women, by contrast, receive less support from marriage compared to men and often obtain support from other network members. Second, family and friends provide more support to women than men following widowhood, in part because women are more likely than men to seek help from others. Third, men suffer a greater loss of support from other network members after widowhood because it is typically the wife who arranges social affairs and maintains contacts with friends and family. Fourth, widowed men have a smaller reference group compared to widowed women because women outlive men. Thus, men lose more than women in terms of support from both a spouse and other network members following widowhood. One study provided evidence that the loss of support following widowhood is more of a motivator for men than women to remarry (Carr, 2004). Six months post loss, more men than women expressed interest in remarrying (30% vs. 16%). However, when support from friends was taken into consideration, few women or men were interested in remarriage when they had high levels of support, but more men than women were interested in remarriage in the absence of support. These results are shown in Figure 11.5.



Figure 11.5 Among those with low support, men are more interested in remarriage compared to women. Among those with high support, men and women are equally uninterested in remarriage. *Source:* Carr (2004)

Health Behaviors

Just as being married promotes good health behavior, widowhood might be accompanied by an increase in poor health behavior. A review of the literature in this area showed that men were more likely than women to reduce their levels of physical activity following widowhood (Stahl & Schulz, 2014), thereby increasing men's health risks. Bereavement is also associated with poor nutrition, but studies have not examined whether these effects differ for men and women. To the extent that women hold the traditional role of cooking, one might expect men's nutrition to suffer more than that of women following the loss of a spouse. Bereavement is associated with increased alcohol consumption in both men and women, but has different effects on smoking behavior depending on whether the person smoked prior to bereavement. Among smokers, men are more likely than women to quit or decrease their smoking following the loss of a spouse. Among nonsmokers, however, bereavement is associated with a greater increase in smoking among women than men. Thus, bereavement appears to increase risk behavior in both men and women, but the nature of the risk behavior differs for men and women. Some of these changes in health behavior may reflect maladaptive coping with stress (i.e., turning to alcohol and cigarettes), whereas other changes in health behavior may reflect the absence of a spouse reminding one to take care of the self.

Selection

Selection might not seem like an obvious explanation for why widowhood is associated with poor health. However, there is evidence that people who become widowed differ from those who were already widowed or people who were married. Researchers followed a group of older adults over 3 years, measuring their marital status and health at the beginning and end of the study (Williams, Sawyer, Roseman, & Allman, 2008). The group of people who would eventually become widowed were similar to the already widowed in terms of self-rated health, anxiety, and energy levels but similar to the married in terms of age, income, mobility, and health problems. The point is that these people were distinct in terms of some health parameters from the married and distinct in terms of other parameters from the already widowed. Because widowhood can be a longer process for some people, the events leading up to widowhood may take their toll on health.

Take Home Points

- There are a number of methodological difficulties when studying the effects of widowhood on health:
- An appropriate comparison group must be selected, as women and men have different health prior to widowhood. The most appropriate group is married people, as both married and widowed people have selected into marriage.
- Cross-sectional studies, while easy to conduct, pose several difficulties, including the inability to determine causation, the fact that the healthiest people might have remarried, and the varying time frames since widowhood.
- Studies generally show that widowhood is associated with greater adverse effects on men's than women's health across an array of health indicators.
- Reasons for this sex difference have to do with the different strains men and women face and the greater loss of support that a spouse's death poses for men compared to women.

Effect of Relationship Dissolution on Health

Evidence clearly suggests that marriage is associated with greater health benefits for men than for women and that the loss of marriage through widowhood is associated with greater harm to men's than women's health. Can we conclude that the breakup of marriage or other significant relationships has more adverse effects on men's than women's health? Let's see.

Evidence

A meta-analytic review of the literature on divorce and mortality that involved studies from 11 countries showed that separation and divorce are associated with an increased risk of death but that risk is larger for men than women (Sbarra, Law, & Portley, 2011). The risk is also greater for younger people than older people. Another review that involved studies from 24 countries reached the same conclusion (Shor, Roelfs, Bugyi, & Schwartz, 2012). That study showed that the sex difference decreased with age. Among older adults, men and women are equally affected by separation and divorce, but men suffer more than women among younger persons. One indicator that women may adjust better to the breakup of a marriage is that women are less likely than men to remarry after divorce.

Explanations

Strains

Separation and divorce are associated with a number of strains, including the change in roles that accompanies divorce, single parenthood if children are involved, and the potential for conflict with an ex-spouse. These strains may differ for women and men. To the extent that men and women exact traditional roles, relationship dissolution may be associated with greater social strains for men and greater economic strains for women. Marital dissolution results in a loss of men's primary confidant. For women, the economic strain associated with marital dissolution is especially large if they retain custody of children. If there are no children, women suffer fewer ill effects of separation and divorce (Elliott & Umberson, 2004). Thus, income and parenthood are important moderators of the effects of divorce on women and men. To the extent that women and men have more egalitarian roles, one might expect more similar effects of relationship dissolution on health—these men would be less likely to depend on spouses for financial support and these men would be less likely to rely on spouses as sole sources of emotional support. Research has yet to investigate this possibility.

The strain explanation for the negative health effects of separation and divorce is most appealing when studies show that divorced and separated people have worse health than unmarried people (Whisman, Weinstock, & Tolejko, 2006). To the extent that this is the case, the health benefits of marriage have less to do with the benefits of marriage per se, but more to do with the strains associated with the breakup of a relationship. If the health advantage of marriage was due to marriage per se, married people should have better health than all unmarried groups.

Selection

The selection hypothesis could also explain why those who separate and divorce have worse health than those who remain married. Perhaps, poor health precedes rather than follows relationship dissolution. Two studies support this possibility. A 9-year longitudinal study of adults in England showed that separation and divorce were associated with poor mental health but also that poor mental health was associated with marital dissolution (Wade & Pevalin, 2004). A longitudinal study of twins found that those whose marriages dissolved had poorer health prior to the breakup compared to those whose marriages remained intact (Osler, McGue, Lund, & Christensen, 2008).

Women Initiate Breakup

One reason the health costs of relationship dissolution are stronger for men than women is that women are more likely than men to initiate the breakup of a relationship. About two-thirds of those who file for divorce are women. In a large study of couples in Australia who were followed over time, both women and men reported that women were about twice as likely as men to initiate the separation (Hewitt & Turrell, 2011). And those whose partners initiated the breakup had poorer health than those who initiated the breakup themselves or agreed that the breakup was mutual.

In some ways, it is not a surprise that women initiate more breakups compared to men, as women are less satisfied than men with marriage. However, women also might adjust better than men—or at least no worse than men—when partners initiate the breakup because women are better prepared for it. Because women are less satisfied with marriage, they might be more aware of problems in the relationship than men and less surprised when the partner wants to end the relationship. This idea was supported by a study of distressed couples seeking marital therapy that showed women were more aware of problems in the relationship than men (Doss, Atkins, & Christensen, 2003). In that study, both men and women agreed that women were the first to recognize that there was a problem in the relationship, the first to consider seeking help, and the first to initiate treatment. Thus, women may adjust better than men to the dissolution of a relationship because they are more aware of relationship problems and the potential for the relationship to end.

Take Home Points

- Relationship dissolution has stronger adverse effects on men than women.
- In traditional couples, men and women face different strains following separation and divorce—men's strains have to do with having to care for the house and a loss of support, whereas women's strains are largely financial.
- One reason why women's health does not suffer to the extent that men's does after relationship breakup is that women are more likely to initiate the breakup, are more aware of problems in the relationship, and more prepared for a breakup.

Marital Transitions and Health

Most of the research on the relation of marital status to health implicitly adopts the "resource model," implying that marriage is a resource that promotes health or protects health. However, an alternative model is the "crisis model," which suggests that the dissolution of a relationship through divorce or widowhood causes declines in health (Williams & Umberson, 2004). The only way to disentangle the two models is to conduct a longitudinal study in which one not only compares people of different marital statuses but also examines the effects of changes in marital statuses on health.

One such study examined the effects of marital transitions rather than marital status on weight loss (Umberson, Liu, & Powers, 2009), considering that weight loss is a risk factor for mortality. The investigators found that the continuously married, never married, and divorced showed a small increase in weight over time—with the exception of African-American women who showed a larger weight gain. Weight loss, however, was tied to the loss of a spouse through divorce or widowhood. The transition to divorce was associated with a short-term weight loss that was later regained, but the transition to widowhood was associated with a substantial weight loss that remained—more so among African Americans. Thus, this study concluded that marital dissolution was more important than marital formations in predicting health in terms of weight loss.

Three other studies showed that changes in marital status or marital transitions are associated with more health problems rather than marital status per se. An 8-year longitudinal study showed that the health of the continually divorced and never married was the same as the continually married (Williams & Umberson, 2004). Transitions out of marriage through divorce or widowhood were associated with adverse effects on health, and these effects were stronger for men than women. The negative effects were also stronger for older men, which supports the role strain argument, as older men are probably less prepared to assume household chores than younger men. Another longitudinal study showed that never-married women had the same health as continuously married women and that both groups had better health than women whose marital status had changed over the course of the study (Hughes & Waite, 2009). However, this was not the case for men, as never-married men had worse health and more depression than continuously married men. Finally, a 2-year longitudinal study showed that the consistently married had the same level of distress as the consistently widowed (Strohschein, McDonough, Monette, & Shao, 2005), but distress increased among those who were widowed during the 2 years. These findings support the crisis model rather than the resource model of marriage.
Take Home Point

• Transitions out of marriage seem to have stronger adverse health consequences than the specific unmarried states, supporting the crisis rather than the resource model of marriage.

Effect of Marital Quality on Health

I have been discussing the effects of marital status—whether one is single, married, widowed, or divorced—on health. Does marital status alone determine our health? Surely, all marriages are not the same nor do they provide the same health benefits. Is a distressed marriage better for health than no marriage at all? Research suggests that the answer is no. For example, a study of the elderly showed that married people were less distressed than unmarried people, but married people who were not happy with the way their spouse treated them were more distressed than unmarried people (Hagedoorn et al., 2006). Thus, it is important to consider the quality of the relationship when evaluating the health implications of marriage.

Many of the explanations of why marriage benefits men's health more than women's pertain to the quality of the marital relationship. For example, a primary explanation for sex differences in the effects of marriage and widowhood on health has to do with marriage providing relatively more social support to men. This explanation suggests the quality of the marital relationship is different for women and men. Perhaps marriage benefits men's health more than women's health because the relationship is more satisfying to men. In fact, we know men are more satisfied in marriage than women are. To understand thoroughly the effects of marriage on health, we need to examine the quality of the relationship.

Two types of studies examine the nature of marital relationships. In survey studies, women and men complete various marital satisfaction or marital strain inventories. The relation of these self-report measures of marital quality to women's and men's health is then examined. In laboratory studies, men and women engage in some sort of marital interaction (usually, a discussion of a conflict) that is videotaped, recorded, and analyzed. The relation of specific interaction patterns to health is examined. I review both kinds of studies.

Evidence From Survey Studies

Survey Studies

It is clear that the benefits of marriage depend on its quality. One study showed that happily married men were less depressed than unmarried men, but there was no difference between the two groups for women (St. John & Montgomery, 2009). However, unhappily married men and women were more depressed than their unmarried counterparts, as shown in Figure 11.6. Other research has confirmed that the benefits of marriage depend on the quality, and some indicates that the quality of the marital relationship is more strongly related to women's than men's health. A meta-analytic review of the literature from the past 50 years showed that marital quality was linked to better physical health and that studies containing a larger proportion of women showed

larger effects (Robles, Slatcher, Trombello, & McGinn, 2014). This is an indirect way of suggesting that marital quality has a stronger influence on women's than men's health. The investigators remarked that many studies did not examine whether the relations were different for women and men. One exception is a study that examined the links of marital quality and marital strain to two markers of inflammation (Donoho, Crimmins, & Seeman, 2013). Lower marital quality was related to higher inflammation for women but not men, whereas marital strain was linked to higher inflammation in both women and men.

Recent longitudinal studies offer compelling evidence for the influence of marital quality on health because both health and marital quality can be tracked over time. Several of these studies have examined whether relations differed for women and men and findings are contradictory. In a national sample of married women and men between the ages of 57 and 85, changes in marital quality over 5 years was linked to changes in cardiovascular risk factors, such as the development of hypertension, high levels of C-reactive protein, and cardiovascular events (Liu & Waite, 2014). These relations were stronger among women than men. There also was some evidence of reverse causality—that the development of cardiovascular risk factors predicted a decline in marital quality over time among both women and men. In a second longitudinal study, both supportive and unsupportive behavior (e.g., demanding, criticizing) was examined among couples over the age of 50 and the development of diabetes was monitored over time (Whisman, Li, Sbarra, & Raison, 2014). Spouse emotional support was associated with a decreased likelihood of developing diabetes, and spouse unsupportive behavior (e.g., demanding, criticism) was related to an increased likelihood of developing diabetes among men but not women. Because the study was longitudinal, the investigators could rule out the possibility that diabetes led to a decline in marital quality.



depression between happily married women and unmarried women. However, unhappily married men and women are more depressed than their unmarried counterparts. In addition, separated and divorced men and women were more depressed than married men and women.

Source: Adapted from St. John and Montgomery (2009)

Evidence From Laboratory Studies

The studies I reviewed on marital quality and health rely on people's self-reports of marital satisfaction or distress. Another way to examine the link between features of the marital relationship and health is to examine the health consequences of specific behaviors that occur during marital interactions. Because communication is central to the quality of a relationship, numerous studies have couples come into the laboratory and observe how they communicate. Topics of relationship conflict are usually the subject matter. Health is measured in terms of physiological responses to the interactions, such as blood pressure, heart rate, hormone production, and immune function.

These studies tend to show that women are more physiologically reactive to conflict discussions than men are. One study examined heart rate variability as the physiological outcome, which is thought to be an indicator of one's capacity to regulate emotions and behavior (Smith et al., 2011). Couples came into the lab; were randomly assigned to a positive, negative, or neutral interaction task; and were then asked to discuss a current marital disagreement. The results showed that the negative task led to a decrease in women's heart rate variability during the conflict discussion but did not affect men's

heart rate variability. As shown in Figure 11.7, men's heart rate variability was the same across the three conditions, whereas women's heart rate variability decreased in the negative condition, increased in the positive condition, and showed no change in the neutral condition. The authors concluded that one reason women may not benefit as much from marriage as men is that maintaining the relationship is more taxing for women than men.



Source: Smith et al. (2011)

A study of newlywed couples showed that a conflict discussion was more strongly related to physiological reactivity in women than men, based on changes in hormone levels (Loving, Heffner, Kiecolt-Glaser, Glaser, & Malarkey, 2004). Negative behaviors during the discussion were associated with increased hormone levels (ACTH and cortisol) in wives but not husbands. These findings are consistent with Floyd and Markman's (1983) idea that women are the emotional barometers of relationships. Women's bodies respond physiologically to the nature of marital interactions, whereas men's do not.

The greater physiological responsiveness of women compared to men in these studies directly contradicts Gottman's (1994) explanation for why men withdraw from discussions of conflict. Recall from <u>Chapter 9</u> that he argued men withdraw because they are more physiologically reactive to stress and less able than women to tolerate such physiological changes. These studies suggest it is women who are more physiologically reactive.

Explanations

The fact that women are more responsive to conflict in marriage compared to men could explain why men benefit more from marriage compared to women. All relationships will have some periods of strain and conflict. If women are more responsive than men to these conflicts, it could detract more from marriage for women than men. There are two theories as to why women are more strongly affected by the quality of the marital relationship than men. The "relational-interdependence" view (Kiecolt-Glaser & Newton, 2001) suggests that women are more responsive to the dynamics of a relationship compared to men because women have a more interdependent sense of self. Conflict, in particular, may be viewed as a threat to the relationship and relationships are more central to the female gender role. An alternative view is the "subordinate-reactivity" hypothesis (Wanic & Kulik, 2011). This view suggests that women are more responsive to relational conflict than men because they have a lower status in the relationship. It is low status rather than being female that leads to the greater physiological response in women. This theory would predict that the spouse who has low power, regardless of sex, would be more responsive to conflict. These two theories are reminiscent of the genderrole and status theory explanations for sex differences in communication discussed in Chapter 7.

Summary: Quantity Versus Quality?

To summarize, it appears that what is important for men is the mere presence of a spouse, but what is important for women is the support of the spouse or the quality of the relationship. This may be because women are more adept than men at providing the features of social interactions that benefit health. In particular, women may be more effective support providers. A laboratory study supported this conclusion (Glynn et al., 1999). College students underwent a stressful task (giving a speech) in the presence of either a supportive or nonsupportive confederate. The confederate was either male or female. Support from a female decreased both men's and women's cardiovascular responses (i.e., increases in blood pressure), whereas support from a male had no effect. Thus, the mere existence of a relationship with a woman is health protective, whereas the nature of the relationship with a man must be considered for women to reap health benefits.

Take Home Points

- Whereas simply being married influences men's more than women's health, the quality of marriage has a greater effect on women's than men's health.
- The evidence that supports this claim comes from surveys of self-reported marital quality as well as studies of marital interactions that measure physiological responses.

Division of Labor

Who does what in the family, or the division of labor, is an important aspect of marital relationships that has effects on psychological and physical health. A traditional sexsegregated division of labor consists of men working outside the home and women working inside the home. The way work is divided affects the quality of the marital relationship, psychological distress, and perhaps overall health. I examine the literature on who does what in the family and show how the division of labor is associated with marital satisfaction and well-being.

Who Does What?

"A man may work from sun to sun, but a woman's work is never done." Is there any truth to this old adage? According to Hochschild (1989), there is. She refers to employed women's work at home as "the second shift": Women work one shift at work and a second shift at home. Hochschild interviewed 50 couples and found that women worked on average 15 hours a week longer than men, including paid employment, household chores, and child care. Over the course of a year, she remarked this extra time added up to a full month.

Household labor includes preparing meals, cleaning, yard work, household repairs, grocery shopping, washing clothes, paying bills, automobile maintenance, and running errands. A recent review of the literature concluded that household labor continues to be divided in traditional ways with women doing more of the day-to-day household chores, and men doing more of the traditionally masculine tasks that occur irregularly, such as household repairs and auto maintenance (Lachance-Grzela & Bouchard, 2010). A 2014 survey of dual-earner parents found that women do more laundry, cleaning, grocery shopping, cooking, and taking care of pets than men (see Figure 11.8). The only chores that men say they are more likely to do than women are the traditionally masculine chores of car maintenance, taking out the garbage, and mowing the lawn-all tasks that occur intermittently rather than daily. These disparities are all the more remarkable given that both women and men were employed. The one task that seems to be equally shared is paying bills. Even a study of self-proclaimed feminists married to transgender men showed that women do more household labor than men (Pfeffer, 2010). Because the majority (93%) of these women identify themselves as feminists, they typically rationalized the unequal arrangement by stating that they were more skilled at household labor or that they were choosing to engage in these activities. In a crosscultural study of 25 European countries, women spent three times the amount of time on domestic work as men-19 hours compared to 6 (Boye, 2009). However, when men and women engaged in paid employment were compared, the difference was smaller-14.5 compared to 6.



Source: Adapted from Working Mother Research Institute (2015)

Sex differences in household labor are larger among married than cohabiting individuals. Marriage leads women and men to enact traditional roles (Judge & Livingston, 2008). Parenthood also leads to an increase in a more traditional division of labor—especially for women (Katz-Wise, Priess, & Hyde, 2010). A study of dual-earner couples that examined the transition to parenthood found that women increased their household labor by 2 hours per day, whereas the corresponding figure for men was 40 minutes (Yavorsky, Kamp Dush, & Schoppe-Sullivan, 2015).

Sex differences in participation in child care are also not equitable between women and men. When a nationally representative sample of families completed time diaries of their children's activities, it was clear that mothers were more involved in child activities than fathers (Lareau & Weininger, 2008). This is no small difference, as children today are increasingly involved in multiple activities that require a great deal of coordination among family members. It was not only that mothers spent more time in child care than fathers but that mothers were the gatekeepers and organizers of child activities. Mothers signed their children up for activities, transported them, reminded about practice, got clothing ready, found out where the activity was being held, and prepared snacks. When fathers were involved in children's activities, their roles were more limited. Fathers were more likely to be involved in a single activity (e.g., coach of soccer team) or held some kind of leadership role in the activity (e.g., treasurer of the track team). Qualitative interviews with families illuminated the depth of this gendered division of labor with regard to child care. For example, one mother pointed out that despite the fact that she worked full-time and her husband worked part-time, if her husband was not able to transport a child to an activity, she would rearrange her schedule to accommodate the child. Fathers seemed not to view children's activities as important as did mothers-or at

least not important enough to rearrange their schedules.

Admittedly, the size of the sex difference in household labor and child care has decreased over the past four decades, mostly due to women spending less time on such activities and partly due to men spending more time on such activities. In 2008, men participated in 30% of household labor, compared to 15% in the 1960s (Sullivan & Coltrane, 2008). In 2008, men said that they shared or did most of the cooking in 56% of households (Galinsky, Aumann, & Bond, 2009). In 1992, the figure was 34%.



Figure 11.9 Women expect to do more housework than they desire, whereas men expect to do as much housework as they desire. Men expect an egalitarian distribution of labor.

Source: Adapted from Askari et al. (2010)

Interestingly, college women expect this inequity in household labor, whereas college men do not (Askari, Liss, Erchull, Staebell, & Axelson, 2010). As shown in Figure 11.9, women expected to do just over two-thirds of the household chores, whereas men expected to do just less than half. Both women and men desired to do about half of the household chores, implying that women expect to do more than they want and men expect to do about as much as they want. Similar findings appeared for estimates of time on child care.

One way to examine the influence of gender roles on the division of labor is to explore how gay and lesbian couples divide household labor. Is it always the case that one person performs the traditionally masculine chores (e.g., mow the lawn, take out the garbage) and one person performs the traditionally feminine chores (e.g., prepare the meal, wash the dishes)? The answer is no. The traditional male-female roles in regard to the division of labor do not apply to homosexual couples (Goldberg, Smith, Perry-Jenkins, 2012; Jaspers & Verbakel, 2013). The division of labor among same-sex couples seems to be based more on likes and dislikes (Patterson, Ward, & Brown, 2013). There is a more equal division of labor in gay and lesbian couples compared to heterosexuals, in part due to the more egalitarian division of labor outside the home. Whereas men are more likely than women to work full-time in traditional heterosexual marriages, both partners are likely to work full-time in gay and lesbian relationships. However, dual earners are more common among gay male couples than lesbian couples, which may be due to traditional gender roles in our society that state men should work. In gay and lesbian relationships, personal preference rather than gender roles dictates who does what in the household.

What Determines Who Does What?

Gender-Role Attitudes

We would expect that whether the couple endorses traditional versus egalitarian views of marriage would influence the household division of labor. Husbands' gender-role attitudes are more predictive of the division of labor than wives' gender-role attitudes. For example, one study showed that men with egalitarian gender role attitudes contributed more to household labor and their wives contributed less (Evertsson, 2014). Women's gender-role attitudes influenced how much time they spent on household labor but was unrelated to husbands' household labor. Among college students, those with more liberal attitudes expect to have a more egalitarian division of labor with women saying they would do less and men saying they would do more (Askari et al., 2010).

One way that gender-role attitudes have been linked to household labor is by examining how country of origin influences the way that immigrant couples divide household chores. In a study of married and cohabiting immigrants living in Canada, women who were from countries with more traditional gender roles were less likely to engage in paid work and more likely to take on a larger burden of household responsibilities (Frank & Hou, 2015). These relations were especially strong if the husband was also an immigrant from the same country. These relations were weaker among women who had lived in Canada for a longer period of time, suggesting that the country of origin exerts less influence over time.

Rabin (1998) points out that women's and men's gender-role attitudes are changing and undergoing some negotiation. She refers to the **gender tension line** as the point at which people feel uncomfortable with further change: "The gender tension line is that point beyond which the person can no longer change in terms of gender role and still feel masculine or feminine enough" (p. 182). For example, a man may have egalitarian views and believe both mothers and fathers should change a child's diapers. When at home, the man may be willing to change the child's diaper; when in public, however, the man may not be willing to take the child into the men's room to change the diaper. Public displays of such behavior cross the line for this man. Similarly, a woman may have egalitarian views of her marriage and work full-time; however, when it comes to deciding who retrieves a sick child from school, the woman feels more comfortable having the school contact her than her husband. See if you can determine what your own gender tension lines are in <u>Do Gender 11.2</u>.



Determine Your Gender Tension Line

This exercise involves some in-depth self-analysis. First, think carefully about the behaviors that characterize the other sex in which you would be willing to engage. Start with a domain of behavior, such as appearance. For example, "I am a woman and I would be willing to wear a suit." Then, keep increasing the stakes until you find a domain of behavior that "crosses the line" for you. For example, "I would be unwilling to be a stay-at-home parent." Do the same for at least two other domains, such as leisure interests, how you behave in relationships with friends or with a romantic partner, how you would divide the household chores in your family, and so on.

Power/Status

In heterosexual couples, education and income—indicators of power and status—are related to the division of labor. As the income gap increases (men earning more than women), women spend more time on child care and household chores (Stevens, Minnotte, Mannon, & Kiger, 2006). The income gap influences men's participation rates more than women's. In other words, high-income men are especially unlikely to spend time on household labor. Overall, women with greater relative income and greater education have a more egalitarian division of labor (Lachance-Grzela & Bouchard, 2010). Women's income may provide them with greater power in the relationship to negotiate household labor and also may provide greater resources to "buy out of household labor" by going out to eat or hiring a housekeeper. Several studies have found that the number of hours people work outside the home influences the division of labor at home. The more hours husbands work outside the home, the fewer hours they work inside the home and the more hours wives work inside the home.

If paid employment is linked to household labor, how do women and men divide household labor after retirement? A longitudinal study of male breadwinner couples in Germany showed that men increased their contributions to household labor and women decreased their contributions following husbands' retirement (Leopold & Skopek, 2015). However, the decline for women was not as large as the increase was for men, in part because the chores that men took on were more traditionally masculine ones such as household repairs. In other words, retirement for men was not accompanied by a substantial increase in the day-to-day household chores.

Because the division of labor is more equal in homosexual couples, the differential status between women and men in heterosexual couples may contribute to the uneven division of labor. In homosexual couples, there is no differential status based on gender and the division of labor is more evenly divided. In lesbian relationships, performing household chores may not even be viewed as a low-status role. One study of lesbian,

gay, and heterosexual adoptive parents showed that when both parents worked similar hours outside the home, there was an egalitarian participation in child care (Goldberg et al., 2012). However, when one parent worked more hours outside the home than the other parent or one parent made considerably more money than the other parent, there was greater inequity in household labor and child care. Thus, regardless of couple type, indicators of power were related to how household labor and child care were distributed.

Relationship Commitment

Some have suggested that men's commitment to the relationship is associated with their contribution to the division of labor. A study of cohabiting couples showed that men who had planned to marry their partners spent more time on household chores than men who did not have marriage plans (Ciabattari, 2004). Women's relationship commitment was unrelated to their contribution to household chores. A study of married couples showed that men's dedication to the relationship was associated with wives being more satisfied with the division of labor (Rhoades, Petralla, Stanley, & Markman, 2006).

Satisfaction

Are women and men satisfied with an inequitable division of labor? Not surprisingly, women are less satisfied than men with this state of affairs (Erickson, 2005; Stevens et al., 2006). And an egalitarian division of labor is more strongly related to women's than men's relationship satisfaction (Barstad, 2014). However, it is not the case that men are happy when they do less than women. In a study of couples in Norway, both men and women were unhappy when women did more household labor than men and both were happy when the division of labor was equitable (Barstad, 2014). However, if men did more than women, men were unhappy and women were not. In a study in Sweden, an unequal division of labor was associated with psychological distress in both women and men, but the perception of equity in the relationship was more important than the division of labor (Harryson, Strandh, & Hammarstrom, 2012). The most distressed couples had an unequal division of labor and perceived the relationship as inequitable.

Not all women value an equal division of labor. Socioeconomic status, egalitarian gender-role attitudes, and women's employment status all influence how an inequitable division of labor is perceived. One study of working-class women showed that those who spent less time on child care than they expected and whose husbands spent more time on child care than they expected were more rather than less distressed (Goldberg & Perry-Jenkins, 2004). This was especially the case for women with a traditional gender-role ideology.

Among women who value equity in the division of labor, men do not have to perform half of the chores for women to be satisfied. In fact, rarely is household labor divided 50:50, even when women and men work equally outside the home. Why are women satisfied with a less-than-equitable division of labor? One answer has to do with to whom women compare themselves—their comparison referents. As will be discussed in more depth in <u>Chapter 12</u>, women and men make same-sex comparisons. That is, women compare what they do at home to what other women do at home but not to what their husbands do at home. Women compare their husbands' involvement in household labor to that of other men. A woman may be satisfied that her husband performs 25% of household chores because the neighbor's husband does not participate in any household chores. Wives' evaluations of husbands' assistance at home may be even more favorable if the comparison referents are men of previous generations: fathers or grandfathers. Thus, one reason women are not as dissatisfied with the division of labor as we would expect is that they do not directly compare themselves to men. However, the comparison referent may be starting to change for women, as more women are comparing their household contributions to those of men (Gager & Hohmann-Marriott, 2006). Thus, women may be more unsatisfied with the division of labor in the future because they are using different comparison referents to evaluate fairness. Find out to whom your peers compare their contributions to household labor in <u>Do Gender 11.3</u>.



Is It Fair? To Whom Do You Compare?

Interview a few college students who are involved in a romantic relationship and living with a partner. These people can be married or cohabiting. First, try to find out who does what in the relationship. Second, try to find out the rationale for this division of labor. Third, ask about their perceptions of fairness: Is the division of labor fair? How do they decide if it is fair? Ask about comparison referents; that is, to whom do they compare themselves when judging the fairness of how much time they spend on household tasks?

Take Home Points

- The sex difference in the division of labor has decreased over the past 40 years, largely due to the increase of women in the employed labor force.
- Even when women hold full-time jobs outside the home, they spend more time than men on household labor and child care.
- One determinant of the division of labor is people's gender-role attitudes; the husband's attitude is a stronger predictor than the wife's. For the division of labor to be more equal, the husband must have an egalitarian gender-role attitude.
- Power is a major determinant of the division of labor in heterosexual relationships. The person who
 makes more money, works more hours outside the home, and has a higher education typically participates
 less in household labor—except in gay and lesbian relationships.
- Homosexual couples adopt a more egalitarian division of labor and do not divide tasks in terms of female and male gender roles.
- The inequity in the division of labor is a prominent source of marital distress for women. Yet women are not as dissatisfied with the unequal division of labor as one might expect. One reason is that women do not compare their own contributions to those of their husbands; instead women compare themselves to other women and compare their husbands to other men. This kind of comparison usually results in a more favorable view of husbands and leaves women more satisfied.

Parenting and Health

During the 18th and 19th centuries, men were regarded as the ultimate source of moral influence on children (Pleck, 1987). If marriages dissolved, men retained custody of the children. Fathers' custody of children was partly due to the fact that fathers were in greater proximity to work and children were involved in work. This connection was especially strong with sons. During the 19th and 20th centuries, the role of mother in the family expanded. Women were regarded as pure and innocent, thus possessing the ideal qualities to raise children. In addition, society began to regard infancy and childhood as critical times of development, times in which a mother's role was especially important. It was at this time that it became the norm to award mothers custody of children in the event of divorce. Fathers were still regarded as the moral authority but became far removed from children, in part due to industrialization shifting fathers' work farther from home.

Family roles again shifted in the middle of the 20th century, specifically after World War II, when women moved into the workforce. The roles of mothers and fathers in the family were not as distinct as they once were. Partly as a result of the women's movement and partly as a result of women's participation in the paid work force, in the 1970s and 1980s a new father role emerged that was more involved and more nurturing (Levant & Wimer, 2009; see Figure 11.10). All fathers, however, do not completely embrace this role. Even when women work outside the home, fathers typically think of themselves as economic providers rather than family caretakers. For example, the arrival of children in the family is more likely to bring maternity leave than paternity leave. The parenting role is still more central to women's than men's identities (Katz-Wise et al., 2010).

The traditional family has changed quite a lot over the years. The increased divorce rate and the increased tendency to have children outside of marriage have led to a decline in the two-parent family. In 1970, 81% of children lived with two parents who were married to each other, whereas the figure was 66% in 2012 (Vespa, Lewis, & Kreider, 2013). Likewise, the percentage of single-parent households increased. The percentage is much higher for Black children (55%) and Hispanic children (31%) than non-Hispanic White (21%) or Asian children (13%). Even among two-parent families, the notion that the man works outside the home and the woman stays home and takes care of the family has changed dramatically. This notion characterized 45% of couples in 1975 but only 20% of couples today (Harrington, Van Deusen, & Ladge, 2010).



Figure 11.10 Photograph of father and child spending time together at the beach.

Single parenting is also more common. In 1980, 18% of births were to unmarried women (Martin, Hamilton, Osterman, Curtin, & Mathews, 2015). This number peaked at 41% in 2008 and remains the same in 2013. These numbers are higher for African-American (71%), American Indian/Alaska Native (66%), and Hispanic (53%) women compared to White (36%) and Asian (17%) women.

It is also the case that fewer women are having children today. In 1976, only 10% of women between the ages of 40 and 44 did not have children; in 2008, the figure was 18% (Livingston & Cohn, 2010). The rate is similar across ethnic groups. In the late 1950s, there were 3.5 births per woman. In the middle of the 1970s, the rate declined to 1.8. During the past decade, the rate has hovered around 2. Childlessness has increased with improved contraception, increased participation of women in the paid work force, and some reduction in the stigma associated with choosing not to have children. The most common reasons for not having children are valuing freedom, placing high importance on education/careers, and believing that children detract from marriage. As you will see in a subsequent section, there is some truth to the latter point.

With more women working outside the home, some people fear that parents do not

spend as much time with children today as they did years ago. This turns out *not* to be true. Parents are spending just as much time with children today as they did 20 years ago (Galinsky, 2005). But today, there is less of a separation between work and family, as more parents work at home and bring work home. Sadly, children perceive parents today as stressed and fatigued.

Another change in the traditional family is the increased involvement of fathers in child care. Today, fathers spend more time with children. Although the number of stayat-home dads has increased, the overall figure is relatively low. In 2012, 24% of married couples had a stay-at-home mom, and 1% had a stay-at-home dad (Vespa et al., 2013). One of the few studies on stay-at-home dads found that they had less traditional genderrole attitudes than paid employed fathers (Fischer & Anderson, 2012) but did not differ in terms of agentic or communal traits. When fathers were asked why they chose to stay home and care for children, the most common responses were that they wanted to be stay-at-home fathers, that their partner made more money, or their partner was more career oriented.

In this section, I examine the implications of the parent role for health—research that is largely based on heterosexual couples. Parenting is more controversial in the gay and lesbian community. Some of these issues are discussed in <u>Sidebar 11.2</u>.

🕷 Sidebar 11.2

Parenting Among Sexual Minorities

More and more children are being raised by sexual minorities. Among same-sex households in the United States, 19% have children (Lofquist, 2011). A national poll showed that nearly half of gay men and lesbians who did not have children said that they would like to have children (Kaiser Family Foundation, 2001).

There are two groups of homosexual parents. The first and largest group consists of homosexual persons who were once married, had children, and then divorced, often due to the discovery or acceptance of homosexuality. A second growing group of parents consists of homosexual couples who choose to have children. In the case of lesbian couples, one partner may become pregnant through the use of a sperm donor. In the case of a gay couple, the most likely avenue is adoption. States have been mostly silent on whether gays and lesbians can adopt children. With the legalization of same-sex marriage, this issue should disappear.

Issues about parenting have arisen for homosexuals that do not arise for heterosexuals. The first issue concerns whether homosexual persons are fit to be parents. Whereas only 29% of people in the United States thought it was acceptable for homosexuals to adopt children in 1992, in 2014 that figure rose to 63% (Gallup, 2015). The second issue concerns the effects of a parent's homosexuality on children: effects on the children's psychological adjustment, gender-role development, and sexual orientation. Each of these issues has been raised during custody disputes over whether children should be allowed to reside with a homosexual parent. As you will see, there is no evidence to support any of these concerns.

Are homosexuals any less fit to be parents? Lesbians and gay men are equally good as parents as heterosexuals (Goldberg, 2010). A study that compared adopted children ages 3–9 living with gay, lesbian, and heterosexual parents found that gay and lesbian parents displayed more positive parenting practices than heterosexual parents during observation (Golombok et al., 2014). Homosexual parents were more responsive to the child's needs and showed less anger when the child misbehaved. The children of homosexual parents also fared better than the children of heterosexual parents, displaying less externalizing behavior. Because children are not randomly assigned to parents, however, it is not clear if the differences in children's behavior can be attributed to the parenting styles or differential placement. Adoption agencies may apply more stringent screening for gay and lesbian than heterosexual parents.

Are there any adverse effects of homosexual parents on children's psychological well-being? The answer is no (Patterson, 2009). A meta-analytic review of 19 studies concluded that there were no effects on cognitive development, gender-role behavior, gender identity, sexual preference, psychological adjustment, or relationships with parents (Crowl, Ahn, & Baker, 2008). When children from same-sex households fare more poorly than children from traditional heterosexual two-parent households, these differences disappear when controlling for family transitions (Potter, 2012). That is, it is difficult to compare children in same-sex households to children in heterosexual households because the former children are likely to have undergone one or more family transitions (e.g., loss of a parent, divorce, adoption).

One concern that people raise about homosexual couples raising children is that their children will be teased by peers. There is evidence that children of homosexual parents are teased at some point (Goldberg, 2010). However, there does not seem to be any difference in the quality of peer relations between children raised by heterosexual or

homosexual parents, as assessed by either the children's reports or peers' reports (Wainright & Patterson, 2008). Another concern that people have expressed is that children raised by gay and lesbian parents will become homosexual. The meta-analytic review revealed no effect on sexual preferences (Crowl et al., 2008), and a more recent study found no differences in sex-typed behavior (Golombok et al., 2014).

Thus, there seems to be no evidence that heterosexual and homosexual parents differ in their adjustment levels or parenting abilities. There is also no evidence that a parent's sexual orientation influences children's psychological adjustment, relationships with peers, gender-role development, or sexual orientation. People who are most prejudice against gay and lesbian parents are those who score higher on system justification, meaning they want to preserve the traditional status quo (Pacilli, Taurino, Jost, & van der Toorn, 2011), and people who score high on transphobia (Weiner & Zinner, 2015).

This field of research challenges psychoanalytic theory and social learning theory, which maintain that it is important for children to be raised by both a male and a female. Psychoanalytic theory suggests that children's gender-role development will be impeded without both a mother and a father in the home because both parents are necessary for successful resolution of the Oedipal conflict. Social learning theory suggests that children model their parents' sexual orientation, which does not appear to be true; otherwise, there would be no homosexual children with heterosexual parents.

Effects of the Parent Role on Health

In general, we tend to believe having children is good for our overall life satisfaction and well-being. However, the data are not so clear cut. When mortality rates are examined, it appears that being a parent is good for health. When a Norwegian database was examined to compare men and women with and without children, those who had no children had higher mortality rates than those with children—specifically those with at least two children (Grundy & Kravdal, 2008). In a study of U.S. men, those with children were less likely to die of cardiovascular disease than those without children—again, the benefit was only for men who had had at least two children (Eisenberg et al., 2011). When death from suicide is examined, parents also have an advantage over nonparents and the advantage seems to be stronger among women than men (Qin & Mortensen, 2003). Findings from these kinds of studies tend to control for obvious variables that might distinguish between the two groups such as education, income, or preexisting health conditions, making it all the more compelling that those who are parents live longer than those who are not. However, there are still selection effect issues to consider. Healthier people are more likely than less healthy people to become parents.

Other research has examined physiological markers of health in parents and nonparents and again shows that parents have better health. One study in which women and men wore ambulatory blood pressure cuffs for 24 hours showed that parents had lower systolic and diastolic blood pressure than nonparents but that the benefit of parenthood was observed only for women (Holt-Lunstad, Birmingham, Howard, & Thoman, 2009). These effects remained even when employment was taken into consideration, so it was not that mothers benefitted only because they were less likely than fathers to be employed. Another study employed a similar design in monitoring working men's and women's blood pressure throughout the day and evening and found that blood pressure decreased from work to home only among parents and the parental benefit occurred for both women and men (Steptoe, Lundwall, & Cropley, 2000). One study demonstrated that parents were less vulnerable than nonparents to the common cold when infected in the laboratory (Sneed, Cohen, Turner, & Doyle, 2012). These results were especially large for parents who were older, which likely means that children had left the home, as shown in Figure 11.11.

However, the one outcome in which parents do not fare as well as nonparents is psychological distress. People who are not parents—both women and men—report less psychological distress than any group of parents (Evenson & Simon, 2005). However, the benefit of being a nonparent was only observed in comparison to parents who had children at home; there were no differences between nonparents and empty nest parents, suggesting that the distress associated with parenting is related to the daily living situation of being a parent. There are other moderator variables that influence the relation of parenthood to health, such as the health of the child. Parents of children with disabilities have poorer psychological and physical health than parents of children without disabilities—and this difference is the same for women and men (Ha, Hong, Seltzer, & Greenberg, 2008). Another moderator variable is marital status. Single parents have poorer mental and physical health than married parents (Cunningham & Knoester, 2007; Evenson & Simon, 2005). Single mothers are more depressed than married mothers, whereas single fathers have more alcohol problems than married fathers.





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What are some of the reasons that having children could positively affect health, in particular mortality? Becoming a parent discourages poor health behavior. People are less likely to engage in substance abuse when they become parents. Parents are motivated to take care of themselves because others depend on them. Parents also are concerned that modeling poor health behavior will encourage their children to adopt poor health behavior. In addition, parenting provides people with a sense of identity and meaning in life.

What are some of the reasons that having children has negative effects on mental health? First, children are a financial strain. Second, children detract from the emotional support available to a spouse, a point I turn to next.

Effect of Parenthood on Marriage

A meta-analytic review of 90 studies revealed that parents have lower levels of marital satisfaction than nonparents (d = -.19; Twenge, Campbell, & Foster, 2003). The association seems to be stronger for women (d = -.19) than men (d = -.13). Marital satisfaction is inversely related to the number of children couples have, such that more

children translates into lower marital satisfaction. There are a number of variables that moderate the relation of parenthood to marital satisfaction. One is the age of the child— at least for women. The difference in marital satisfaction between women with infants and women without children was large (d = -.50), whereas the difference between women with older children and women without children was small (d = -.14). The age of the child had no influence on the relation of parental status to men's marital satisfaction. In addition, the negative effects of parenthood on marital satisfaction were stronger among higher SES (socioeconomic status) couples and higher in more recent years.

There are several explanations for the association of parenthood to a decline in marital satisfaction. First, there are economic costs associated with children, which could translate into financial problems in marriages. However, if that were the primary explanation, the parent status difference in marital satisfaction would be smaller rather than larger in high SES couples. One also would have predicted the parent status difference in marital satisfaction to be higher among couples with older children because older children cost more money; as noted earlier, this was not the case.

A second possibility is that the presence of children contributes to a decline in opportunities for sex, which leads to a decline in sexual satisfaction. If that were the case, one would probably expect larger parent status differences for men than women. Just the opposite was the case.

The third explanation has to do with the restriction on freedom associated with parenting and the role conflict that parenthood brings. This explanation provides a good fit for the data from the meta-analysis. The finding that parenthood has more adverse effects among higher SES families is consistent with the restriction of freedom theory, as higher SES families would be more distressed at having to give up the freedom that money can buy (e.g., extensive travel and expensive leisure activities). The finding that parenting effects were stronger for women than men, and especially in the case of women with small children, also fits the restriction of freedom and role conflict hypothesis. Parenthood leads to greater changes in women's than men's roles as women take on more of the responsibility associated with the parent role. Child care is a greater restriction on women's than men's freedom in the family. The fact that the parenthood status findings are larger in more recent years also fits with the role conflict explanation as women face more conflict in juggling family and work roles today than ever before.

Part of the reason that women suffer more role conflict than men with the arrival of children is that the division of labor becomes more traditional with the arrival of children (Katz-Wise et al., 2010). Regardless of the division of labor prior to the arrival of children, women increase their contributions to household tasks when they become parents. This change may increase marital conflict and decrease women's marital satisfaction.

Most of the studies that have linked parenthood to marital satisfaction are crosssectional. This creates two problems for interpretation. First, there may be a selection bias. Perhaps people who are less happy with their marriage are more likely to have children (or people who are more happy with their marriage refrain from becoming parents). Second, it may be that couples who have children are less likely to divorce, meaning that the parenting couples contain a greater number of unhappy marriages than the nonparenting couples.

Take Home Points

- Parenting appears to have physical health benefits, especially in terms of mortality, but mental health costs. These effects are largely similar for women and men.
- There are likely to be a large number of factors that influence the effect of parenthood on health: ages and number of children, whether the children live in the home, income, and other roles that parents possess.
- Parenthood is associated with a decline in marital satisfaction, and the decline is larger among women than men.
- The negative effects of parenting on marital satisfaction are due to restrictions on freedom, to a move toward a more traditional division of labor, and to less time that spouses spend together in non-child-focused activities.

Intimate Partner Violence

In this section of the chapter, I discuss how marriage or romantic relationships influence health when the relationship becomes violent. Intimate partner violence (IPV) refers to psychological and physical violence that takes place in the context of intimate relationships—marital relationships, cohabiting relationships, and dating relationships. In the past, this area of research was referred to as *domestic abuse*, referring to violence that occurs within married couples. The subject of violence within marriage came to the public's attention in the 1970s with the development of the women's movement. Shelters for battered women appeared in the 1970s and 1980s. In 1985, Surgeon General C. Everett Koop proclaimed that violence against women was the number one health problem afflicting women. More attention was brought to the subject of battered women by the 1994 to 1995 trial of O. J. Simpson for the murder of his wife, Nicole Brown Simpson. Although Simpson was acquitted of the murder, the evidence was clear there had been a history of IPV in the relationship. More recently, IPV exploded into the news with the videotaped recording of Ray Rice, football player for the Baltimore Ravens, punching his then girlfriend and dragging her limp body out of an elevator; the day after he was indicted, they were married (Bien, 2014).

I begin this section by examining the incidence of IPV. Then I examine characteristics of both perpetrators and victims of IPV. I conclude by reviewing theories of IPV. Some common myths about IPV are shown in <u>Table 11.2</u>.

Table 11.2 Myths About IPV

1.	"A woman is beaten every seconds in the United States."
	Fill in the blank with the statistic that you have heard. Regardless, there is no
	governmental agency that keeps records of domestic abuse.
2.	" million women are abused each year in the United States."
	Same limitation as number 1.
3.	"Women who kill their abusers receive more severe sentences than men who kill
	their abusers."
	The Bureau of Justice Statistics shows just the opposite.
4.	"Domestic abuse always escalates."
	As you will see in this section of the text, escalation occurs in only a small subset
	of domestic abuse.
5.	"Only men are the perpetrators of domestic abuse."
	Again, as you will see in this section of the text, this is not at all the case. The
	most common cases of domestic abuse involve both partners.
Source: Gelles (2007)	

Incidence

It is difficult to calculate the incidence of IPV, in part because abuse can be physical or psychological. Researchers have relied on both surveys as well as police and physician reports to estimate abuse. Obviously, police and physicians underestimate the incidence of abuse because they will be aware of only the most extreme cases.

The first national survey of IPV was conducted in 1976 and involved 2,143 families (Straus, Gelles, & Steinmetz, 1980). Rates of violence were so high that the phrase "the marriage license as a hitting license" was coined. The investigators found that 28% of families had engaged in at least one incident of violence over the course of their relationship, and 16% of families had done so in the prior year. Violent acts include punching, kicking, biting, hitting, beating, shooting, and stabbing. The items used to measure violence in this study are from the Conflict Tactics Scale, a revised version of which is shown in <u>Table 11.3</u>. This definition of violence has been used in many subsequent studies.

Since that time, there have been many more recent studies of IPV. In a national survey conducted in England, women reported higher rates of IPV than men, whether the violence was physical or emotional (Jonas et al., 2014). However, the response rate to the survey was 57%. Both women and men may underreport IPV, but there may be more of a stigma associated with victimization among men. In a nationally representative survey of IPV in the United States with a higher response rate (71%), men and women were equally likely to report a history of interpersonal violence (Iverson et al., 2013). However, the perpetrator differed—women were more likely than men to report being assaulted by an intimate partner, whereas men were more likely than women to report being assaulted by someone else.

One of the great controversies in the field has to do with whether males are more likely than females to perpetrate IPV. In the first national survey described above, men were violent 25% of the time, women were violent 25% of the time, and violence was mutual half of the time (Straus et al., 1980). People were skeptical that the rate of IPV perpetration and victimization was similar among women and men. But, numerous studies have been conducted in the intervening 35 years, reaching largely the same conclusion (e.g., Williams & Frieze, 2005). First, violence is most often mutual in couples. Second, it is not clear that men are more likely than women to be the perpetrators of violence. Studies suggest that women initiate as much as or more IPV compared to men. And, it is *not* the case that females initiate violence only in self-defense. There is no evidence that female perpetration of violence is more likely to be characterized by self-defense, and females are just as likely as males—if not more likely—to strike first (Felson & Cares, 2005; Straus, 2011).

Table 11.3 Indicators of physical assault from the Revised Conflict Tactics Scale

- threw something that could hurt
- grabbed
- slapped
- kicked, bit, or punched

- hit with something
- beat up
- twisted arm or hair
- pushed or shoved
- slammed against wall
- choked
- burned or scalded on purpose
- used knife or gun.

Source: Adapted from Straus, Hamby, Boney-McCoy, & Sugarman (1996)

There have been meta-analyses conducted on specific kinds of IPV. A meta-analysis of verbal aggression in romantic relationships showed that females were more likely than males to be the perpetrators (d = -.25; Stockdale, Tackett, & Coyne, 2013). This sex difference extended across dating, cohabiting, and married relationships. A meta-analysis of physical aggression in heterosexual couples showed that females were more likely to throw, slap, kick/bite/punch, and hit their partners with an object compared to males—as reported by both females and males (Archer, 2002). Males were more likely to beat up and choke or strangle their partners. The overall sex difference in rates of perpetration, favoring females, was even stronger in younger samples, in particular high school and college groups.

IPV among college students appears to be similar to research on adult married and cohabiting couples. A 5-year longitudinal study of more than 2,000 college students in the United States showed that 26% of college students experienced physical IPV in their freshman year (Nabors & Jasinski, 2009). Females reported that they perpetrated more violence than males (30% vs. 18%). Over the course of the study, women were 2.5 times more likely than men to say they engaged in IPV. Another study of college students showed that IPV was most often mutual but more often perpetrated by females than males if not mutual (Testa, Hoffman, & Leonard, 2011). A study that examined physical assault among students from 31 colleges that spanned 16 countries showed that the median (50th percentile) percentage of physical assaults among dating couples over the last year was 29%, ranging from a low of 17% to a high of 45%, which was detected in a university in the United States (Straus, 2004). The incidence of physical assault in some of the countries is shown in Figure 11.12.

Female perpetration rates were higher than male perpetration rates in 21 of the 31 universities.

Studies of adolescents and high school students also show that the rate of IPV in relationships is most often mutual, but it is unclear whether nonmutual violence is more often initiated by males or females. In a study of high school students in Italy and Canada, about 30% of both males and females reported initiating violence in Italy, whereas slightly more males than females reported initiating violence in Canada (33% males, 27% females; Nocentini et al., 2011). In another survey of adolescent dating relationships in the United States, the majority of violence was mutual, but males were

more likely than females to report being both perpetrators and victims of violence (Richards & Branch, 2012). A study of sixth-graders showed that females were more likely than males to initiate violence in relationships with boyfriends/girlfriends and that violence was typically mutual (Miller, Gorman-Smith, Sullivan, Oripans, & Simon, 2009). One reason for this finding is that both girls and boys believed that it was more acceptable for females than males to hit their partners (Simon, Miller, Gorman-Smith, Orpinas, & Sullivan, 2010). More than half (53%) said it was okay for a girl to hit a boy, but only 28% said it was okay for a boy to hit a girl. Not surprisingly, those who were more accepting of violence in their relationships were more likely to be either a perpetrator or a victim of violence.



Figure 11.12 Sample of countries in which rates of physical assault were examined among dating couples. In most countries, the rate of female perpetration exceeded the rate of male perpetration.

Source: Adapted from Straus (2004)

Violence in gay and lesbian relationships has also been studied. A review of the literature on IPV among gay men showed rates that were either the same as or higher than the rates for IPV among lesbians (Finneran & Stephenson, 2012). A nationally representative study of adolescents in same-sex relationships revealed an overall violence rate of 24% using the Conflict Tactics Scale, with slightly higher rates for female than male relationships (Halpern, Young, Waller, Martin, & Kupper, 2004). Violence in same-sex romantic relationships was half the rate of violence in opposite-sex romantic relationships for males, but rates were comparable across same-sex and opposite-sex relationships for females. Another study of adolescents showed that the rate of physical and psychological aggression was higher in lesbian and gay relationships than heterosexual relationships (Dank, Lachman, Zweig, & Yahner, 2014). Transgender persons and females had the highest risk of being both perpetrator and victim of violence.

Explanations

Many of you may find it surprising that the data do not support people's beliefs that men are more likely than women to be perpetrators of IPV. The primary reason for this misconception is that there are several kinds of IPV. Johnson (2008; 2011) describes three: (1) **intimate terrorism**, (2) violent resistance, and (3) **situational couple violence**. The first two are connected. Intimate terrorism differs from other kinds of violence in that it is rooted in control. Violent resistance involves violent efforts on the part of the victim to resist this control. Intimate terrorism involves the systematic repetition of violence and the use of the control tactics shown in Figure 11.13. Situational couple violence, by contrast, refers to the occasional episodes of violent behavior on the part of husbands and wives precipitated by stressful events; it is not linked to the power imbalance between men and women or to efforts on the part of one person to control the other. It is provoked by situational couple violence involves an isolated incidence, 80% of intimate terrorism involves multiple incidents (Johnson, Leone, & Xu, 2014).

Unfortunately, surveys do not distinguish among these kinds of violence. Men are likely to perpetrate intimate terrorism, whereas there is greater symmetry in situational couple violence. Johnson and colleagues (2014) argue that the surveys described above reveal little information about intimate terrorism. First, situational couple violence is more common than intimate terrorism. Second, people who are currently involved in a relationship that involves intimate terrorism are unlikely to report it. Victims fear retaliation, and perpetrators are unwilling to admit or unlikely to realize that they are engaging in intimate terrorism. Thus, surveys of the general population are most likely to represent common couple violence, and typically show that most violence is mutual and, if not mutual, initiated more by women than men (Straus, 2011). By contrast, surveys of people who are in treatment programs are more likely to represent intimate terrorism, and typically show more male perpetrators and female victims.



Figure 11.13 Control tactics involved in intimate terrorism.

Source: E. Pence and M. Paymar (1993). *Education groups for men who batter: The Duluth model*. Copyright 1993. Reprinted by permission of Springer Publishing Co.

To support these ideas, Johnson and colleagues examined rates of IPV among former spouses who may feel more comfortable admitting to behavior characteristic of intimate terrorism. Participants answered questions about whether their ex-partner was controlling in order to distinguish common couple violence from intimate terrorism. For example, participants were asked if their ex-partner was possessive, limited their contact with family and friends, prevented them from having access to family income, and insisted on knowing where they were at all times. From responses to this scale as well as reports of violence using a version of the CTS (see <u>Table 11.3</u>), situational couple violence was distinguished from intimate terrorism. Women reported higher rates of situational couple violence than men but nearly four times the rate of intimate terrorism by expartners than men.

Although there is more gender symmetry in situational couple violence than intimate terrorism, the symmetry in situational couple violence is misleading because male violence is associated with more physical, psychological, and economic harm than female violence (Johnson et al., 2014; Straus, 2011). Male violence leads to more physical injuries and arouses more fear in victims compared to female violence. Statistics from the National Crime Victimization Survey show that IPV is related to injury in women 50% of the time and men 44% of the time, and the injuries are more likely to be serious in women (13%) than men (5%; Catalano, 2013). IPV perpetrated by men is more likely to involve a weapon than IPV perpetrated by women (Catalano, 2013). IPV has been more strongly related to depression in women than men (Graham, Bernards, Flynn, Tremblay, & Wells, 2012). In that sense, even common couple violence is not all that symmetrical. Thus, if the outcome examined is perpetration, there is gender symmetry. However, if the outcome examined is injury, there is gender asymmetry. Straus (2011) refers to this as the "perpetration versus effects" of IPV phenomenon.

Finally, one last reason women commit more IPV than people expect is that there is less public disapproval of female-male violence than male-female violence (Seelau & Seelau, 2005). A cross-cultural survey of dating couples showed that students were more approving of women slapping men than men slapping women in all 31 universities (Straus, 2004). Across the universities, 76% found it acceptable for a woman to slap a man, whereas only 42% found it acceptable for a man to slap a woman.

Characteristics of Perpetrator and Victim

The characteristics of female and male perpetrators are quite similar. Many have had a history of sexual abuse in childhood or physical and psychological abuse as children (Brown, Perera, Masho, Mezuk, & Cohen, 2015) or witnessed parent IPV (Abramsky et al., 2011). However, that link seems to be stronger for those who engage in intimate terrorism rather than situational couple violence (Johnson, 2009). Substance abuse is related to IPV perpetration (Brown et al., 2015) as well as victimization (Jonas et al., 2014) in women and men. Not surprisingly, a history of relationship problems, in particular jealousy, is associated with IPV (Mason et al., 2014). People who are married, more educated, and have a higher socioeconomic status are less likely to be victims of IPV. Access to social support also appears to be protective against both perpetration and victimization, but perhaps more so for women than men (Richards & Branch, 2012). Those with a history of mental health problems are also more likely to be victims of IPV, but it is not always clear whether the mental health problem preceded or followed victimization (Jones et al., 2014; Mason et al, 2014). The correlates of IPV among sexual minorities are similar to the correlates observed among heterosexuals (Nowinski & Bowen, 2012).

IPV is associated with more traditional gender-role attitudes. One longitudinal study showed that this relation was largely due to violence leading to changes in gender-role attitudes rather than gender-role attitudes leading to violence (Nabors & Jasinski, 2009).

In this study, engaging in IPV was associated with greater acceptance of gender-role stereotypes in women and men and predicted an increase in acceptance of violence among men 5 years later. Men who engage in IPV or tolerate IPV also score higher on hostile sexism (Glick, Sakalli-Ugurlu, Gerrerira, & de Souza, 2002) and unmitigated agency (Mosher & Danoff-Burg, 2005).

IPV is more common among younger couples (Capaldi, Kim, & Shortt, 2004). In one study, 46% of male victims and 49% of female victims were under the age of 35, despite the fact that this age group comprised only 20%–23% of the population (Laroche, 2005). Recall that the meta-analysis noted that the sex difference in abuse (female greater than male) was limited to younger couples.

An often asked question is why people who are victims of intimate terrorism remain in the relationship. The answer depends more on features of the situation than characteristics of the victim. A good predictor of whether someone stays in or leaves a relationship is not how satisfied the person is with the relationship but whether the person has alternatives to that relationship. The Rusbult Investment Model of relationships says that relationship satisfaction is determined by the benefits gained and the costs incurred in a relationship (Rusbult, 1980). However, whether someone stays in a relationship is only partly determined by relationship satisfaction. A major determinant of whether someone stays in a relationship is whether the person has an alternative. It may be the case that people who are victims of IPV do not have an alternative—an alternative relationship, place to live, or source of income. One study of women who had experienced violence from their husbands said they stayed in the relationship because they did not have anywhere to go and did not have a job (Kurz, 1998). Women who are more financially dependent on their husbands and have less support from other network members may be less likely to leave the relationship.

Theories

Some researchers view men's abuse of women as a reflection of the imbalance of power in the relationship. Spousal abuse is viewed as men's attempt to control women and establish dominance in their relationships with women. Thus, control and dominance seem to be the primary motivations behind abuse. This theory fits one kind of IPV intimate terrorism (Johnson, 2009). However, establishing control and power on a more momentary basis may be related to situational couple violence. A study of lesbian couples showed that IPV was related to an imbalance of power in the relationship (Eaton et al., 2008). Women who lacked decision-making power in the relationship were more likely to be victims of IPV.

IPV also could be linked to a distorted perception of male-female interactions. In one study, married men watched three videotapes of women discussing personal problems with a therapist (these were actual sessions) and were asked to rate at various points in the videotape whether the women were critical and/or rejecting of their husbands (Schweinle, Ickes, & Bernstein, 2002). In comparison to a panel of neutral judges, the

men who scored higher on a measure of tendency toward IPV were more likely to infer critical/rejecting feelings. Thus, men who engage in violence toward women may be more likely to perceive interactions with women in negative terms. These findings suggest that violence in men is not necessarily linked to features or behavior of a particular woman because all women are perceived in more negative terms.

A personality characteristic, Masculine Gender Role Stress (MGRS), has been linked to this biased perception of interactions between women and men. Men who score high on MGRS are more likely to perceive situations that challenge traditional male-female roles as stressful. In one study, men listened to vignettes of male-female dating partners having a conflict and were asked to imagine themselves in each situation (Eisler, Franchina, Moore, Honeycutt, & Rhatigan, 2000). Men who scored higher on MGRS became angrier, perceived their partners more negatively, and said they would respond to the conflict with greater verbal and physical aggression.

Difficulties regulating emotions may also play a role in IPV. One study showed that adults who had been exposed to violence as children had maladaptive ways of responding to emotions, which included the inability to control one's behavior when upset (Gratz, Paulson, Jakupcak, & Tull, 2009). Gratz and colleagues reasoned that children who are exposed to violence experience extreme emotions without being taught how to respond appropriately. Difficulties regulating emotions explained the link of childhood violence to adult violence for men but not women. The inability to regulate emotions may be particularly troublesome for men because society has communicated to men that they should inhibit their emotions.

Research also has linked male-perpetrated IPV to lower levels of empathy. In a laboratory study of adult couples in which a relationship problem was discussed, males who had perpetrated IPV in the past scored lower in empathic accuracy than males who had not perpetrated IPV (Clements, Holtzworth-Munroe, Schweinle, & Ickes, 2007). Empathic accuracy is measured by comparing how partner A actually feels to how partner B estimates partner A to feel. However, empathic accuracy did not distinguish between violent and nonviolent females.

We may know less about how it is that females become violent in the context of intimate relationships because we do not pay much attention to aggression among females during childhood and adolescence. Because girls are less physically aggressive than boys, we take less notice of aggression in girls.

Take Home Points

- The majority of IPV is mutual—meaning that both partners are engaging in violence. However, when the violence is one-sided, females are more likely than males to be perpetrators—among adults, college students, and adolescents.
- There are three different kinds of IPV: intimate terrorism, violent resistance, and situational couple violence.
- Intimate terrorism is violence that stems from a need to control and is typically perpetrated by men.
- Situational couple violence is the kind of violence that erupts in families in response to stress, does not escalate, and characterizes both women and men.
- Although situational couple violence is more symmetrical in terms of gender, the effects of situational couple violence are not. Women are more likely than men to be injured, to sustain serious injuries, and to sustain psychological harm than men following IPV. Thus, the effects of situational couple violence are not symmetrical.
- People are more accepting of female violence toward men than male violence toward women.
- IPV has been linked to the imbalance in power in female-male relationships, distorted perceptions of male-female interactions, difficulties with emotion regulation, and lack of empathy. These theories are more relevant to male than female perpetration of IPV.
Rape and Other Forms of Sexual Coercion

By July 6, 2015, 36 women had come forward to accuse the famous comedian and television star Bill Cosby with inappropriate sexual behavior, including rape (Giles & Jones, 2015). Women have stated that Cosby drugged them and then sexually assaulted them. To date, Cosby has confirmed giving one woman drugs before having sex with her. His upcoming performances were canceled, and *The Cosby Show*, historical for its popularity and depiction of a middle-class Black family, is no longer being shown on television.

Sexual coercion, sexual assault, and rape are acts of violence with numerous physical and mental health consequences. Physical injuries range from minor bruises to lifethreatening injuries to death. Mental health consequences range from fear, anxiety, and depression to posttraumatic stress syndrome (Koss, Bailey, Yuan, Herrera, & Lichter, 2003). A history of sexual assault, especially repeated assault, has been linked to physical disease (Stein & Barrett-Connor, 2000). The consequences can be long lasting. One study found greater symptoms of anxiety, depression, and sexual concerns among people who experienced a sexual assault even 14 years ago compared to people who had not experienced a sexual assault (Elliott, Mok, & Briere, 2004). The consequences were more severe for men than women.

In this section, I first define rape and then report studies that examine the incidence of rape and other forms of sexual coercion. I examine rape myths and then discuss characteristics of the perpetrator and victim: Who rapes, and who is likely to be raped? Finally, I discuss theories of rape and factors that influence how we perceive rape.

Definitions

You might expect that rape is a straightforward concept with a straightforward definition. However, there are many definitions of *rape*. Definitions vary regarding the specific behavior that distinguishes rape from other sexual acts. The most conservative definition of rape restricts the behavior to penile-vaginal penetration. Other definitions include other forms of sexual contact, such as kissing, fondling, oral sex, and anal sex.

Definitions also vary in how *nonconsent* to engage in sexual behavior is determined. What is an adequate indicator of nonconsent? Some definitions refer to rape as sexual behaviors that are undesired by the victim. Other definitions require evidence of victim resistance. There are other situations in which a person is unable to give informed consent, such as being underage, mentally ill, or intoxicated. Consent also may be obtained under duress. Many definitions refer to the sexual behavior as being forced on the recipient, but defining *force* is difficult. Does there have to be evidence of physical injury? Are verbal threats sufficient?

In 2012, the U.S. Department of Justice changed the definition of rape to be: "the penetration, no matter how slight, of the vagina or anus with any body part or object, or

oral penetration by a sex organ of another person, without the consent of the victim." This was the first change to the definition of rape since 1927, when rape was defined as "the carnal knowledge of a female, forcibly and against her will." Notice that the new definition does not require force to be used, does not require physical resistance, and applies to both female and male victims. Rape now includes the situation in which a person is incapable of giving consent because they are incapacitated, impaired, or younger than age 18.

One kind of rape that especially suffers from definitional issues is spousal rape. It used to be believed that spousal rape could not occur in marriage because sexual intercourse between husband and wife is a right of marriage. Historically, rape laws in the United States contained what is known as the **marital rape exemption clause** in their definitions of rape. That is, rape was defined as "the forcible penetration of the body of a woman, not the wife of the perpetrator" (Russell, 1990, p. 17). It was not until 1993 that all 50 states had deleted the marital rape exemption clause. However, some other countries still employ some form of marital rape exemption.

Returning to the issue of consent, some states are enacting "affirmative consent" laws (Shulevitz, 2015). You may have seen the "yes means yes" campaign, which has replaced the "no means no" slogan. The idea behind these laws is to prevent situations in which one person thinks he or she has consent but the other does not. The problem is that people do not always communicate well prior to sex. There may not always be an explicit yes. What will it take to make it explicit? We will see how this plays out in the courts as well as in relationships.

Incidence

In 2010, 18.3% of women and 1.4% of men reported that they had ever been raped (Black et al., 2011). When other sexual violence was included in the definition, such as sexual coercion and unwanted sexual contact and experiences, the rate was 44.6% for women and 22.2% for men. The rates are higher for Blacks than Whites, with Hispanics falling between the two groups. Estimating the prevalence of rape is difficult because it is underreported. Many victims do not report rape because they feel guilty, feel a sense of shame, do not want to share their personal sexual history with strangers, and/or doubt that people will believe them (Ullman, 2010). A survey of women who had experienced rape but did not report it said the main reasons were that they didn't want others to know about the incident, they were not clear what happened or whether it was serious enough to report, and they had concerns about how the criminal justice system would handle rape (Cohn, Zinzow, Resnick, & Kilpatrick, 2013). Concerns about the criminal justice system are warranted, as the conviction rate of cases reported to the police is only 6% (Horvath & Brown, 2009). Women are more likely to report cases of rape to the police when they were encouraged by someone to do so, when they feared injury or death during the assault, and when it was perpetrated by a stranger (Paul, Zinzow, McCauley, Kilpatrick, & Resnick, 2014).

Even surveys of rape may underestimate its incidence. A majority of surveys ask individuals a single question about whether they have been raped and use only the term *rape*. However, some individuals do not apply the label of rape to experiences that would qualify as rape; people often do not include oral sex or anal penetration when thinking of rape. In addition, people may not include rape attempts as rape. When surveys ask respondents about whether specific behaviors have occurred, such as those on the Sexual Experiences Survey shown in Table 11.4, higher incidents of rape are reported compared to when a single broad question about rape is asked (Cook, Gidycz, Koss, & Murphy, 2011). The Sexual Experiences Survey asks about whether seven specific behaviors occurred under five different conditions. Table 11.4 depicts three of those behaviors, as well as the five different conditions.

Table 11.4 Sample Items (Abbreviations) From the Sexual Experiences Survey

- 1. Someone fondled, kissed, or rubbed up against the private areas of my body or removed some of my clothes without my consent by:
 - -telling lies, spreading rumors
 - -showing displeasure, criticizing my attractiveness, using force
 - -taking advantage of me when I was drunk
 - -threatening physical harm
 - -using force
- 2. Someone had oral sex with me or made me have oral sex with them without my consent by:
 - Repeats five conditions
- 3. A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:

Repeats five conditions

Source: Koss et al. (2007)

Sexual violence complaints have skyrocketed among college students. In 2009, nine complaints were filed; in 2014, the figure was 102 (Bidwell, 2015). Studies of college students report higher incidences of sexual assault, but definitions are often more liberal. In an online study of college women, between 12% and 21% reported being a victim of sexual assault (i.e., unwanted sex with a man obtained by force or threat or occurred when unconscious or incapacitated; Littleton, Grills-Taquechel, Buck, Rosman, & Dodd, 2012). European Americans and Latinas were most likely to be victims (22% and 21%, respectively), followed by African Americans (15%), and then Asian Americans (12%). More than half of the women reported being impaired in some way prior to the assault, with the highest rates of impairment occurring among European Americans (61%) and the lowest rates among African Americans (27%). Binge drinking was the most common source of impairment. Despite the media highlighting the potential for men to administer "date rape" drugs to women, alcohol is by far the most widely used drug during rape (Lovett & Horvath, 2009).

We typically think of women as the victims of rape and sexual assault; in fact, criminal statistics historically defined rape as something that happens only to women. Although rape may be rare among men, sexual coercion may not. Men may find it difficult to refuse sex because the expectation of the male gender role is that men are always ready and willing to have sex. However, sexual coercion seems to mean something different to men and women. Men feel less able to refuse sex, so they don't—but they also typically do not suffer serious consequences; women feel more able to refuse, so when victimization occurs, they suffer more serious consequences.

Rape Myths

One reason that women do not report rape is that there are widely shared myths about rape that reflect unfavorably on the victim. There are myths about how rape occurs, about the behavior of the perpetrator and the victim, as well as about the consequences of rape. As early as 1975, Brownmiller identified four basic rape myths: (1) All women want to be raped; (2) a woman cannot be raped against her will; (3) a woman who is raped is asking for it; and (4) if a woman is going to be raped, she might as well enjoy it. Numerous scales have emerged to measure acceptance of rape myths. Items from one of the most widely used scales (Burt, 1980) are shown in <u>Table 11.5</u>. Rape myths seem to revolve around several themes, including the victim is to blame, claims of rape are false or exaggerated, perpetrators are responding to an overactive sex drive, and only certain kinds of women are raped (Bohner, Eyssel, Pina, Siebler, & Viki, 2009). Not only does a large proportion of the general population endorse some of these rape myths, but the victims themselves often endorse them-in which case they are reluctant to contact the police. Men, younger people, and less educated people are more likely to endorse rape myths (Sussenbach et al., 2013; Vonderhaar & Carmody, 2015). However, this does not mean that women don't subscribe to rape myths at times. A woman who does not physically fight off the person who raped her might subscribe to the rape myth that "it can't be rape if a woman doesn't fight back," fail to acknowledge that she was raped, and fail to report it. Rape myths are associated with system justification beliefs in both men and women-beliefs that men and women have equal opportunities in society and that any differences that do exist are fair (Chapleau & Oswald, 2014).

Table 11.5 Sample Items From Rape Myth Acceptance Scale

- 1. Any healthy woman can successfully resist a rapist if she really wants to.
- 2. When women go around braless or wearing short skirts and tight tops, they are just asking for trouble.
- 3. In the majority of rapes, the victim is promiscuous or has a bad reputation.
- 4. Women who get raped while hitchhiking get what they deserve.
- 5. Many women have an unconscious wish to be raped and may then unconsciously set up a situation in which they are likely to be attacked.

Source: Burt (1980)

Endorsement of rape myths is associated with perceiving perpetrators as less guilty and self-reports of one's own proclivity to sexual aggression (Sussenbach, Eyssel, & Bohner, 2013). However, a belief in rape myths also interacts with situational variables to influence perceptions of rape. When a largely student sample read about a rape case and either viewed a scene with provocative stimuli (i.e., bottle of wine and half-empty glasses) or with neutral stimuli (i.e., coffeepot and mugs), people who endorsed rape myths were least likely to perceive the perpetrator as guilty in the presence of the provocative stimuli.

Just as there are myths about female rape victims, there also are myths about male rape victims (Chapleau, Oswald, & Russell, 2008). Men are more likely than women to endorse these myths—especially the myth that male rape victims are responsible for the rape. In addition, benevolent sexism toward men is associated with male rape myths. See how many people today endorse rape myths with <u>Do Gender 11.4</u>.



Endorsement of Rape Myths

Administer the items in <u>Table 11.5</u> to a group of women and men to establish the prevalence of female rape myths. Then develop a few items of your own to measure male rape myths. What variables do you expect to be associated with female or male rape myths: traditional attitudes toward gender roles, gender-related traits (agency, communion, unmitigated agency, unmitigated communion), socioeconomic status? Measure one of these other variables and see if it is associated with either female or male rape myths.

Beliefs and myths about rape have been discovered by asking male and female college students to describe what they think happens when a female is raped and a male is raped (Davies, Walker, Archer, & Pollard, 2013). First, one-third of respondents assumed that a male rape victim was gay, whereas nobody suggested the female rape victim was lesbian. Second, the vast majority expected women to report the rape, whereas only 8% thought men would report the rape. Students thought both male and female victims would fight back and suffer negative effects from the rape. However, males thought female victims would be more likely to be seriously injured than male victims, whereas females thought both male and female victims would be seriously injured. Between half and two-thirds thought the perpetrator was a stranger—a rape myth.

Characteristics of Perpetrator

Most of us tend to perceive rape as occurring by a stranger, but in the majority of cases, the two people know each other. In a 2010 survey of lifetime prevalence of rape, only 14% of women and 15% of men reported having been raped by a stranger (Black et al., 2011). One reason rape is underreported and not given more serious attention is that people have more sympathy for victims who do not know their attackers.

We also perceive rape as involving physical force, but rape often involves verbal threats. We have less sympathy for victims who do not show physical signs of abuse. To make matters worse, strangers are more likely to use physical force, and known others are more likely to use verbal threats. Thus, the most common occurrence of rape—committed by a known other who uses verbal threats—evokes the least sympathy from the community.

Characteristics of Victim

In general, victims of rape and sexual assault span all age ranges and all educational backgrounds. However, rape and sexual assault are more likely to occur among younger people (i.e., ages 13 to 24), Black people, people of a lower SES, and people who have been sexually abused as a child (Elliott et al., 2004; Ullman, 2010). Victimization also may

be associated with one's orientation toward relationships. In one study, college women who were more anxious about their relationships and feared losing their partners were the most likely to engage in unwanted sex (Impett & Peplau, 2002).

The strategies a victim employs to resist rape affect how victims are viewed (Ullman, 1997). Evidence of resistance may be used as proof of the rape. There is an upside and a downside to focusing on rape resistance strategies. The upside is that resistance reduces the likelihood of a completed rape. The downside is that focusing on resistance strategies places the burden on victims—typically women. Some people are concerned that employing rape resistance strategies threatens one's life. However, a review of the literature has shown that forceful physical resistance strategies are associated with a slight increase in physical injury but decrease the likelihood of a completed rape; nonforceful physical strategies (fleeing, shielding oneself) decrease the likelihood of a completed verbal strategies (screaming) decrease the likelihood of a completed rape (Ullman, 1997). Nonforceful resistance strategies (pleading) were ineffective with respect to rape completion. See <u>Sidebar 11.3</u> for a discussion of rape prevention strategies.

🕷 Sidebar 11.3

Rape Prevention Strategies

Rozee and Koss (2001) developed a strategy for women to resist rape, referred to as the AAA strategy: assess, acknowledge, and act:

- 1. After saying "no" to sex, ASSESS the situation to see if it is dangerous.
- 2. If dangerous, ACKNOWLEDGE this and label the situation as a dangerous one.
- 3. ACT; employ rape resistance strategies:
 - a. Leave the situation if possible.
 - b. If not, use verbal strategies.
 - c. If verbal strategies are not effective, employ physical tactics (self-defense).

People commonly perceive that resisting rape will increase the likelihood of further injury. However, no evidence supports this belief. Attempts to resist rape are more likely to prevent a rape from occurring. In addition, rape resistance strategies increase women's sense of empowerment.

In recognition of the fact that rape is as much a man's problem as a woman's problem, Rozee and Koss (2001) also developed a comparable rape prevention strategy for men, also referred to as the AAA strategy: ask, acknowledge, and act. The strategy is depicted as follows:

ASK oneself if the woman is capable of consenting

	If yes	If no \rightarrow ACKNOWLEDGE the fact and ACT
		(stop).
	\downarrow	
2.	ASK if she wants to have sex.	
	If ves	If no \rightarrow ACKNOWLEDGE the fact and ACT

(stop).

↓ ACT (sex is OK).

Theories

The early theories of rape focused on characteristics of the perpetrator (Donat & D'Emilio, 1992). The rapist was considered to be mentally ill and sexually perverted. Thus, in a sense, researchers focused on the plight of the perpetrator rather than the plight of the victim. In addition, rape was considered a form of sexually deviant behavior and thus tied to sex rather than aggression. Later, theorists began to focus on characteristics of the victim. As women's sexuality became more accepted during the middle of the 20th century, people came to wonder what role women played in rape.

People asked what the woman could have done to cause or prevent the rape: What was she wearing? Did she fight back? Was there evidence of physical harm? Even today, certain characteristics of women are associated with more blame for rape. Women and men assign greater blame to women who wear more revealing clothing, are walking alone at night, and have sexually promiscuous backgrounds.

The next phase in history appeared with the development of the women's movement. Rape was reconceptualized as an act of violence rather than an act of sex. Feminists maintained that rape was a "means of enforcing gender roles in society and maintaining the hierarchy in which men retained control" (Donat & D'Emilio, 1992, p. 14). In her bestselling book Against Our Will: Men, Women, and Rape, Susan Brownmiller (1975) defined rape as "a conscious process of intimidation by which all men keep all women in a state of fear" (p. 15). Today, people generally regard rape as an act of violence rather than sex. Men are socialized to be aggressive, to be dominant over women, and to view women as sexual conquests.

Situational variables are also implicated in rape. Rape may be related to misperceptions of sexual intentions and behavior. Men interpret sexual behavior differently than women, perhaps because men are more likely than women to assume others are interested in sex. A meta-analysis showed that men are more likely than women to perceive behavior as flirtatious (d = .09), promiscuous (d = .16), and seductive (d = .20; LaFrance, Henningsen, Oates, & Shaw, 2009). Furthermore, men are especially likely to perceive behavior in this way when the target is a female rather than a male. One study had pairs of heterosexual men and women interact for 10 minutes and found that men overestimated their partner's romantic interest in them and women underestimated their partner's romantic interest in them (Fletcher, Kerr, Li, & Valentine, 2014). Our culture's scripts for heterosexual dating set up these kinds of opportunities for miscommunication (Krahé, 2000). Despite changes in women's and men's roles, dating scripts have retained traditional male and female relations. It is still the case that women are not supposed to initiate sexual interactions and that men have the burden of deciphering the subtle cues of sexual interest that women convey. The expectation is that sexual interest is conveyed with implicit nonverbal behavior rather than explicit verbal behavior. Another feature of the heterosexual dating script is that women should initially reject sexual advances, even when desired. This is referred to as token resistance. Studies of undergraduates reveal that 40% have used token resistance at least once in a relationship. Thus, the heterosexual dating script sets the stage for miscommunication about sexual interest.

Thus, rape and sexual coercion may be a function of both the person and the situation. Sexual violence may be more likely to occur in certain situations among people who have predisposing characteristics.

Perceptions of Rape

A number of studies have shown that females judge perpetrators of rape more harshly

than males (Lynch, Wasarhaley, Golding, & Simcic, 2013). One study manipulated the sex of the perpetrator and the sex of the victim in a rape scenario and asked college students to assign blame (Kahn et al., 2011). Overall, women blamed the perpetrator more than men. The most blame was assigned when the victim was female and the perpetrator was male. Our stereotypical image of rape consists of a male perpetrator and female victim, which is likely why this scenario was associated with the greatest blame. Interestingly, regardless of perpetrator or victim sex, women identified more than men with the victim, and men identified more than women with the perpetrator—again, underscoring that we think male perpetrator/female victim when we think of sexual assault.

There, also appears to be more empathy for female than male victims and more empathy when the perpetrator is male than female. One study showed that one's own victimization experienced influenced how men and women responded to a rape victim (Osman, 2011). As shown in the right half of <u>Figure 11.14</u>, women empathized with female more than male victims only when they had been victimized. As shown in the left half of <u>Figure 11.14</u>, males empathized less with male than female victims when they had *not* been victimized. Otherwise, empathy was the same across conditions.

Perceptions of rape are also influenced by a host of situational variables. One study showed a picture of a woman from her modeling portfolio, which was either sexualized (bikini) or not (blue jeans; Loughnan, Pina, Vasquez, & Puvia, 2013). After learning that she was a victim of rape, there was no overall difference in how men and women judged her, but the picture condition influenced perceptions. When she was sexualized, women and men blamed her more for the rape and perceived that she suffered less. Another study showed that college students assigned more blame to perpetrators when the victim was intoxicated than sober—especially if the perpetrator bought the drinks (Lynch et al., 2013). Finally, when college students read a date rape scenario, which was accompanied by verbal resistance or verbal + physical resistance, less guilt was assigned to perpetrators when only verbal resistance was used (Black & McCloskey, 2013). This was especially the case for students who held more traditional gender-role attitudes.



Source: Adapted from Osman (2011)

Take Home Points

- Most recent definitions of rape and sexual assault include a range of behaviors that can be perpetrated by males or females, do not necessarily involve physical force, but do involve nonconsent.
- Although women are more likely than men to be victims of rape, studies of college students report similar levels of sexual coercion among females and males.
- People are less sympathetic to victims of rape when the rape is committed by a known other and there is no evidence of physical injury, which is unfortunate because it is the most typical rape scenario. Rape is most often committed by someone who is known and with the use of verbal rather than physical threats.
- Perpetrators of rape are more likely to hold rape myths. People who hold rape myths express less sympathy for victims.
- Most recent theories conceptualize rape as an act of violence rather than an act of sex.
- Situational variables influence perceptions of sexual assault.
- Sexual scripts for male-female relationships contribute to misperceptions about sexual interest, as men are expected to initiate sexual interactions and women are expected to dismiss men's advances.

Stalking

Stalking is defined as a "course of conduct directed at a specific person that would cause a reasonable person to feel fear" (Catalano, 2012, p. 1). These behaviors include unwanted phone calls, emails, and letters; being followed or spied on; showing up or waiting for person at places without a good reason; leaving unwanted gifts for the person; and spreading rumors about the person. The most frequent behavior reported is unwanted phone calls and messages (Catalano, 2012). More than 3 million people over the age of 18 were victims of stalking in a single year (Catalano, 2012).

In this last section of the chapter, I investigate the incidence and consequence of stalking behavior, how stalking is perceived, and theories of stalking.

Incidence and Consequences

As with IPV, rape, and sexual coercion, it is difficult to evaluate the incidence of stalking due to definitional issues. Fear seems to be the critical ingredient that defines the sex difference. When men and women are asked if specific stalking behaviors have occurred, men and women are equally likely to report being a victim of stalking (Catalano, 2012). However, when the fear component is added, women are almost three times as likely as men to report being a victim of stalking. Some believe that national survey data underestimate stalking victimization in men because men may be reluctant to come forward, less likely to experience or admit fear, and less likely to view such behavior as a crime (Langhinrichsen-Rohling, 2012). A meta-analysis of stalking behavior revealed that the findings differed by population (Spitzberg, Cupach, & Ciceraro, 2010). Similar to IPV, clinic samples tended to show much higher rates of female than male victims. Surveys among college students and the general population also show higher rates of female than male victimization, but the sex differences are much smaller. Consistent with the findings reported above, women are not only more likely than men to report being victims of stalking, but women victims are more likely than men victims to perceive the behavior as threatening. Among victims of stalking behavior, men report longer periods of being stalked than women.

Most victims of stalking know the perpetrator in some way (Catalano, 2012). Sometimes the person may be a former girlfriend or boyfriend, and other times the person could be a friend or acquaintance. Women are more likely than men to report that they were stalked by a former intimate relationship partner.

Victimization appears to be similar across White, Black, and Hispanic persons, but much higher rates are observed among American Indian/Alaska Natives (Catalano, 2012). Younger age and lower income are correlated with being a victim of stalking, and these two variables exhibit independent effects—meaning that lower income predicts stalking even though it is correlated with young age. Divorced persons report the highest rate of stalking, followed closely by never-married persons.

In terms of consequences, women report more severe psychological and physical effects of stalking than men (Sheridan & Lyndon, 2012). Part of this is due to the fact that women were more likely than men to have had a close relationship with the stalker. But independent of those circumstances, women still report more distress than men. Fear seems to play a role in the greater harm suffered by women than men. Stalking is more likely to lead to fear in women than men, and fear has negative consequences for health.

Perceptions of Stalking

Men and women have similar conceptualizations of stalking. One study asked college students to describe what constitutes stalking (Yanowitz & Yanowitz, 2012). Women's and men's descriptions were largely the same. The most frequent behavior included "surveillance"—being watched or followed by someone. Stalking also involved attempts at contact, and may include aggression. The only way in which women's descriptions differed from those of men is that women included "hyper-intimate" behaviors, such as continued attempts at intimacy and over-the-top displays of love and affection.





Source: Adapted from Dunlap et al. (2012)

However, men and women do not judge stalking behavior in the same way. A summary of a stalking trial was presented to college students who were asked to pretend they were jurors (Dunlap, Hodell, Golding, & Wasarhaley, 2012). Students were randomly assigned to believe the perpetrator was either male or female and the victim was either male or female. Men were less likely than women to render guilty verdicts and assigned less guilt—especially when the scenario consisted of a male defendant and

female victim (see Figure 11.15). Women assigned equal guilt to both scenarios. However, there is other evidence that people judge stalking by a male toward a female as more serious than stalking by a female toward a male. College students in Australia judged female stalking as more justified and harmful than male stalking (Thompson, Dennison, & Stewart, 2012).

There are also myths about stalking that influence how stalking behavior is judged. For example, one myth is "Many instances of stalking by would-be-lovers could be avoided if the alleged victim would have just told his/her stalker clearly that s/he was definitely not interested in a romantic relationship." As we have seen with IPV, rape and sexual assault, people are blaming the victim. Men are more likely than women to endorse these myths, and people who endorse myths like this are more likely to make external attributions or excuses for the perpetrator and to make internal attributions or blame the victim (Sinclair, 2012).

Theories

What are the reasons for stalking? Two theories that have been applied are attachment theory and coercive control theory (Davis, Swan, & Gambone, 2012). According to attachment theory, people who have an insecure attachment style are afraid of being abandoned and engage in persistent relationship behaviors in an effort to preserve the relationship. Coercive control theory explains stalking in the way that it explains intimate terrorism, which means that it applies more to male perpetrators and female victims. Stalking is a form of dominance and aggression that is used to control the behavior of the other person.

Take Home Points

- Stalking is defined as a set of behaviors including unwanted phone calls, emails, messages, and repeated attempts to contact the person—behaviors that arouse fear in the victim.
- Women report higher rates of victimization compared to men, especially when fear is part of the definition.
- Attachment theory and coercive control theory have been suggested to explain stalking behavior.

Summary

It is not clear if there are sex differences in the structural dimensions of support, but women perceive and receive greater support functions. Supportive relations are a doubleedged sword for women: The mere existence of social relationships means women have more support available to them but also that women have greater caregiving burdens. This is a likely explanation for why structural measures of support are more consistently related to men's health than women's health. However, the functional aspects of support seem to be more strongly related to women's than men's health.

Marriage is associated with better health for both women and men, but men accrue more benefits than women. Longitudinal research shows that initial health also influences the likelihood of getting married; however, even adjusting for these selection effects, marriage benefits health. Marriage is more beneficial for men because it provides greater support and promotes better health behavior, and because men are more satisfied with marriage compared to women.

The loss of marriage through widowhood and divorce seems to have more adverse effects on men's than women's health. The effects of marital dissolution on health can be understood in terms of the different strains women and men suffer when they lose their spouse. The primary reason marital dissolution has stronger effects on men's health has to do with men's loss of support; women have alternative sources of support available. In terms of widowhood, men are more likely than women to remarry after widowhood and to do so sooner, and remarriage is associated with health benefits for men. In terms of divorce, women are more likely to initiate the breakup and may be better prepared for it than men.

Although the state of being married seems to have more benefits for men's than women's health, when the quality of marriage is examined, women are more strongly affected than men. Survey studies and marital interaction studies show that the qualitative aspects of relationships are more strongly related to women's health and women's physiology compared to men.

One important aspect of the marital relationship that has implications for relationship satisfaction as well as health is how labor is divided in the family. In general, women contribute more to household labor than men regardless of their employment status. Sex differences in the division of labor are greatest among married couples. Factors that influence how labor is divided are based on power and status, such as gender, income, education, and hours worked outside the home. Gender-role attitudes also influence the division of labor within the family. Further evidence that status and power influence the division of labor in the heterosexual family comes from studies of homosexual couples, where household labor is divided more equally.

In general, the more men contribute to household labor, the more satisfied women are. In fact, the division of labor in the family has a stronger effect on women's than men's marital satisfaction and well-being. However, men do not have to participate equally in household chores for women to be satisfied. It is perhaps remarkable that more women are not dissatisfied with the current state of affairs. A primary reason has to do with the fact that women make within-sex rather than between-sex social comparisons.

Aside from marriage, the other important relationship role held by many adults is the parent role. The parent role appears to have protective effects on overall health but may be related to elevations in psychological distress—at least while children are at home. There are many factors that influence the effect of parenthood on health: ages and number of children, whether the children live in the home, income, and other roles that parents possess. Parenthood has a negative effect on marital satisfaction. These effects are stronger for women than men, largely due to the greater restrictions on freedom and the greater role changes that women face when they become parents. The quality of parenting has become an important issue for homosexuals, who increasingly have children in the home. Research shows heterosexual and homosexual parents are similar, and there are few differences among the children they raise.

Serious threats to relationships include IPV, rape, and stalking. Most IPV is mutual. However, among one-sided IPV, women are more likely than men to be the perpetrators. There are different kinds of IPV. Women are more likely than men to be victims of intimate terrorism, but women and men are equally likely to be victims of the more common situational couple violence. Intimate terrorism is the kind of violence that is characterized by domination and control on the part of males over females. Intimate terrorism escalates and poses serious threats to women's health. Situational couple violence is the kind of violence that erupts from stress and does not escalate. Although women might be more likely than men to initiate situational couple violence, women also sustain more injuries than men.

Definitions of *rape* and *sexual coercion* have been recently updated to include men as victims, not require physical force, and include nonconsent. Although women are more likely than men to be victims of rape, reports of sexual coercion are more similar between women and men. Yet, like IPV, women report more severe consequences of sexual coercion compared to men. Perpetrators of rape are more likely to hold rape myths. Perceptions of rape and sexual coercion are influenced by situational factors, such as whether alcohol was involved and whether physical resistance was employed by the victim. Women also are more likely than men to be victims of stalking behavior, especially when "fear" is part of the definition. Stalking behavior may stem from a strong desire to connect with the victim or from a strong desire to exert control over the victim.

Discussion Questions

- 1. Why are structural indexes of support more strongly related to men's health than women's health?
- 2. What is the marital selection hypothesis?
- 3. Why does marriage have a stronger effect on men's than women's health?
- 4. What are some of the methodological issues to consider when examining the effect of widowhood and divorce on women's and men's health?
- 5. What determines household division of labor?
- 6. What is the gender tension line, and how has it changed over the past 20 years?
- 7. If you were to design a study on parenthood and health, what are some of the moderator variables that you would include? Why?
- 8. Are men and women equally likely to be victims of IPV? Why or why not?
- 9. What are the differences between intimate terrorism and situational couple violence?
- 10. What do you think would be the best way to measure the prevalence of sexual coercion? How would you define it?
- 11. What are some of the commonalities and differences in the theories of IPV, rape and sexual coercion, and stalking?

Suggested Reading

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Key Terms

Buffering effects—Link of social support to health only under conditions of high stress.

Emotional contagion—Process by which one person's emotions or feelings are transmitted to another person.

Functional measures (of support)—Qualitative dimensions of support, such as the type of support offered by network members.

Gender tension line—Point at which one feels uncomfortable with the adoption of some aspect of the other gender role.

Intimate terrorism—Violence on the part of men that stems from their attempts to control women.

Main effects-Direct link of social support to health, regardless of level of stress.

Marital rape exemption clause—Clause that once appeared in state definitions of rape that excluded forced intercourse with one's wife.

Marital selection hypothesis—Suggestion that healthier people are "selected" into marriage.

Prospective design—Research method in which the dependent variable (e.g., health) is measured before and after exposure to the independent variable (e.g., widowhood).

Situational couple violence—Occasional episodes of violent behavior on the part of husbands and wives that are precipitated by stressful events.

Structural measures (of support)—Quantitative dimensions of support, such as the size of a social network or the number of social relations.

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Chapter 12

Paid Worker Role and Health

Life was pretty simple for June and Ward Cleaver of *Leave It to Beaver*. Every morning, Ward, dressed in a suit, kissed his wife and left for work. June, in a dress, took care of the children and had a hot meal waiting for Ward's return from work. The routine was the same for Margaret and Jim Anderson, the married couple on *Father Knows Best*. These two popular television shows from the late 1950s depicted the traditional nuclear family, where men worked outside the home and women worked inside the home.

Contrast that scenario with today's single-parent families where a woman might be responsible for the emotional, practical, and economic support of her children. More recent television shows reflect this changing state of the family by offering alternatives to the traditional families of the 1950s, such as *Parenthood*, a show about a single mother raising two children, or *Modern Family*, a show about two gay men raising an adopted girl. Today, more families are sharing responsibilities. Women, even mothers, often work outside the home, and men are more involved in parenting. There are societal signs of this shift. For example, public places have "family restrooms" where both women and men can change children's diapers.

Today, both women and men juggle multiple roles, in particular the roles of spouse, parent, and paid employee. A **role** is defined as a position in society governed by a set of **norms**, which are expectations for behavior. Having multiple roles means that there are many norms to which you are expected to adhere, posing the potential for role conflict. However, access to multiple roles provides many resources—resources that can be used to offset stressors arising from any one role.

The focus of this chapter is on the role of paid worker. Because most people are unlikely to possess only this role, I also examine how women and men combine the role of paid worker with family roles. First, I discuss how the paid worker role influences health. Then I examine how the paid worker role affects family roles, how family roles affect the paid worker role, and whether people are better off if they have fewer or more roles. I also discuss how the quality of the paid worker role affects health. One important aspect of this role that is relevant to gender is discrimination, including the pay disparity between men and women. I discuss a variety of factors that contribute to the pay disparity. Another gender-related aspect of the paid worker role is sexual harassment. I define sexual harassment, discuss its incidence and effects on the worker, and describe theories of sexual harassment.

One important reason for studying the effects of different roles on women's and men's health is that sex differences in the possession of roles may explain some of the sex differences in health discussed in <u>Chapter 10</u>. Are women more depressed than men because they hold fewer roles, hold different roles, or value different roles? The **differential exposure hypothesis** states that differences in the kinds of roles women and men possess explain sex differences in health. For example, to the extent that men are more likely than women to possess the paid worker role, and the paid worker role is associated with good mental health, women may suffer poorer mental health compared to men. The **differential vulnerability hypothesis** states that roles have different effects on health for women and men. For example, if parenthood is more central to women's than men's self-concepts, difficulties with children may be more strongly related to women's than men's health.

Paid Worker Role

The traditional belief that it is better for men to earn the money in the family and women to take care of the home and children has changed over time. A poll taken in 1977 showed that 43% of respondents said it was better for marriage if men earned the money and women took care of the children, whereas in 2010 the figure declined to 30% (Pew Research Center, 2010). The majority of people today (62%) believe the best marriages are ones where both spouses work and take care of children. Slightly more men and slightly more married people endorse traditional roles.

Over the course of the 20th century, women made great progress in terms of education and participation in the labor force. In 1970, 43% of women age 16 and older worked outside the home, and in 2015, the rate was 57% (see Figure 12.1; U.S. Census Bureau, 2015). The rates for those ages 20 and older vary somewhat by race—Whites: 72% men versus 58% women; Blacks: 68% men versus 62% women; and Hispanics: 81% men versus 59% women. Both women and men may work outside the home due to choice but also due to economic necessity. There has been a change in women's desire to work outside the home. A 2012 Gallup Poll showed that 51% of women and 76% of men prefer to work outside the home (Saad, 2012). This number increased for women between 1974 (36%) and 1992 (42%), but, interestingly, has not changed since 2007.



Figure 12.1 Percentage of women age 16 and older who participate in the civilian labor force. *Source:* Adapted from U.S. Census Bureau (2015)

What is the effect of paid employment on men's and women's health? There is reason to assume that both the differential exposure and differential vulnerability hypotheses explain sex differences in the effects of the paid worker role on health. Men are more likely to possess this role than women, especially if the paid worker role is limited to
those who are employed full-time. To the extent the paid worker role is associated with good health, men are more likely than women to reap the benefits. This is the differential exposure hypothesis. As a society, we attach greater importance to men working outside the home compared to women; thus, the effect of the paid worker role on health may be stronger for men. This is the differential vulnerability hypothesis.

Strong evidence suggests that the paid worker role influences the health of both women and men. As you will see next, paid employment is generally associated with better health for women and men. It is difficult to compare the effects of the paid worker role on women's and men's health because it is more normative for men than women to work outside the home. When we compare men who do and do not work outside the home, we are typically studying the effect of unemployment on health. When we compare women who do and do not work outside the home, we are comparing employed women to two groups of nonemployed women—unemployed women and women who choose not to work outside the home. The two groups are not the same.

The effect of employment on health is a topic that necessarily focuses on women because there is more variability in women's than men's employment. In this first section of the chapter, I focus on the effects of women's employment on their health and on their family, including the effect of retirement on health. Then, I examine how combining work and family roles influences health, a literature that is often referred to as the multiple roles literature. After evaluating the effects of the mere possession of the paid worker role on health, I turn to the implications of the more qualitative aspects of the paid worker role for health.

Effects of Women's Employment on Health

An historical explanation of why women were more distressed and had worse health than men was that women were less likely to possess the paid worker role (Gove & Tudor, 1973). Work was associated with a number of resources, not the least of which was economic, and women had less access to this resource than men. However, when women entered the paid work force, people began to consider the negative effects of employment on health. People were concerned that women who combined work and family roles would suffer role strain and role overload. People were also concerned that women working outside the home would detract from the time women spent taking care of their husbands and families. Thus, in this section, I examine the implications of women working for their own health and the implications of women working for the family.

Evidence

A cross-cultural study of 25 European countries showed that women's lower well-being compared to that of men was due in part to the fact that women engaged in less paid work and more domestic work compared to men (Boye, 2009). More hours worked

outside the home were associated with higher well-being for women, and more hours of domestic work were associated with lower well-being for women.

Many studies compare the health of women who engage in paid work to women who do not and find benefits of paid work on health. One problem with these studies is that they are often cross-sectional, meaning the people are studied at a single point in time. Thus, we do not know if employment leads to an improvement in health, or if healthier people are more likely to be employed. This is the basis of the **selection effect**. Longitudinal studies in which both employment and health are tracked over time enable us to determine whether health leads to employment or employment leads to health. Two such studies are described below.

A national survey showed that people who worked full-time had lower levels of stress and lower levels of depressive symptoms than those who worked part-time and those who were unemployed (Rosenthal, Carroll-Scott, Earnshaw, Santilli, & Ickovics, 2012). In addition, those who worked full-time had better eating habits, were more physically active, and were less likely to smoke and drink alcohol than those who worked part-time or were unemployed. Importantly, these findings applied to both women and men! Because the study was longitudinal, the authors were able to show that employment led to these changes in health rather than health leading to employment.

A second longitudinal study addressed this question with respect to working mothers. Mothers were followed from the birth of their first child to age 40 (Frech & Damaske, 2012), and placed into four groups: "steady workers" who maintained full-time employment with the exception of maternity leave (31%), "pulled-back workers" who left work after the birth of their first child and later returned to part-time work (44%), "stayat-home mothers" who left work and did not return (11%), and "interrupted mothers" who left the work force on repeated occasions (14%). The steady workers had better physical and mental health than the other three groups. The "pulled-back workers" had better health than the "stay-at-home mothers" and the "interrupted mothers" but not as good health as the "steady workers." Again, because the study was longitudinal the investigators could take into consideration women's initial health status and control for the fact that healthier women are more likely to remain continuously employed. There were several explanations for these findings. The steady workers had greater net worth, greater access to health insurance, were more likely to remain married, and greater access to jobs that were salaried. By contrast, the women who worked part-time were more likely to find themselves in lower-pay jobs that required less skill and had less job security.

Although longitudinal studies show that paid work leads to benefits in terms of health, there is also evidence for the selection effect. Physically healthier people are more likely to be employed (Christ et al., 2007).

Explanations

The employee role benefits women's health for a number of reasons. Employment

increases self-esteem, instills a sense of accomplishment, and provides more social contacts—for both women and men. Employment also can affect one's sense of control (Rosenfield, 1989). To the extent that employment increases one's sense of control, it should be helpful. However, if employment decreases one's sense of control, it may be harmful. Employment may enhance women's feelings of control by increasing women's economic resources and, thus, power within the family. However, employment may detract from women's sense of control by making it more difficult for women to manage household responsibilities. Thus, paid work has the potential to increase resources for women in one area but decrease resources in another. Each of these resources has implications for control. This model is shown in Figure 12.2.

This model has been supported by three different studies (Rosenfield, 1989). In all three, women who were susceptible to high family demands (i.e., women employed fulltime with children) were more distressed than men, whereas women with fewer demands (women employed part-time with children or women employed full-time without children) had levels of distress similar to men's. If demands were low, employed women were less distressed than housewives. Employment also increased women's perceptions of control when it increased their relative income in the family. Women with higher relative incomes had a heightened sense of control and, subsequently, reduced distress. In total, the healthiest women in this study were those who had children and were employed part-time. These women gained some advantage from an increase in relative income that was not offset by an increase in demands.



Figure 12.2 Model of how employment influences women's health. To the extent that employment increases women's household demands, employment reduces perceptions of control and harms health. To the extent that employment increases women's relative income in the family, employment increases perceptions of control and benefits health.

Source: Adapted from Rosenfield (1989)

When the women in this study were followed after childbirth, it appeared that women who worked part-time did not benefit as much as women who worked full-time. Regardless of whether women who work part-time or full-time are healthier, the model is useful for understanding the effects of part-time and full-time work on women's health, as their implications are undoubtedly a function of demands and power in the family. Full-time employment contributes much more to economic resources than parttime employment and should be more beneficial to women's health *if* household demands can be met. If demands cannot be met, part-time employment may be more adaptive for women's health.

According to this model, the best way for full-time employed women to manage their psychological health is to offset the increase in family demands by having husbands involved in household labor. Alternatively, full-time employed women may be able to pay someone to perform household chores. One study showed that the paid worker role was beneficial to women's health only when they could afford services to assist them with child care and household labor (Khlat, Sermet, & Le Pape, 2000). Thus, the paid worker role may be more beneficial to middle-class than lower-class women because middle-class women are more able to pay for such services. In addition, lower-class women are more likely to be married to husbands who are unwilling to participate in household labor (Arrighi & Maume, 2000).

Effects on the Family

The control theory depicted in Figure 12.2 that was used to explain the effect of work on women's health also can be used to explain the effect of women working on men's health (Rosenfield, 1992). Unfortunately, the benefits to wives translate into costs for husbands. A wife who is a paid employee will increase a husband's distress to the extent her work decreases his resources (relative income) and increases his family demands (household responsibilities). According to this theory, a wife working presents a twofold dilemma for men and women, depicted in Figure 12.3. If a wife's employment increases the husband's family demands and decreases the wife's family demands, the husband will be more distressed and the wife will be less distressed—because family demands are associated with increased distress. To the extent that wife's employment decreases the husband's relative income and increases the wife's relative income, the husband will be more distressed and the wife will be less distressed—because relative income is associated with reduced distress.

One aspect of the model that has received a great deal of attention is women's income relative to men's income. Although men are still more likely than women to be the sole wage earner or to earn more money than women, it is no longer unusual for women to make more money than men. Among married women in 2011, 24% earned more income than their husbands (Rampell, 2013). Women are less likely to be major contributors to

family income when there are children in the home. This figure largely characterizes White women, as African-American women are more likely to be primary income providers or co-providers. The race differences stem in part from the fact that African-American women have a longer history of participating in the paid labor force and in part from the fact that African-American men face great difficulties entering the paid labor force.

Attitudes toward wives outearning husbands has changed. National poll data showed that 40% of respondents said that they thought it was bad if a wife earned more money than the husband in 1997, whereas the figure was 28% in 2013 (Wang, Parker, & Taylor, 2013). However, those with a high school diploma or less were more likely to agree (35%) that women outearning men in the family was bad.



The Dilemma Behind Women's Employment

Figure 12.3 The dilemma behind women's employment. At the same time that women's employment reduces household demands for women, it increases them for men. Because household demands are associated with increased distress, women benefit and men suffer. At the same time that women's employment increases women's relative income in the family, it decreases men's relative income and power. Because relative income is associated with a decrease in distress, women benefit and men suffer.

Despite these more progressive attitudes, there is substantial evidence that there are problems when women outearn men. Bertrand, Pan, and Kamenica (2013) studied this issue in depth with U.S. Census data on marriage and income. They describe men earning more money than women as a gender norm, and argue that there are problems when this norm is violated. First, there is a link between the decline in marriage and the increase in women's income; that is, marriage is less likely to occur when women outearn men. For example, in 1970, 81% of people ages 25–39 were married, compared to 51% in 2010. The same difference occurs among older couples, ages 40–65: 80% were married in 1970 compared to 64% in 2010. Second, they show that couples avoid

situations in which women outearn men. Women who have the highest potential of exceeding their husband's income choose not to participate in the labor force or work fewer hours. Finally, national survey data show that when women outearn men, couples are less happy, there is more marital conflict, and there is an increased likelihood of divorce. Other research is consistent with these findings. A study of prescription usage in Denmark showed that men whose wives make more money than they do are more likely to use erectile dysfunction medication, and the women who make more money than their husbands are more likely to use medication for insomnia and anxiety (Pierce, Dahl, & Nielsen, 2013).

However, there are limitations to the conclusions that one can draw from both of these studies. Neither study examined the circumstances that describe these couples. Couples are not randomly assigned to be in situations where women do or do not outearn men. Couples in which wives make more money than husbands could be ones in which the overall family income is less. The type of woman who marries a man who earns less than she does might differ on a number of characteristics that keep her out of the labor force or are associated with increased distress, such as low self-esteem, for example.

Wives outearning husbands is likely to be most distressing for those who have traditional gender-role attitudes. The study above (Bertrand et al., 2013) showed that the sex difference in the division of labor is actually higher among couples in which wives earn more money than men. The authors suggested that women enact traditional roles at home by participating in household labor to reduce the threat that their income poses. Another study showed that a decrease in the disparity in income (men's higher than women's) over a 2-year period was associated with a decrease in men's marital satisfaction, especially among men who said they valued the monetary aspects of their jobs (Brennan, Barnett, & Gareis, 2001). Thus an increase in women's relative income compared to that of men may be most problematic for men who have traditional genderrole attitudes and define the male role as the breadwinner.

In-depth interviews of couples in which wives earned more money than husbands revealed that couples had ways of maintaining traditional gender-role attitudes (Tichenor, 2005). The link between money and power was undermined by both women and men so that they could maintain the belief that men were the dominant force in the household. First, the higher income of wives did not buy them out of household labor, consistent with the study described above. While this was bothersome for some women, others embraced it as a way to demonstrate that they are "good wives." Second, the concept of "breadwinner" was redefined to include more than making money. Men were viewed as the breadwinners because they helped the family out in other ways, emotionally and physically. (I have never heard women being described as breadwinners in this regard!) Third, men were still in charge of the major family decisions.

Another factor that determines the effect of women's paid employment on the family is whether the couple wants the woman to be working. Women may be working due to choice or due to economic necessity. When women are employed out of economic necessity rather than choice, they may be less likely to sustain health benefits from working. Women and men with traditional values also may be less happy when women are engaged in paid employment. There also may be problems when women and men do not agree as to whether women should be working outside the home. Conduct <u>Do</u> <u>Gender 12.1</u> to find out college students' attitudes toward married women's paid employment under a variety of circumstances.



Attitudes Toward Married Women's Paid Employment

Interview a group of heterosexual women and men about whether they would be in favor of a married woman working outside the home. Start out by asking women the very simple question, "If you get married, how much would you want to work outside the home?" For men, ask, "If you get married, how much would you want your wife to work outside the home?" Use a scale such as 1 = not at all to 5 = very much.

Then, see if you can figure out what conditions influence women's and men's responses. Are there personality characteristics that influence support for married women working, such as whether their mothers worked or whether they have traditional gender-role attitudes? Are there characteristics of the situation that influence support, such as the presence of children, the number of children, and the age of children? What if the woman worked more than 40 hours per week? What if she made more money than her husband did? Come up with some of your own qualifications. The goal is to try to describe how supportive women and men are today of married women working outside the home and what limitations there are to people's support.

One study examined employed women's attitudes toward work over the first 3 years following the birth of a child (Holmes, Erickson, & Hill, 2012). The largest proportion of mothers preferred part-time work. Mothers who believed that employment was bad for children, had less social support, and were single were more depressed than other mothers. The investigators compared women's preferences in terms of staying home or remaining employed to their actual situation and found that mismatches predicted depression. However, the mismatch with the greatest distress was among mothers who preferred to work full-time but did not. There were greater risks to health when mothers preferred to work outside the home but stayed home than when mothers worked outside the home but preferred to stay home. That is, underemployment was worse than overemployment.

<u>Retirement</u>

Imagine you are 55 years old, work full-time, and make \$150,000 a year. Your boss calls you into her office and says you can stop working, keep your salary for 2 years, and then earn two-thirds of your salary for the rest of your life. Would you retire? The incentives to retire can be tempting.

As a greater portion of our population moves into retirement, this period of life is receiving more attention. Retirement can take a variety of forms. Some people phase in retirement by reducing the hours they work, whereas others opt for an abrupt retirement. Because people are living longer, elderly people can consider working after age 65. A greater proportion of the elderly in the work force, however, reduces the number of jobs available to younger people. This is one reason many organizations are offering incentives to retire early. In 1930, 5.4% of the population was older than 65; in 2010, 16% of the population was older than 65.

If work is associated with good health, what is the effect of retirement on health? As in paid work, one determinant will be whether the person chooses to retire or feels forced to retire. People who are forced to retire and retire early due to health reasons do not benefit from retirement as much as people who choose to retire (Brockmann, Muller, & Helmert, 2009; van Solinge, 2007). Longitudinal studies have revealed contradictory findings on whether retirement is linked to improved (Mandal & Roe, 2008) or worsened health (Behncke, 2012), perhaps because it is difficult to know if poor health might have preceded retirement.

Who benefits the most from retirement? One study showed that people with higher incomes benefit the most from retirement (Price & Balaswamy, 2009). This is likely due to the fact that high income can be translated into more discretionary money to spend on leisure activities during retirement. Research also has shown that people benefited more from retirement when they had low job satisfaction, low occupational status, worked in poor environmental conditions (Westerlund et al., 2009), or reported work demands interfering with family life (Coursolle, Sweeney, Raymo, & Ho, 2010). These people would have more to gain from retirement because retirement would signify the removal of sources of stress.

Given these facts, do women and men benefit equally from retirement? The evidence here is contradictory. Retired women show better psychological and physical health than women who did not work outside the home (Silver, 2010), but a selection effect could explain these findings. If healthier people select into the paid work force, they may still have better health when they retire than those who did not select into the paid work force. Research that compares the effect of retirement on women and men has revealed inconsistent findings: One study showed women benefited more from retirement than men (Mandal & Roe, 2008), one study showed that retirement is a greater risk for mortality for men than women (Pizzetti & Manfredini, 2008), some studies showed no differences in the effects of retirement on health (Mojon-Azzi, Sousa-Poza, & Widmer, 2007; Westerlund et al., 2009), and one study showed women gained more weight following retirement compared to men because men were more active than women after retirement (Forman-Hoffman et al., 2008).

What are the reasons for these contradictory findings? The effects of retirement not only depend upon whether one chooses to retire, the income available after retirement, and the centrality of paid work to one's sense of self but also on the context in which retirement occurs. Retirement is more likely to take place in the context of other life events for women. Women are more likely than men to retire due to family obligations caring for an ill spouse, a parent, or a relative. One study showed that women caring for parents or grandchildren were less likely to be in the paid labor force than women without these caregiving responsibilities, whereas there was no difference in labor force participation between men with and without these caregiving roles (Lee & Tang, 2013). Life events have a stronger effect on women's than men's adjustment to retirement because life events are more strongly linked to caregiving responsibilities for women.

Take Home Points

- Paid employment has a positive effect on both women's and men's health.
- The effects may be stronger among men, supporting the differential vulnerability hypothesis, but this difference may be due to the fact that men and women who are not in the paid labor force are not the same. Men who are not in the paid labor force are likely to be unemployed, whereas women who are not in the paid labor force are a combination of those seeking employment and those who have opted out of paid labor to work inside the home.
- Although there is a selection effect, meaning that the healthiest people are likely to become employed, longitudinal studies show that employment leads to good health for women and men.
- Control theory explains how women's paid employment can influence both women's and men's health: Increased relative income has a positive effect on health, whereas increased family demands have a negative effect on health.
- The effect of retirement on health depends on whether the person chooses to retire and the circumstances surrounding retirement. Retirement takes place in the context of other life stressors that entail caregiving responsibilities for women.

Combining Paid Labor With Family Roles

Historically, men have easily combined the roles of paid worker, spouse, and parent. Today, more women are combining all three of these roles. The labor force participation rates of married women are as high as, or even higher than, those of unmarried women. In 2014, 68% of married women with children under the age of 18 were employed (Bureau of Labor Statistics, 2015). The rate of employment declines with the age of children. The employment rate was 75% for women with children between the ages of 6 and 17, 64% for women with children younger than 6, and 57% for women with children under the age of 1. Women with children are not necessarily employed full-time, however. More married than unmarried women work part-time, especially if they have children. Many reasons account for the sharp increase in the number of married working women since 1960. Desire for more income is one reason, but there are other important factors, such as birth control, women's increase in education, and the decline in the wage gap. In fact, the increase in employment among married women is larger among those whose husbands are in the top half rather than the bottom half of the income distribution.

The question is, are combining work and family roles good for health? This is the "multiple roles question." There are two theories about the effects of multiple roles on health, each of which makes opposing predictions. The **role scarcity hypothesis** suggests multiple roles have a negative effect on health because time and resources are limited and additional roles tap resources. This is also referred to as *role strain*. The scarcity hypothesis predicts two kinds of strain that stem from the possession of multiple roles: **Role overload** refers to the difficulties in fulfilling obligations for all of one's roles because time is limited; **role conflict** refers to the demands of one role conflicting with the demands from another role. You are suffering from role overload when you feel stressed because you have three exams on Monday, a party to plan for Saturday, and a fundraising event to attend on Sunday. You suffer from role conflict when your grandmother turns 90 and your best friend turns 21 on the same Saturday, and family obligations prevent you from celebrating the occasion with your best friend. In either case, having more roles is problematic because it is difficult to meet all the demands of multiple roles.

By contrast, the **role expansion hypothesis** (also known as the *role enhancement hypothesis*) suggests benefits are to be gained from having diverse roles. The additional resources gained by multiple roles outweigh the increase in strains that might arise from more roles. Resources from one role can be used to buffer strains arising from another role, which has been referred to as stress buffering (recall Figure 11.3b on page 512). For example, social support from coworkers may help alleviate distress arising from family problems. Examples of the role scarcity and role expansion hypotheses regarding employment and family roles are shown in Figure 12.4.

What is the evidence for the scarcity and expansion hypotheses? Are multiple roles healthful or harmful? The preponderance of evidence shows that multiple roles are good for women's and men's health. A number of studies have shown that the healthiest people, men or women, are the ones who possess all three roles: spouse, parent, and paid worker (McMunn, Bartley, & Kuh, 2006). The most distressed people possess none of these roles. One study examined whether the multiple roles benefit applied to gay men and lesbians as well as heterosexuals (Wienke & Hill, 2013). More roles were associated with better health for gay men, lesbians, heterosexual men, and heterosexual women, and the strength of this relation was the same across all four groups. However, the results slightly differed when the outcome of happiness was examined. Here, multiple roles were related to greater happiness for gay men, lesbians, and heterosexual men but unrelated to happiness for heterosexual women.



It may not be the mere accumulation of roles but the particular combination of roles that is beneficial. One role may enhance the effects of another role; for example, the parent role may be adaptive only if we possess the worker role. Among parents, single parents are more distressed than married persons (Evenson & Simon, 2005). The worker role is critical in the presence of children because financial needs are greater. A study that followed women after parenthood showed that increasing work hours over time was associated with a reduction in depression and maternal stress (Holmes et al., 2012), supporting role enhancement. The parent role also appears to be beneficial to health only

if one possesses the spouse role, at least for women (Fokkema, 2002). Studies suggest that unmarried mothers have the worst psychological and physical health (Lahelma, Arber, Kivelä, & Roos, 2002; Sachs-Ericsson & Ciarlo, 2000). Unmarried mothers may feel overwhelmed with raising children because they lack the emotional and financial support of a spouse. Thus, evidence favors role enhancement.

Simply examining whether more or fewer roles are beneficial to women's and men's health does not tell us much about how combining roles influences health. Roles cannot be viewed as resources or sources of stress that are combined in an additive way because they interact with one another. For example, taking on the parent role may affect how one views and enacts the paid worker role. And taking on the paid worker role may affect how one views and enacts the parent role. Roles are enacted in a mutually exclusive way but affect one another—a phenomenon known as **role spillover**. Next we examine the specific ways that employee and family roles affect one another.

Effects of the Paid Worker Role on Family Roles

It is not clear whether the paid worker role conflicts with family roles more for women or men. Several studies have shown that women reported greater conflict from work interfering with family roles than men (Innstrand, Langballe, Falkum, Espnes, & Aasland, 2009; van Veldhoven & Beijer, 2012). The latter study showed that the highest rates for women were among those who held all three roles (paid worker, spouse, parent), whereas the highest rates for men were among those who were single fathers. However, it may depend upon what the outcome is. If the outcome is satisfaction with family life, a meta-analysis showed that job stress detracts from family satisfaction for both women and men but that the relation is stronger for men (Ford, Heinen, & Langkamer, 2007). Is this because men face more job stress, or is this because men's work is more likely to interfere with family life? However, when the outcome is health, there may be evidence that work conflicts with family life are more hazardous to women. One study of dual-earner couples showed that work interfering with family life is more strongly associated with health complaints in women than men (van Veldhoven & Beijer, 2012). Another study of dual-earner couples showed that women report more distress than men in response to high levels of family demands (ten Brummelhuis, Haar, & van der Lippe, 2010).

One source of stress that women have from combining work and family roles is that people perceive that they are less competent parents (Okimoto & Heilman, 2012). This is not a source of strain for men. Across four different studies, working mothers were viewed as less effective parents than nonworking mothers, whereas there were no implications of work for men's competence as parents. The negative effects of work on women's parenting skills were especially strong when women were working in a masculine job, when women were viewed as successful at work, and when women were working out of personal choice rather than necessity. It is these conditions that violate the female role—a role in which parenting is central. There are specific features of the paid worker role that have implications for family life. More hours worked outside the home and greater job pressures are associated with greater work-family conflict (Galinsky, Aumann, & Bond, 2009)—but more so for women than men (Pedersen, Minnotte, Kiger, & Mannon, 2009). Job flexibility is associated with higher-quality family roles for women but not men (Pedersen et al., 2009).

It also may be the case that some women are more distressed than others from workfamily conflict. One study showed that the extent to which work interfered with family life was associated with lower marital satisfaction only among wives with genderegalitarian beliefs (Minnotte, Minnotte, Pedersen, Mannon, & Kiger, 2010).

Features of the paid worker role can also benefit family roles. For example, a supportive job is associated with greater family satisfaction for both women and men (Ford et al., 2007). The paid worker role also can buffer one from the distress associated with caregiving roles at home.

Although the paid worker role can have negative and positive effects on family roles, there has been more investigation of the former than the latter. When work conflicts with family, work may be more likely to win out for men, and family may be more likely to win out for women. In that sense, men will report greater conflicts of work with family than women. Women are more likely to have flexible jobs, to work part-time, or to not participate in the paid labor force compared to men. This makes it easier for women than men to prioritize family. Thus, although there may be greater work-family conflict for men, when work does collide with family life, women may be more distressed than men.

Work-family conflict is likely to be a hot research topic in the future, as work is truly invading family life due to the availability of the Internet and smart phones. Men and women are not only working longer hours, but it is more difficult today to get away from work. The flexibility of being able to work away from the office comes at a price the expectation that some people are always on call. A national survey investigated the phenomenon of work-related contact after business hours, referring to it as "boundaryspanning work demands" (Glavin, Schieman, & Reid, 2011). Although men reported more boundary-spanning work demands than women, these kinds of demands were more strongly associated with distress among women than men. Women were more likely than men to feel guilty that they couldn't meet all of these demands. The nature of boundary-spanning work demands also may have differed for men and women, as men reported more control over their schedules and greater authority at work compared to women.

Effects of Family Roles on the Paid Worker Role

Family roles are more central to women's than men's identities, and women are more involved than men in family activities (Matthews, Swody, & Barnes-Farrell, 2012). Women also are more likely than men to say that family responsibilities interfere with work, and family responsibilities partly explain why women are more likely than men to

miss work (Casini, Godin, Clays, & Kittel, 2013).

Features of family roles can influence the quality of the paid worker role. Family stress and conflict are associated with lower job satisfaction (Ford et al., 2007). Women who have both work and family roles face a source of strain that does not pertain to men—people question their competence at work because they know they have children to care for (Okimoto & Heilman, 2012).

However, family roles can enhance the paid worker role—especially when the quality of family roles is high (Pedersen et al., 2009). People who have spouses who help with child care and people who have good relationships with their children seem to be able to benefit more from the paid worker role (Pedersen et al., 2009). Overall, family support is associated with higher job satisfaction among both women and men (Ford et al., 2007). Thus, family roles can buffer as well as exacerbate strains at work for women and men.

When family issues invade work, there may be costs to family life. One study showed that the extent to which family issues disrupted work was related to lower marital satisfaction in both women and men (Minnotte, Minnotte, & Pedersen, 2013). Women's gender ideology did not influence this relation but men's did. Family-work conflict was associated with low marital satisfaction only among men who had egalitarian gender ideologies.

Difficulties in Combining Roles

Combining the paid worker role with family roles is a newer challenge for women than it is for men. To understand how work and family roles are combined, one needs to examine what the individual roles have meant to women and men historically (Simon, 1995). The paid worker role has been more closely intertwined with family roles for men than women. Historically, a man's family role has been to provide economic support, an obligation he can fulfill through paid employment. However, a woman's family role has been to take care of the home and children, functions not served by paid employment. The paid worker role for women does not facilitate the function of her family role and may even detract her from it. See <u>Sidebar 12.1</u> for an elaboration of the difficulties women face as employees and mothers.

***** Sidebar 12.1

Paid Workers and Mothers

Society provides women with mixed messages about whether they should be paid workers when they have children. Employed mothers receive the message that it is acceptable to work outside the home and to be a parent—as long as parenting is the number one priority. That is, paid work should never interfere with parenting. In fact, women are more likely than men to take time off from paid work to take care of children. This means the parenting role has the potential to interfere with the paid worker role more for women than men. Women who opt not to work outside the home while raising children, however, may receive a different message from society. Today, these mothers often feel the need to justify why they are not working outside the home.

As previously mentioned, the wealth of evidence suggests that working outside the home is beneficial for mothers. But there are some very important issues to take into consideration. Whether mothers benefit from paid employment depends on characteristics of the job such as salary, hours worked, nature of the work, job control and flexibility, as well as characteristics of the home environment, such as number of children, availability of child care, and husband's participation in household and child care activities (Elgar & Chester, 2007). A greater number of children in the home may detract from the benefits of employment, but this depends on what resources are available to assist the woman in caring for her children. Access to resources, such as income, child care, or a supportive husband, influences whether mothers benefit from work.

Another factor that may influence the effect of combining paid work and family roles on women's health is the traditionality of the field in which women work. It may be easier for women to combine paid work with family roles if they are employed in a field that by tradition is inhabited by women rather than men. However, traditional jobs for women, such as nurses, secretaries, and teachers, may have less flexibility than higher-status positions to accommodate family needs. One of the attributes of a high-status position is that the person often sets her or his own hours.

Thus, the optimal conditions for paid work to benefit mothers' health include a husband or partner who helps out at home, an income that can provide for high-quality child care, and a job that accommodates family responsibilities.

A number of difficulties arise in families where both women and men work. In 1989, Hochschild identified three kinds of tension in dual-earner couples that still apply today. The first tension exists when women and men have different views about who should do what work outside the home and inside the home. I discussed in <u>Chapter 11</u> how disagreement about the division of labor in the family is associated with marital unhappiness, especially for women. The second tension occurs when women and men have the desire for traditional roles but their economic status does not permit them to enact those roles. In other words, both husband and wife prefer that the wife takes care of the home and the husband is employed outside of the home. In this instance, the husband may contribute to household chores, but neither the husband nor the wife is satisfied with this arrangement.

The third tension is one that pervades egalitarian couples who are heavily involved in work outside the home. Husbands and wives in these couples jointly devalue family responsibilities to justify spending more time on their careers. The egalitarian philosophy leads such couples to share responsibilities such that less time is devoted to home and family-less time on housework, less time with children, less time with each other-and someone is hired to take care of most household tasks (cooking, cleaning, and child care). The ideas about what a family needs change to accommodate the couple's egalitarian focus on careers. This issue reminds me of a dual-earner couple I know who adopted two children. After the first child was in preschool, the husband proudly remarked to me that he had never even met the preschool teacher or attended any of the preschool programs for parents because the nanny took care of all of these chores. After the second child, the couple asked the nanny to move in with them. The husband shared that he and his wife slept downstairs while the nanny slept in a room upstairs with the children, which was wonderful because the nanny could console the children at night. Hochschild (1989) calls it a hollow victory "if the work of raising a family becomes devalued because women have become equal to men on traditionally male terms" (p. 211). The homemaker role is now being devalued by both women and men. One way to increase the value of this role is for men to become more involved in household labor and child care.

The debate about whether paid work interferes with women's ability to care for children does not come up when men combine work and parenting—in part, because paid work for men is viewed as fulfilling the parent role (Strazdins, Obrien, Lucas, & Rodgers, 2013). Although a great many changes have occurred over the past several decades in terms of work and family roles, in some ways our fundamental way of thinking about men and women has not changed. According to Valian (1998), "... the usual solutions proffered to solve 'women's' problems are higher-quality, more affordable, more widely available childcare; flexible work hours; and family-leave policies. All those improvements are needed, but they fail to question the way the problem is framed. They do not ask why combining work and family is a female problem rather than a human problem, and thus do not address it as a human problem" (p. 45).

Conduct <u>Do Gender 12.2</u> to find out for yourself what difficulties women and men face when combining the paid worker role with family roles.



Combining Roles

Interview a group of women and men who have combined the paid worker role with family roles—preferably, people who have children. Ask specific questions about the challenges that they have faced in combining roles.

Take Home Points

- Multiple roles are good for both women's and men's health.
- There is greater support for the role expansion hypothesis than for the role scarcity hypothesis. Roles provide resources, and having more roles buffers us from the strains that arise in any one role. The fewer roles we have, the greater the effect that strain in any one role will have on health.
- The paid worker role and family role can both buffer one from the distress associated with the other role as well as exacerbate stressors that are associated with other roles.
- Employment benefits women's health even in the presence of children, but the presence of children adds to the complexity of understanding the conditions under which paid work is beneficial to women.
- Men may have more work-family conflict (i.e., work interfering with family life) than women, but women are more distressed by work-family conflict than men.
- Women may suffer from more family-work conflict (i.e., family roles conflicting with work) than men. However, family-work conflict is equally distressing to women and men.
- To understand the interactive effects among roles, we need to consider what roles mean to women and men and what the demands are in each of the roles.

Quality of Paid Worker Role

One reason it is difficult to evaluate the effects of paid work on men's and women's health is that the nature of the paid worker role differs for men and women. For example, women and men are not employed in the same kinds of jobs. <u>Table 12.1</u> shows the percentage of women employed in a variety of jobs in 1985 and nearly 30 years later in 2012 (U.S. Department of Labor, 2014a). Although women today are more likely to be found in professions such as accountant, architect, dentist, financial manager, lawyer, and physician, some professions remain sex segregated; for example, airplane pilot, auto mechanic, carpenter, dental assistant, and nurses.

Table 12.1	Percentage of	f Women	Workers in	Selected	Occupation	1s in 1983	3 and 2012
					*		

<u></u>		
Occupation	1983	2012
Accountants/auditors	38.7	60.9
Airplane pilots and flight engineers	2.1	4.1
Architects	12.7	23.5
Auto service technicians and mechanics	0.5	1.2
Carpenters	1.4	1.6
Clergies	5.6	20.5
Computer programmers	32.5	22.5
Dental assistants	98.1	97.9
Dentists	6.7	24.2
Financial managers	38.6	53.5
Firefighters	1.0	3.4
Lawyers	15.3	31.1
Mail carriers	17.1	37.7
Photographers	20.7	52.2
Physicians and surgeons	15.8	34.3
Psychologists	57.1	72.7
Registered nurses	95.8	90.6
Social workers	64.3	80.6
Teachers—college and university	36.3	48.2
Teachers—elementary and middle school	83.3	81.4
Word processors and typists	95.6	88.7

Source: Adapted from U.S. Department of Labor (2014a)

Women also are more likely than men to be employed in part-time positions. In 2013, 74% of employed women held full-time jobs compared to 87% of men (U.S. Department of Labor, 2015a). However, this figure really represents a comparison of White and Hispanic women to White and Hispanic men, as Black and Asian women are almost equally likely to be employed full-time as Black and Asian men. Women and men also

report different job conditions. Thus, to compare employed women and men, we need to know more about the characteristics of their jobs to see if the two groups are really comparable. In the following section, I examine the characteristics of paid work that men and women value as well as face.

Characteristics of Paid Work

Do men and women value the same characteristics of work? A meta-analytic review of studies that included all age groups, ranging from children to adults, revealed that males value a high income, autonomy, challenge, recognition, and power more than females (see Figure 12.5; Konrad, Ritchie, Lieb, & Corrigall, 2000; Lips & Lawson, 2009). By contrast, females value an easy commute, the physical environment, relations with coworkers and supervisor, and job benefits more than males. But, by far, the largest difference is that men prefer to work alone and women prefer to work with people. A study of managers and executives in a variety of industries showed that both rated the agentic aspects of work (e.g., strategy, motivation, task focus) as more important than the communal aspects of work (e.g., communication, interpersonal skills), but that men valued the agentic aspects more than women and women valued the communal aspects more than men (Frame, Roberto, Schwab, & Harris, 2010). In addition, people in higherlevel positions valued agency over communion. A meta-analysis of vocational interests revealed that men prefer to work with things and women prefer to work with people (Su, Rounds, & Armstrong, 2009), consistent with the meta-analysis shown in Figure 12.5. Although these differences in vocational interests have decreased over time, they persist and explain why men are attracted to engineering and science and women are attracted to creative arts, nursing, teaching, and social work.

Gender identity plays a role in these preferences, as illustrated in a study of adolescents (Sinclair & Carlsson, 2013). The authors asked eighth-graders to indicate their interest in different occupations after having to identify 10 gender-typical activities (threat) or only two gender-typical activities (no threat) they had engaged in during the past month. The authors reasoned that having to come up with 10 gender-typical activities would be difficult and threaten gender identity. As predicted, boys preferred masculine occupations to feminine ones and girls preferred feminine occupations to masculine ones. However, the sex differences in preferences were especially pronounced when gender identity had been threatened.

Regardless of preferences, the work environments of men and women differ, and status plays a role in these differences. Men seem to receive more instrumental support at work, in terms of advice and collaboration with colleagues, compared to women (van Emmerik, 2006). Women are less likely than men to have mentoring relationships at work, and mentors can lead to career advancement (Nelson & Burke, 2000). Among college students, having a positive female professor in science leads women to more strongly identify with science and less likely to stereotype science as masculine (Young, Rudman, Buettner, & McLean, 2013). Women report more job strain than men (Casini et

al., 2013). Women also complain of sexual harassment and discrimination—especially when work environments are predominantly male. Both of these issues are addressed in more depth later in this chapter. Women also report greater job monotony than men (Matthews & Power, 2002), likely as a result of women's lower occupational status compared to men. However, there is one resource that women are more likely than men to report at work—overall supportive coworkers (Bond, Punnett, Pyle, Cazeca, & Cooperman, 2004).



Figure 12.5 Sex differences in preferences for a number of job characteristics. The effect sizes ("*d*" statistic) are shown here.

Source: Adapted from Konrad et al. (2000)

Effects on Health

Does the quality of the paid worker role have the same implications for men's and women's health? A longitudinal study of healthy workers showed that job strain was more strongly related to increases in depression among men than women (Armon, Shirom, Melamed, & Shapira, 2010). That study also showed some evidence for reverse causality. That is, men who were depressed at study start were more likely to report increasing job strain over time. However, other research has shown that job strain is more strongly related to health among women than men (Stansfeld, Shipley, Head, Fuhrer, & Kivimaki, 2013), so the conclusion is not clear here.

The relation of work characteristics to health may depend on the aspect of work examined. Support at work seems to be more strongly related to health for women than men (Stansfeld et al., 2013), as is interpersonal conflict at work (Appelberg, Romanov, Heikkilä, Honkasalo, & Koskenvou, 1996). Feelings of control at work are related to

health among both men and women (Stansfeld et al., 2013).

Take Home Points

- It is difficult to compare the quality of men's and women's work because they work in different positions. Although some changes have been made, in the direction of women working in jobs that were once held more by men, a number of jobs remain segregated by sex.
- There are some sex differences in job preferences, with the largest difference being that men prefer to work alone and women prefer to work with people.
- The quality of work has an influence on both men's and women's health, although there may be different aspects of work that have stronger implications for one sex than the other. The social environment at work may be a stronger determinant of women's than men's health.

Discrimination

An important aspect of paid work that has implications for women's and men's psychological and physical well-being is discrimination. There are two kinds of discrimination: access discrimination and treatment discrimination.

Access discrimination occurs when hiring decisions are made. If women or men are not offered a job or are offered a lesser job because of their sex, this is access discrimination. Some high-status jobs are certainly less accessible to women than to men. For example, women are less represented than men in the judicial and legislative branches of government, although important strides have been made. Nancy Pelosi was elected the first woman speaker of the U.S. House of Representatives in 2006. Sonia Sotomayor became a member of the U.S. Supreme Court in 2009 and is currently one of three females on the Court (see Figure 12.6). In 1979, 3% of the U.S. Congress was female. More than 35 years later in 2015, the figure was 19%: 20 of 100 U.S. senators were female, and 84 of 435 U.S. representatives were female. Six of the 50 state governors (12%) are women. Among state legislatures, Colorado and Vermont lead with 42% and 41% women, respectively. There are a variety of reasons as to why there are a small number of women in some occupations, one of which is access discrimination.

One approach to access discrimination is affirmative action. However, affirmative action policies are controversial. Proponents argue that affirmative action remedies past deficits that were due to discrimination by giving underrepresented persons more of an opportunity. Opponents are concerned that underqualified persons receive jobs, which then disadvantages more qualified applicants. The issue is far from resolved. Interestingly, a laboratory study showed that affirmative action benefited men more than women (Ng & Wiesner, 2007). When a male applied for a position as a nurse, he was more likely to be hired in the presence of an affirmative action policy even if he was less qualified than the female—people's fears confirmed! By contrast, when a woman applied for a police officer position, she was more likely to be hired only when she was equally or more qualified than the male.

Treatment discrimination occurs after the person has the job and takes the form of reduced salary or reduced opportunities for promotion. In 2004, the largest class action suit regarding treatment discrimination of women was brought against Wal-Mart. Women earned less than men in the same positions and were less likely than men to be promoted, despite the same or better qualifications and service. In 2011, the Supreme Court rejected the class-action lawsuit of the nearly 1.5 million women but did not deny that sex discrimination occurred (Martin, 2013). Since that time, other lawsuits have been filed against Wal-Mart and are currently pending, with one plaintiff claiming that she trained a man who then earned more than she did.



Figure 12.6 Sonia Sotomayor was elected to the U.S. Supreme Court in 2009. Of the nine Supreme Court Justices, she is one of three women. Source: Alex Wong/ Getty Image News/ Thinkstock

A law was passed that closed a corporate loophole in treatment discrimination cases. In 2009, President Obama signed into law the Lilly Ledbetter Fair Pay Restoration Act (CNN Politics, 2009). This legislation was developed in response to a lawsuit filed by Lilly Ledbetter in 1998 claiming that she was paid less than men for comparable work at Goodyear Tire and Rubber. After working for Goodyear for 19 years, Ledbetter learned that she had been paid less than men for comparable work. Although the jury ruled in her favor, the claim was later overturned by a federal appeals court on the basis that she did not file the claim within 6 months of receipt of the first paycheck showing she was paid less than men. (How people are supposed to learn that they are not receiving fair pay within 6 months of employment is not clear to me!) The 2007 Supreme Court also rejected her claim—again not because they denied she suffered discrimination but because the claim was filed more than 6 months after the initial discriminatory paycheck. With the Ledbetter Fair Pay Restoration Act, people can sue employers for discrimination as long as the complaint is filed within 6 months of the most recent discriminatory paycheck.

The **glass ceiling** is a form of treatment discrimination that refers to barriers to the advancement of women and minorities in organizations. The glass ceiling is illustrated by the fact that only 24 Fortune 500 (5%) companies were run by women in 2015. The glass ceiling is also illustrated by the fact that we have not had a female president of the United States (as of this writing—the jury is still out!). When Hillary Clinton realized that

Barack Obama would receive the Democratic nomination for the president of the United States, she withdrew from the race by proclaiming that there were 18 million cracks in the "highest, hardest glass ceiling," signifying the 18 million people who had voted for her in the primaries (*The New York Times*, 2008). One reason that women do not advance at the rate of men is that women are less likely than men to have mentors. There are fewer women in high-powered positions available to mentor, and men are uncomfortable mentoring young women.

The **glass escalator** is another form of treatment discrimination. It refers to the ability of men to be promoted quickly when they take positions in traditionally female fields, such as nursing, social work, or education (Williams, 1998). Despite the fact that 70% of human resource managers are female, male human resource managers earn 47% more than women (*Wall Street Journal*, 2008). The **glass cliff** is a form of treatment discrimination in which women are more likely than men to be assigned leadership positions when those positions entail risk. This is described in more detail in <u>Sidebar 12.2</u>.

Glass Cliff-Women in Leadership Positions That Entail Risk

When leadership positions entail risk because the company is doing poorly or is facing hard times, positions are more likely to be given to women than men (Bruckmuller, Ryan, Rink, & Haslam, 2014). This phenomenon is referred to as the "glass cliff." In laboratory research, participants are typically given a description of an organization that is doing well or doing poorly and asked to select the best leader. Respondents are more likely to select a female for the failing organization and the male for the successful organization. There are a number of reasons for the glass cliff:

- (1) Gender stereotypes: People perceive that a communal person who understands others well can help negotiate difficult interpersonal relations.
- (2) Social support: People expect that women have greater access to social support than men at work and that support may be needed to resolve the crisis.
- (3) Change in status quo: The status quo is clearly not working; selecting a female leader will shake things up and change the status quo.
- (4) Sexism: People are setting women up to fail.
- (5) Women less selective: Women might be more likely than men to pursue these opportunities because women don't have as many leadership opportunities offered to them as men do.

The research is not clear which of these explanations is most likely to explain the phenomenon. However, one study showed that women view social support as critical in these crisis situations (Rink, Ryan, & Stoker, 2012). When study participants were asked if they would accept the leadership position in a large company that was in financial crisis, women were least likely to accept the position if told there were no social resources, whereas men were least likely to accept the position if told there were no financial resources. A follow-up study explained the reasons for these decisions. Women evaluated the situation of crisis without social resources as one in which it would be difficult to be accepted by the employees as their leader. Men evaluated the situation of crisis without financial resources as one in which it would be difficult to influence the employees to follow their advice.

Treatment discrimination could be subtle. There may be opportunities at work that are not offered to women that are offered to men. Two studies of managers were conducted in which they were asked how many "developmental work experiences" they had had meaning experiences that offered them the opportunity to learn and grow in the job (King et al., 2012). In both studies, women and men reported the same number of developmental experiences. However, men reported more challenging experiences compared to women. In addition, men reported receiving more negative critical feedback compared to women—feedback that could be useful in learning and gaining skills. Another study examined the content of National Institutes of Health grant reviews and found that women received more praise and men received more criticism—despite the fact that the grants were equally likely to be funded (Kaatz, Magua, Zimmerman, & Carnes, 2015). One wonders if the findings from these two studies are due to people being more concerned that challenging experiences will cause women stress or that negative feedback will be more upsetting to women. Recall the material in <u>Chapter 6</u> about sex differences in responsiveness to feedback. The study of managers also found that benevolent sexism was associated with assigning women less challenging tasks.

Another form of treatment discrimination is holding different standards for men's and women's performance. Laboratory studies have shown that women are held to higher standards than men even when their performance is the same—especially when the task is masculine in nature (Foschi, 2000). For masculine jobs, the same performance is evaluated more favorably if people believe the employee is male rather than female (Davison & Burke, 2000). For feminine jobs, performance is evaluated more favorably when the employee is female rather than male. The problem is that high-powered leadership positions are viewed as masculine domains. In field studies, which are far fewer and more difficult to conduct, a bias against women is not as clear (Bowen, Swim, & Jacobs, 2000). The only time that males were evaluated more favorably than females was when all the raters were male. However, men and women are evaluated favorably on different dimensions. Women are judged as more competent than men on interpersonal domains, and men are judged as more competent than women on agentic domains. The question is which domain leads to pay increases and promotions. Perhaps being a professor is viewed as a masculine occupation, as the website "ratemyprofessors.com" shows that female professors are more likely than male professors to be described in negative terms. Across disciplines, males are seen as funnier, more intelligent, interesting, and wise, whereas female professors are seen as more unfair, hostile, and mean. See Sidebar 12.3 for a humorous essay that illustrates how men's and women's behavior at work may be perceived differently.

₩ Sidebar 12.3

Perceptions of Men and Women Employees The family picture is on HIS desk. *Ah, a solid, responsible family man.*

> The family picture is on HER desk. Umm, her family will come before her career.

HE is talking with his coworkers. *He must be discussing the latest deal.*

> SHE is talking with her coworkers. She must be gossiping.

HE's not in the office. *He's meeting customers.*

SHE's not in the office. She must be out shopping.

HE's having lunch with the boss. *He's on his way up.*

SHE's having lunch with the boss. They must be having an affair.

HE got an unfair deal. *Did he get angry?*

SHE got an unfair deal. Did she cry?

HE's getting married. He'll get more settled.

> SHE's getting married. She'll get pregnant and leave.

HE's having a baby. He'll need a raise.

> SHE's having a baby. She'll cost the company money in maternity benefits.

HE's leaving for a better job.

He knows how to recognize a good opportunity.

SHE's leaving for a better job.

Women are not dependable.

Source: Gardenswartz and Rowe (1994)

Pay Disparity

April 14, 2015, was declared "Equal Pay Day." It is the date that women would have had to work to get to the same salary that men earned by the end of 2014. One form of treatment discrimination that is well studied is **pay disparity**. In 1979, women who worked full-time earned 62% of men's median salary. In 2014, the comparable figure was 83% (U.S. Department of Labor, 2014b). The wage gap has historically been and, as shown in Figure 12.7, is still smaller among Blacks (90%) and Hispanics (89%) than Whites (82%) and Asians (78%). It is smaller in racial and ethnic minority groups *not* because women make more money but because men make less money. If the reference group is White males, the wage gap for Black women is 64% and Hispanic women is 54%. The wage gap also increases with age. Although clearly the disparity has decreased over time, in recent years it has plateaued (Lips, 2013).

Calculating the wage gap is difficult. Using weekly salaries neglects the fact that women's work week is shorter than men's, and using annual salaries neglects the fact that women work fewer weeks per year than men. In 2015, among those employed full-time, men worked on average 41 hours per week and women worked on average 36 hours per week, with the discrepancy being smaller among Blacks, Asians, and Hispanics than Whites—as Black and Asian women work more hours than Whites (U.S. Department of Labor, 2015b).



Figure 12.7 Men earn more than women across all four ethnic groups, but the gap is larger for Asians and Whites than Blacks and Hispanics.

Source: Adapted from U.S. Department of Labor (2014b)

Different theories explain the wage gap. **Supply-side theory**, or human capital theory, emphasizes the different characteristics of workers that may contribute to the wage gap (Dunn, 1996); thus, the focus is on the person. Today, women and men tend to have more similar job qualifications, such as education and experience. In fact, women are more educated than men. In fact, the relation of education to income has stayed the same for men but declined for women in recent years, meaning that women do not get the same income benefit from higher education as do men (Pitts & Kroncke, 2014). The other explanation for the wage gap is referred to as **demand-side theory**, or discrimination, which emphasizes the different ways women and men are treated (Dunn, 1996); the focus here is on the environment. The effects of discrimination are typically estimated by the proportion of the wage gap that cannot be explained by all the personal characteristics that distinguish women and men (i.e., supply-side theory). Discrimination is difficult to estimate, and its accuracy fully depends on whether all other factors are taken into consideration.

In an analysis of three longitudinal studies, the pay gap that spanned the years 1978 through 2000 was examined to disentangle how much of the gap was due to human capital and how much was due to unequal treatment or discrimination (Joshi, Makepeace, & Dolton, 2007). Because the pay gap decreased over this period of time, people assumed it was due to women's greater education, greater labor force participation, and more equal opportunities—that is, changes in human capital. However, education, experience, and other human capital factors do not explain much of the pay gap. In fact, because women today have more education and more experience than men, women should be paid more than men. The fact that the pay gap persists suggest

discrimination is still operating. Similarly, a cross-cultural study of 28 countries concluded that sex discrimination persists because married men made more money than married women in 26 of the countries when age, number of children, education, hours worked, and nature of occupation were taken into consideration (Stickney & Konrad, 2007). That is, supply-side theory did not account for pay disparity.

Lips (2013) argues that it is difficult to disentangle supply and demand to estimate contributors to the pay gap because the two are interrelated. The characteristics and behaviors in supply-side theory cannot be assessed in gender-neutral ways but may instead be a product of discrimination. For example, take the fact that women are more likely than men to be in part-time jobs and part-time jobs are associated with lower pay. Is this a characteristic of women and the jobs or a characteristic of a discriminating system? Another example involves work hours. Women work fewer hours outside the home than men but more hours inside the home, which may enable men to work more hours outside the home! Rather than human capital theory leading to the pay gap, Lips (2013) suggests that the wage gap could cause human capital theory: Because women make less money than men, they are less likely to work long hours and more likely to seek part-time employment. Lips says:

If we were to deliberately design a society in which there was a virtual guarantee that women would work fewer hours and choose part-time work and lower-paid occupations more often than men, what would we do? We would probably reward women less than men for their work, make it difficult for them to combine family and full-time employment responsibilities, and identify certain lower-paid occupations with femininity and higher-paid ones with masculinity. (p. 181)

There are so many ways in which women's and men's situations may differ that it is difficult to estimate all human capital characteristics. It is easier to distinguish supply-side theory from demand-side theory conceptually than empirically.

Sex Segregation

A primary reason for the pay disparity is that work is segregated by sex (Lips, 2013). A recent report estimated that 39% of women and 43% of men work in sex-segregated occupations (Institute for Women's Policy Research, 2015). And these different occupations have different salaries. As shown in Figure 12.8, the greater the proportion of women in an occupation, the lower the hourly wage—and this applies to both men and women (Perales, 2013). Women are more likely than men to be in lower paying jobs, and even within a job, women are likely to have lower status positions. For example, in education, women are more likely to be primary than secondary school teachers.

Many factors contribute to occupational segregation. One is self-selection (Stockdale & Nadler, 2013). That is, women and men choose different occupations. Again, this may be reflective of human capital or supply-side theory. Having traditional gender roles influences income. As shown in Figure 12.9, traditional gender roles are related to more income for men but less income for women (Judge & Livingston, 2008). One reason is that traditional gender roles are related to occupational segregation. Men with

traditional gender roles are likely to be in higher-paying occupations inhabited by men, such as technology, and women with traditional gender roles are likely to be in lowerpaying occupations inhabited by women, such as service industries. Sex segregation of occupations declined in the 1970s as women moved into occupations that had traditionally been inhabited by men, such as medicine and law. However, there has been less change in occupational segregation in the 1980s and 1990s, and after the turn of the century. Occupational integration does not solve all the problems. As noted above, even when women and men are in the same occupation, they often hold different positions.



occupation.

Source: Perales (2013)



Figure 12.9 Traditional gender roles are strongly related to more income for men; traditional gender roles are slightly related to less income for women.

Source: Judge & Livingston (2008)

A second reason for occupational segregation is demand-side theory (Stockdale & Nadler, 2013). That is, social forces influence employers' beliefs about what kinds of people would be good at certain occupations. Men are presumed to be agentic and women are presumed to be communal, which leads employers to select men and women into different jobs. In addition, as discussed previously in this book, women and men are socialized to pursue different kinds of jobs.

Why do the occupations men enter pay more than the occupations women enter? One theory is that sex is used to determine the wage of an occupation. The proportion of women in a given occupation is inversely related to the wage. In other words, a job is worth less if women are more likely than men to hold it. In fact, people assume that jobs inhabited by men pay more than jobs inhabited by women—a phenomenon referred to as the **salary estimation effect**. Two studies—one of college students and one of community members—showed that when given a series of jobs to which male or female names are randomly assigned, respondents estimate higher salaries for jobs associated with male names than jobs associated with female names (Williams, Paluck, & Spencer-Rodgers, 2010). Male respondents were more likely to show the salary estimation effect than females. Interestingly, the salary estimation effect was unrelated to awareness of the actual pay gap. Instead, implicit stereotypes regarding gender were associated with the salary estimation effect. Using an Implicit Association Test, respondents who linked being male with wealth were more likely to show the salary estimation effect. In another
study, British participants were given 16 gender-neutral jobs to which either a male or female name was attached and asked to estimate the person's salary (Furnham & Wilson, 2011). Both women and men estimated higher salaries when the job was held by a male than a female for half of the occupations. These differences were more likely to occur for unskilled or semi-skilled jobs. See Figure 12.10 for two examples (accountant, bus driver), and notice that both women and men participants were vulnerable to the salary estimation effect.



female, a phenomenon referred to as the "salary estimation effect."

Comparable Worth

The resolution to this issue is the **comparable worth policy**, which states that men and women in different jobs should be paid the same wage for comparable work. The difficulty comes in identifying comparable work. Some of the factors considered in developing comparable worth standards are job activities, responsibilities, environmental conditions/hazards, knowledge required, education required, skill involved, and experience needed. A comparable worth measure of occupations was developed in the Netherlands (De Ruijter, Schippers, & Van Doorne-Huiskes, 2004). Experts who were job evaluators, vocational advisors, and social scientists evaluated the education, training, responsibility, physical and mental effort, and the cognitive, physical, and social skills required by a number of jobs. They concluded that differences in occupational worth accounted for the pay disparity between male-dominated and female-dominated occupations. However, they also concluded that people in female-dominant occupations are underpaid relative to their worth.

Many of the features of a job used in developing comparable worth policies are quite subjective, making it difficult to develop rigorous guidelines. In addition, it is difficult to determine how to weigh each aspect of a job. Try to develop your own comparable worth standards in <u>Do Gender 12.3</u> to see if you can identify comparable jobs.

Source: Adapted from Furnham and Wilson (2011)



Development of Comparable Worth Standards

Identify features of a job you think should influence the salary of that job. Then, choose 10 jobs, including some that are sex segregated (e.g., truck drivers, nurses). Rate each of the jobs on the features you have identified. For example, one feature of a job might be education required; rate each of the jobs on this dimension (use a scale such as 1 = no education required; 5 = higher education required). Come up with a score based on your ratings for each job. In the end, you should have a rank order of which jobs should be paid the most and the least. Comment on how you think your rank order fits with the real-world salaries of those jobs.





When jobs are comparable, does the pay gap remain? The statistics in Figure 12.11 show that women still receive less money than men when they have similar jobs. A number of studies have directly compared the salaries of men and women with the same jobs. When the salaries of men and women physicians who had received NIH grants were compared, men made \$30,000 more than women (Jagsi et al., 2012), and the men and women were similar in age, race, and marital status. Women were less likely than men to be in the highest-paying specialties, less likely than men to have leadership positions, and worked fewer hours than men. Women worked *only* 58 hours compared to men's 63 hours! However, when these supply-side characteristics were taken into consideration, the wage gap persisted. When specific occupations are compared—nurse, accountant, financial manager, social worker—the pay gap persists (Institute for Women's Policy Research, 2015). A nationally representative sample of women and men who received bachelor's degrees in 1999 to 2000 was followed for the first year after

graduation to examine salaries (Dey & Hill, 2007). Among full-time workers, women's salary was 80% of men's salary. However, a major portion of that gap had to do with the different fields that women and men entered. Women were more likely than men to enter lower-paying fields, such as education and health. However, even within the same major, men made more money than women, and the wage gap increased each year following graduation. During the first year after graduation, the proportion of men's salary made by women was 81% for business majors, 75% for biology majors, 76% for math majors, and 95% for engineering majors. The first year after graduation is an important year to examine because both men and women are less likely to be married and have families—thus, their roles are quite similar.

Thus, it must be clear that occupational segregation is only one contributor to pay disparity. When 100 occupations from the Bureau of Labor Statistics were examined, women had the same pay or exceeded men's pay in only three of them (Lips, 2013).

Negotiation

Another reason for the pay disparity is that men negotiate higher starting salaries than women. A meta-analytic review of the literature on negotiation showed that men had better outcomes than women from negotiation (Mazei et al., 2015). The difference was smaller when negotiators had more experience, when the bargaining range was provided, and when people were negotiating on behalf of someone other than themselves (a point I will elaborate on below).

In their book *Women Don't Ask: Negotiation and the Gender Divide*, Babcock and Laschever (2003) point out that women are less likely to negotiate salaries, ask for less when they do negotiate, and concede earlier than men. The fact that men make a larger initial request than women is important because the initial request is strongly correlated with the final outcome. The size of the difference in starting salary does not have to be large for a very large difference to accumulate. As shown in Figure 12.12, if a man and a woman were offered an initial salary of \$50,000 at age 25 and if women negotiated a 2.7% salary increase and men negotiated a 4.3% salary increase, the man's salary would be nearly double the woman's by age 65—a phenomenon Babcock and Laschever (2003) refer to as the "accumulation of disadvantage."

Why don't women ask for higher salaries, raises or promotions, and better jobs compared to men? There are a number of reasons (Bowles & Babcock, 2012). One reason is that men expect more money than women. A second reason is that women are more concerned that negotiation will lead to conflict and they are concerned that conflict will jeopardize the relationship with the negotiator. Third, women are more likely than men to believe in a meritocracy—that hard work will bring success without having to ask for it. Finally, for all these reasons, women are more anxious than men during negotiations, and anxiety is likely to interfere with women's performance.

Is there a situation in which women are more successful in negotiation? Yes—when they are asking on behalf of others (Babcock & Laschever, 2003). Because seeing that others' needs are met is part of women's gender role, women are actually more assertive on behalf of others than themselves. Laboratory studies have shown that women will make larger requests when they are made on behalf of others than themselves, whereas men make larger requests for themselves than for others. One study showed that women negotiated a lower salary than men *only* when they were requesting on behalf of themselves (Amanatullah & Morris, 2010). When the request was on behalf of another person, the difference between women and men disappeared (see Figure 12.13). Women perceived that requesting more salary for themselves was pushy but requesting more salary for another person was not.



Figure 12.12 Hypothetical salary of a male and a female over the ages of 25 through 65 if the male received a 4.3% increase and the female received a 2.7% increase each year starting at age 25.



Figure 12.13 Women negotiate less salary than men when negotiating on behalf of themselves but not when negotiating on behalf of others.

Source: Adapted from Amanatullah and Morris (2010)

It turns out that women are penalized for *not* being assertive when they are negotiating on behalf of someone else, but penalized for being assertive when negotiating on behalf of themselves (Amanatullah & Tinsley, 2013a). Gender-related traits explain this effect. When women are not assertive in making requests on behalf of another person, they are perceived as weak, insecure, and naïve. However, when they are assertive in making requests on behalf of themselves, they are perceived as dominant and arrogant. The investigators followed up with an experiment to illustrate how women are punished when their style of negotiation does not match people's expectations. Adults watched a video of a salary negotiation in which women or men negotiated assertively or not and on behalf of themselves or someone else. Assertive females negotiating on behalf of themselves suffered "social backlash"—meaning that people did not want to work with them. The woman's assertive females negotiating on behalf of others suffered "leadership backlash"—meaning that people did not view them as good

leaders and did not want to work on a team with them. Here, women's lack of assertiveness demonstrated a lack of agency or weakness.

If women are less successful in negotiation than men because the agentic behavior required of negotiation contradicts the female gender role, perhaps restoring communion to women will remedy the situation. This idea was tested in one study by having women negotiate for a higher salary either because they were concerned for the organization (the communal condition) or because they had an outside offer (noncommunal condition; Bowles & Babcock, 2012). The communal manipulation influenced how much people wanted to work with the woman but did not benefit her salary. Participants were more willing to work with the female in the communal condition than the female in the noncommunal condition or the male in either condition. The outside offer benefited salaries for both women and men.

One condition in which women can negotiate as effectively as men is when they have already attained status in their careers. Two experiments showed that women's negotiations were successful and not judged negatively by others when they held highstatus positions but not when they held low-status positions (Amanatullah & Tinsley, 2013b). The status of the position was unrelated to outcomes for male negotiators. Unfortunately, these findings are not helpful for women when they are just starting out in their careers.

Thus, the solution to the negotiation dilemma is not to teach women to behave like men, as women's negotiations are viewed differently from those of men. Negotiation takes place in a social context. Recall from <u>Chapter 7</u> that women who behave in assertive, agentic ways are not always liked and are not influential. Women may have to find a way to negotiate that does not compromise perceptions of femininity.

Family Ties

A third reason for the wage gap is related to family ties—what is known as the "mommy tax." Of the relatively few women who have made it to the top in the corporate or noncorporate world, half of those women have no children (Cheung & Halpern, 2010). Only one of the three women who sit on the Supreme Court has children. In her book *The Price of Motherhood: Why the Most Important Job in the World Is Still the Least Valued*, Crittenden (2001) states "motherhood is now the single greatest obstacle left in the path to economic equality for women" (p. 87). The mommy tax refers to the fact that women have primary responsibility for children, which detracts from their wages. When women have children, they may experience the **maternal wall**, which means that employers view them as less desirable employees and provide them with fewer resources and opportunities (Williams, 1999). A 10-year follow-up study of college graduates in 2003 showed that the pay gap between men and women was much larger for those with children than those without children (Dey & Hill, 2007).

Some of the effects of parental status on women's salaries are tangible, in that women lose experience and time from paid work when they have children. A survey of employed men and women showed that 42% compared to 28% of men said that they had reduced their hours to care for a child or family member (Patten, 2015). Another study showed that 20% of women compared to 2% of men had taken time off work for family reasons (Coltrane, Miller, DeHaan, & Stewart, 2013). And taking time off work was associated with lower income. See <u>Sidebar 12.4</u> for a discussion of family-supportive work environments.

🕷 Sidebar 12.4

Family-Supportive Work Environments

Because there is the potential for both role overload and role conflict when the paid work role is combined with family roles, many employers have taken action to support families. There are ways that employment can provide resources to cope with family issues. First, employers can provide child care support, in terms of on-site day care or monetary subsidies. Second, employers can provide flexible work hours. A third policy that employers can institute is family leave. The wage gap is smaller in countries that have these family-friendly policies (Triventi, 2013).

Most developed countries provide some kind of leave for parents with children and hold their job until they return. In a study of 21 fairly wealthy countries, the United States was one of only two countries (the other being Australia) that did not provide paid parental leave (Ray, Gornick, & Schmitt, 2009). The amount of leave varies substantially across countries, but the most extensive leaves are found in the Nordic countries, with Sweden having the most liberal policy of 40 weeks paid leave. Paternity leave in Sweden has been in existence since 1974 (Klinth, 2008). Mothers and fathers can distribute the leave between themselves in any way that they wish, and they can take this leave at any time until the child reaches 8 years old. Typically, mothers take the first part of the leave and fathers take the second part.

Paternity leave has benefits to both fathers and children. A longitudinal study of men in Sweden showed that those who took paternity leave for at least 30 days had lower rates of mortality than those who did not (Mansdotter & Lundin, 2010). The investigators suggested that men's health benefited from the expansion in roles and resources and also from the fact that involvement with children decreases risky behavior. Other research in Europe has linked the use of paternity leave to greater involvement with children (Meil, 2013).

Despite these benefits, in the United States, there is no national paternity leave policy; in fact, there is no national paid leave. Individual companies, however, may opt to offer some form of paid leave. Netflix recently announced one of the most generous leave policies, 1 year of full-time pay for new parents—mothers or fathers. On a national basis, in 1993, President Clinton signed into law the Family and Medical Leave Act (FMLA). The FMLA allows employees to take a 12-week unpaid leave of absence from employment to care for a child or an ill relative without fear of losing their jobs. A comprehensive study of U.S. employers in 2014 revealed that 20% of companies do not comply with the policy, that the amount of money for maternity leave has declined since 2008, and that the leave offered to fathers has decreased since 2008 (Matos & Galinsky, 2014).

Although there is no national policy for paid paternity leave, many fathers do take time off from paid work when they have children. In a nationally representative sample of 10,000 fathers, 89% took some time off (Nepomnyaschy & Waldfogel, 2007). However, a majority do not take off much time—64% took off 1 week or less. A study of a major corporation that provided 6 weeks of paid paternity leave showed that 90% of fathers took some time off but on the order of 2–3 weeks rather than 6 (Miller, 2014). By contrast, nearly all of the mothers took the full 3 months of paid leave. A study of college professors showed that only 12% of men compared to 69% of women took advantage of paid parental leave (Rhoads & Rhoads, 2012).

A major difference between the policies in the United States and other countries, such as Sweden, is that the leave is unpaid in the United States but paid in other countries. In the United States, men typically use their vacation days or personal days for child care. Because state and federal legislation in the United States has increased opportunities for parental leave, more women and men have taken advantage of it (Han, Ruhm, & Waldfogel, 2009). Even in Sweden, 90% of fathers take' paternity leave, but they only use 20% of the days to which they are entitled (Haas & Hwang, 2008; Klinth, 2008). This means that there are other reasons why men in the United States and men elsewhere do not take paternity leave.

One obstacle is the connection of work to the male gender role and the connection of flexibility and parental leave to the female gender role. Some men believe that employers and coworkers have a negative attitude toward paternity leave and that taking leave would be viewed as unmasculine and as lacking a commitment to work. In fact, there is experimental research to show that when men take time off from work to care for a family member, they are viewed as less agentic, more communal, and poor workers (Rudman & Mescher, 2013). Research that evaluated both men and women who were offered a more flexible work arrangement and accepted the offer or declined it showed that those who opted for flexibility were more negatively evaluated and assigned lower salaries (Vandello, Hettinger, Bosson, & Siddiqi, 2013)—and this applied both to men and women who accepted the offer. In a follow-up study, the investigators asked college students about their intentions to seek flexibility in their future jobs. Men said they were less likely to seek flexibility *if* they perceived that flexibility was associated with lower levels of masculinity and agency.

Another reason that the pay disparity increases when women and men become parents is that life priorities shift—especially for women. A longitudinal study followed top math and science graduate students between the ages of 25 and 35 (Ferriman, Lubinski, & Benbow, 2009). Although both women and men said that job flexibility and limited work hours were a priority at age 25, these issues became more important over the next 10 years to women than men—especially among those who became parents. There is an economic cost to job flexibility and limited work hours.

Both men and women value job flexibility, but women value it more than men (Lips & Lawson, 2009). In interviews with 716 women who left tech fields, women said that it was not becoming a mother that caused them to leave—it was the lack of flexible work arrangements (Snyder, 2014). And when people seek flexible arrangements, they are viewed as more communal, less agentic, and less dedicated workers, as elaborated on in <u>Sidebar 12.4</u>. This preference for job flexibility has implications for salary.

Even when the money lost from taking time off from work is taken into consideration, parenthood continues to have a negative effect on women's salaries. Other effects of motherhood on the pay gap are not so tangible. Motherhood is conceived as a low-status characteristic, meaning that it undermines perceptions of women's competence and commitment in the work force (Ridgeway & Correll, 2004). A number of laboratory studies have shown the negative effect motherhood has on perceptions of women's competence. When college students read applications from two females, the labeling of one applicant as a parent influenced perceptions of competence and job commitment and allocation of salary (Correll, Benard, & Paik, 2007). Mothers were judged as less competent and less committed than nonmothers, and salary recommendations were \$11,000 less for mothers than nonmothers. Whereas 84% of nonmothers were recommended for hire, only 47% of mothers were recommended for hire. The bias was

demonstrated for both White and African-American applicants and by both female and male participants. Interestingly, fathers were rated as more committed and given a higher salary than men who were not fathers.

This pattern of findings is not limited to vignette studies. Field experiments have shown similar results. When fictitious job applications were sent to employers with the sex and parental status of the applicant manipulated, employers were more likely to call women who were not mothers than mothers for an interview and were more likely to call fathers than men who were not fathers for an interview (Correll et al., 2007). When retail store employers were confronted with pregnant or nonpregnant female applicants, they were equally likely to tell both applicants that jobs were available but showed greater hostility toward pregnant than nonpregnant applicants according to audiotapes of the interactions (Hebl, King, Glick, Singletary, & Kazama, 2007).

Employers may have different beliefs about mothers and fathers as workers. Employers may perceive that they can pay women less than men because they are less likely to leave their position for more money; family ties will keep them in the area. Employers also may believe that mothers are less dedicated to their work than fathers. A study of professors in academia showed that senior faculty perceived that junior faculty mothers were less involved with work than fathers despite the fact that junior faculty mothers reported being more involved with work than fathers (King, 2008). Although mothers and fathers reported equal interest in career advancement, senior faculty perceived that fathers were more interested than mothers.

These stereotypes on the part of employers could influence how they behave toward mothers and fathers. Employers may believe it is more worthwhile to reward single women than married women because single women are less likely to let family obligations interfere with work and are more likely to seek a job elsewhere that pays more money. Employers may also believe it is more worthwhile to reward fathers than men without families because fathers have a family to support. Both marriage and parenthood are associated with increased earnings for men, whereas the links to earnings for women are less clear (Coltrane et al., 2013; Killewald & Gough, 2013). The former is referred to as the **marital bonus** for men.

The marital bonus is alive and well in China. In a study that examined job advertisements in China, 40% of the ads were directly discriminatory in specifying the sex of the applicant, and a substantial number referred to the preferred marital status (Woodhams, Lupton, & Xian, 2009). There was greater concern with the marital status of women than men. When marital status was mentioned in the ad, women were preferred if they were unmarried and men were preferred if they were married. For women, being married means that they have domestic responsibilities that could detract from work. For men, being married means that they can be more committed to work because they have someone at home to take care of domestic responsibilities.

In fact, one reason that the wage gap is larger among higher-status compared to lower-status occupations is that high-status occupations that interfere with family life (e.g., business travel, being available after hours) are more likely to be held by men (Magnusson, 2010). These kinds of conflicts are particularly bothersome to women with children. The wage gap gets larger as occupational prestige increases—but only among married and cohabiting couples with children.

What can women do to escape the "mommy tax"? One way that women have resolved this problem is to delay childbearing until they are established in their careers. These women earn more money and have greater job opportunities (Crittenden, 2001). However, this is a choice that is not appealing to all women—and a choice that men do not have to make.

One group of women who may not suffer from the wage gap is lesbians. One might expect that gay men and lesbians earn less money for comparable work than their heterosexual counterparts because of sexual orientation discrimination. This is true in the case of gay men, but lesbians earn more than heterosexual women (Hess et al., 2015). One explanation is based on **human capital accumulation theory**. Heterosexual women limit their market skills more than lesbians because they expect to be part of a traditional family where a second income will exist. Lesbians do not limit their market skills because they are less certain of a second income. Lesbians are more educated than heterosexual women and more likely than heterosexual women to have full-time jobs (Ross & Mirowsky, 2013). Lesbians are also more likely than heterosexual women to have nontraditional jobs, which are associated with higher salaries. Lesbians have greater freedom to pursue their careers because they do not have the constraints of a husband and are less likely to have children. However, even when lesbians have children (which is increasingly common), motherhood does not detract from perceptions of competence as it does for heterosexual women. As shown in Figure 12.14, heterosexual college students rated a heterosexual woman as less competent and less career oriented when she was a parent than a nonparent, rated a heterosexual man as more competent and more career oriented when he was a parent than a nonparent, and rated a lesbian as equally competent and career oriented regardless of whether she was a parent or not (Peplau & Fingerhut, 2004). Just because lesbians have higher incomes than heterosexual women does not mean that they do not suffer from access or treatment discrimination, however. To the extent that discrimination does exist, the difference in salaries between lesbians and heterosexual women should be even larger.



Figure 12.14 Heterosexual women were rated as less competent and less career oriented when they were a parent compared to a nonparent; heterosexual men were rated as more competent and more career oriented when they were a parent compared to a nonparent. Lesbians were rated as equally competent (a) and equally career oriented (b) regardless of parental status * = difference is significant; n.s. = difference is not significant. Source: Adapted from Peplau and Fingerhut (2004)

Denial of Discrimination

A 2014 poll by the Pew Research Center (2015) showed that about two-thirds of women and just fewer than half of men believe that women face some discrimination today. However, another poll showed that only 15% of women and 8% of men say that they personally have been passed up for promotion or denied an opportunity due to their sex —that is, experienced discrimination (Mendes, 2013). Women, on average, perceive that other women are victims of discrimination—but they are not. Many years ago, Faye Crosby (1984) asked women the following three questions in several studies (p. 371):

- 1. Do you currently receive the benefits from your job that you deserve to receive?
- 2. Are you at present the victim of sex discrimination?
- 3. Are women discriminated against?

The vast majority of women said yes to questions 1 and 3, but no to question 2. They believed they receive the benefits they deserve, that they do not suffer personal discrimination, but that other women are victims of discrimination. Crosby refers to this phenomenon as the **denial of disadvantage**. That is, women (and men) are more likely to agree that women in general are subject to discrimination and that women do not receive the same salary as men for comparable work, but women deny any personal disadvantage. See if this phenomenon appears at your school in <u>Do Gender 12.4</u>.

Ø Do Gender 12.4

Denial of Personal Discrimination

You probably will not be able to measure actual discrimination in this exercise, but you can determine the extent to which women perceive that others compared to themselves are subject to discrimination. Ask a group of men and women Crosby's (1984) three questions:

- 1. Do you currently receive the benefits from your job that you deserve to receive?
- 2. Are you at present the victim of sex discrimination?
- 3. Are women discriminated against?

For interest, ask an additional question:

4. Are men discriminated against?

What percentage of women and men perceive that women are victims of discrimination? That men are victims of discrimination? What percentage of men and women perceive they are victims of sex discrimination?

Why do women deny personal discrimination? There are a couple of explanations (Crosby, 1984; Sechrist & Swim, 2008). First, it is difficult for a person to infer discrimination on the basis of a single case. We can always find another reason why we did not receive the job, the promotion, or the salary increase: Other people had more experience, education, or knowledge. It is difficult for a single person to compare herself or himself to a group of individuals. Second, perceiving discrimination arouses discomfort. If an individual suffers discrimination, someone specific is to blame. Perceiving that a group of people suffer discrimination (i.e., all women) does not cause as much discomfort because the source of the discrimination is more diffuse: society as a whole.

Third, even if one personally acknowledges discrimination, there may be consequences to the self and the perpetrator if a public announcement is made. A study of college students showed that both women and men are less inclined to perceive discrimination when the source is a person than a rule and when there are negative consequences to that person. When students were discriminated against (i.e., received less credit than another person for a superior performance) due to either a sexist experimenter or a sexist rule, people were more inclined to perceive discrimination if the cause was a rule than a person (Sechrist & Delmar, 2009). Females were especially unlikely to perceive discrimination when the source of the behavior was the person than the rule. A follow-up study showed that students were especially unlikely to perceive discrimination due to a sexist experimenter when the possibility existed for the experimenter's supervisor to know about the person's behavior. Both males and females may be concerned about consequences to themselves as well as consequences to the

perpetrators.

Another reason women do not perceive personal discrimination is that women feel entitled to less pay than men. In two laboratory studies, female college students paid themselves less for the same task than male college students (Desmarais & Curtis, 1997). One reason women feel less entitled to equal pay is because they compare their earnings to those of other women rather than those of other men (Bylsma & Major, 1994). Because work is often segregated by sex, women find other women more suitable sources of comparison. A basic principle of social comparison theory is that we compare ourselves with "similar others." Women perceive similar others to be women in general rather than men-even if they are working alongside men. Thus, members of disadvantaged groups—in this case, women—will be satisfied with unfair treatment and may even judge they deserve it. A study of college students showed that women expected lower pay than men, and this expectation accounted for about a third of the difference in the actual salaries of the jobs students aimed to find (Heckert et al., 2002). Heckert and colleagues argue that women's expectations of a lower salary becomes a self-fulfilling prophecy. Women expect lower pay and are thus satisfied with lower pay. For women to be dissatisfied with less pay than men, comparisons to men need to be made salient and relevant. When women compare themselves to men, they become less satisfied. Recall from Chapter 11 that the tendency of women to compare themselves to women rather than men was also used to explain why women are satisfied with an unequal division of household labor.

There are several factors that can influence whether women perceive discrimination. System justifying beliefs is one deterrent to the perception of discrimination. These beliefs include the belief that the world is just and fair, that people get what they deserve, and that one has control over his or her destiny. When female college students were told that they did poorly on a computer task to assess cognitive ability and led to believe that they might be victims of sex discrimination (ambiguous) or they were clearly victims of sex discrimination (clear discrimination), women perceived discrimination in the clear discrimination condition but only perceived discrimination in the ambiguous situation if they did *not* endorse a belief in a just world (Choma, Hafer, Crosby, & Foster, 2012). In other words, when women perceive the world is just and fair, they are unlikely to detect discrimination. Another study showed that priming women and men with system justifying beliefs leads men to feel that they are entitled to more money and women to feel that they are entitled to less money, as shown in Figure 12.15 (O'Brien, Major, & Gilbert, 2012). Finally, women who believed that they had greater choice in staying home to take care of children were less likely to perceive discrimination (Stephens & Levine, 2011). And, when choice was primed, women reported less discrimination than when it was not primed. However, when women who hold system justifying beliefs are faced with clear discrimination, they show evidence of greater stress in terms of heightened blood pressure (Eliezer, Townsend, Sawyer, Major, & Mendes, 2011).

Many organizations have policies against sex discrimination. Although helpful, there

is an unintended negative consequence to those policies. Simply knowing the policy exists may lead one to be less likely to detect discrimination. Experimental research shows that women are less likely to detect discrimination if the company has diversity training (Brady, Kaiser, Major, & Kirby, 2015). Apparently the mere presence of diversity training leads women to perceive that they must be being treated fairly.



Figure 12.15 The prime led men to increase their entitlement and women to decrease their entitlement to more pay SIB = system justifying beliefs Source: O'Brien et al. (2012)

Even if discrimination is detected, the person does not necessarily act on it. There are many barriers to action, including time and effort, concerns with negative repercussions, and perceptions of futility. One study showed that college women are more likely to confront discrimination if they score high on optimism (Sechrist, 2010). Optimistic women were more likely to say they would confront discrimination because they had stronger beliefs that their actions would make a difference.

Take Home Points

- Women suffer from both access discrimination and treatment discrimination.
- Treatment discrimination can take the form of the glass ceiling, the glass escalator, the glass cliff, and pay disparity.
- The pay disparity between women and men can be accounted for by factors that distinguish women and men workers (supply-side theory) and the differences in the ways that women and men are treated (demand-side theory).
- One factor that distinguishes male and female workers and accounts for a large portion of the pay disparity is that men enter occupations associated with higher salaries than women. In addition, jobs held by men are associated with higher pay than jobs held by women, reflecting the salary estimation effect.
- Sex differences in wages appear among women and men in the same occupation, although the size of the disparity is smaller.
- The fact that women negotiate less than men and women's negotiations are less successful than those of men contributes to the pay gap.
- The presence of children contributes to the pay gap. Women take more time off from paid work for children, and this differential work experience accounts for a sizable difference in earnings. The presence of children also indirectly contributes to the pay gap, as it undermines perceptions of competence for women but not men. In fact, men's salaries seem to benefit from the presence of children, whereas women's do not.
- Women are not as dissatisfied with the pay disparity as one might expect. Part of the reason is that women do not perceive themselves as victims of discrimination, although they perceive that other women are victims of discrimination.
- Other reasons that women do not recognize a personal pay disparity is that women compare their salary to that of other women rather than that of men, and women endorse system justifying beliefs.

Sexual Harassment

In 1991, the Tailhook Association, an organization for Navy aviators, convened at the Hilton Hotel in Las Vegas for their annual convention. The convention was known for its memorable parties and rowdy behavior, but this year, things got out of hand—or this year, people got caught. Women who were on vacation, as well as women who were members of the association, walked in on the third-floor party to find the halls lined with men (known as the "Banister") who proceeded to grab and fondle various body parts and remove clothing despite the women's screams and attempts to fight the men off. The final report sent to the Navy contained incidents of verbal abuse, physical abuse, and sexual molestation (Ballingrud, 1992).

Not nearly as famous as Tailhook, but equally as devastating, was the Eveleth Mines case (Tevlin, 1998). In 1993, 16 female mine workers successfully sued Oglebay Norton Corp. in the first ever hostile sexual work environment class-action lawsuit in the United States. The mine was decorated with pornography, obscene graffiti, and sexual objects. One woman went to discuss these issues with her supervisor but found a picture of a vagina on his desk. The women were subjected to dirty jokes, sexual propositions, fondling, and groping on a daily basis. One woman even found semen on the clothes in her locker. Although the courts agreed the women suffered sexual harassment, it took 5 years to settle the case. Monetary awards were provided to the women, but the company did not apologize.

More recent than these incidents but quite different in nature—a woman from Sweden stated that her boss coerced her into having sex with him four times and then fired her after he caught her in bed with her boyfriend (Associated Press, 2015). She was awarded \$850 million in a lawsuit against her boss.

In this section of the chapter, I define sexual harassment, examine its incidence, and describe characteristics of perpetrators and victims. Then, I review some theories of sexual harassment.

Definitions

The following is the U.S. Equal Employment Opportunity Commission's (EEOC, 1980, p. 74677) definition of sexual harassment:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

The EEOC defines two types of sexual harassment: (1) **quid pro quo**, which means one person offers work benefits (e.g., promotion) or threatens work repercussions (e.g., loss of

job) in exchange for sexual favors, and (2) **hostile environment**, which means the person is faced with a hostile, intimidating work environment. Quid pro quo, which can be translated as "this for that," is likely to occur among two people of different statuses. Hostile environment sexual harassment, which frequently consists of pervasive pornographic material, sexual language, and displays of sexual behavior, is more likely to occur among coworkers; this type of harassment was the subject of the Eveleth Mines case.

It is difficult to define *sexual harassment* exclusively in terms of behavior because a given behavior can be construed as harassment in some instances and not others. Although some behaviors can clearly be defined as sexual harassment, such as a sexual bribe, others cannot be objectively classified as harassment in an absolute sense. How can you tell whether a comment or a look is flirting or harassment? Consider the woman who walked around New York for 10 hours and had someone videotape the 100 catcalls she received (Sieczkowski, 2014). She and the videographer considered it harassment; some viewers did not.

Paludi and Barickman (1998) have suggested that one way to determine whether a behavior is harassment is to examine whether the recipient has the freedom to pursue the relationship. If the person feels free to pursue or not pursue the relationship, the behavior is not harassment; if the person feels she or he has no choice, the behavior is harassment. A second way to determine whether a behavior is harassment is to examine the effect of the behavior on the person. If the behavior makes one feel good and even attractive, the behavior is not harassment; if the behavior makes one feel uncomfortable, the behavior is harassment. These definitional distinctions are problematic because they rely on the recipient's interpretation of the behavior. One recipient may feel uncomfortable when a person whistles at her, whereas another recipient may feel attractive.

Much of this discussion has focused on the psychological rather than the legal definition of *sexual harassment*. In defining hostile *environment sexual harassment*, the U.S. Supreme Court has set forth guidelines that both the alleged victim and a "reasonable person" must perceive the behavior as hostile (Weiner & Gutek, 1999). Not surprisingly, this standard has been difficult to implement.

There is consensus that some behaviors are clearly sexual harassment and some are not. Sexual propositions, sexual coercion, and sexual touching are viewed as sexual harassment by almost everyone. Sexist comments, jokes, coarse language, flirting, and staring, however, are typically not viewed as harassment. There is more agreement that harassment has occurred when behaviors are physical (e.g., petting, pinching) rather than verbal (e.g., sexual comments, innuendoes).

Table 12.2 Levels of Sexual Harassment		
1.	Gender harassment	sexist comments suggestive stories
2.	Unwanted sexual attention	leering
		attempts at touching

Table 12.3 Sample Items From the Sexual Experiences Questionnaire		
Gender harassment	Crude sexist remarks	
Seductive behavior	Propositions	
Sexual bribery	Direct offers of reward	
Sexual coercion	Direct threats	
Sexual imposition	Unwanted attempts to touch or fondle	

Source: Fitzgerald et al. (1988)

There are three levels of sexual harassment (Fitzgerald, Gelfand, & Drasgow, 1995). They are shown in <u>Table 12.2</u>, in order from least to most severe. The first two levels are more similar to hostile environment sexual harassment, whereas the third reflects quid pro quo sexual harassment. There is more agreement that harassment has occurred at the most severe levels. One common instrument used to measure sexual harassment, especially in college students, is the Sexual Experiences Survey (Fitzgerald et al., 1988; Fitzgerald et al., 1995). Sample items are shown in <u>Table 12.3</u>.

Women and men differ in their definitions of sexual harassment. Women are more likely than men to label the same behavior as harassment, according to a meta-analytic review of 62 studies (Rotundo, Nguyen, & Sackett, 2001). Sex differences in perception were larger for hostile environment harassment than quid pro quo harassment. Differences between women's and men's interpretations of a behavior are most likely to emerge for more ambiguous behaviors, such as staring or sexist remarks. Women and men clearly agree that a sexual proposition is sexual harassment. Men are more likely than women to endorse the different domains of sexual harassment myths shown in Table 12.4 (Lonsway, Cortina, & Magley, 2008). Men who endorse these myths have more hostile attitudes toward women.

Perceptions of sexual harassment also vary by culture. In a cross-cultural study of college students, those from individualistic cultures (e.g., United States, Germany) were more likely to perceive a behavior as sexual harassment, to assign more responsibility to the perpetrator, and to assign less responsibility to the victim than those from collectivist cultures (e.g., India, Taiwan; Sigal et al., 2005).

A given behavior also may be more likely to be labeled harassment if the perpetrator is male than female. Women assign harsher penalties than men (Benavides-Espinoza & Cunningham, 2010), and both women and men assign harsher penalties for the same behavior if the perpetrator is male than female (Cummings & Armenta, 2002). One reason is that males have a higher status than females, and status is related to whether a behavior is interpreted as sexual harassment. A meta-analysis showed that a behavior was more likely to be labeled harassment when there was a status difference between the perpetrator and the target (d = +.65; Blumenthal, 1998).

Table 12.4 Sexual Harassment Myths

Fabrication/Exaggeration:

• Women often file frivolous charges of sexual harassment.

• Women who wait weeks or months to report sexual harassment are probably just making it up.

Ulterior Motives:

• Sometimes women make up allegations of sexual harassment to extort money from their employers.

• Women sometimes file charges of sexual harassment for no apparent reason.

Natural Heterosexuality:

• Most women are flattered when they get sexual attention from men with whom they work.

• It's inevitable that men will "hit on" women.

Woman's Responsibility:

• Women can usually stop unwanted sexual attention by simply telling their supervisors about it.

• Nearly all instances of sexual harassment would end if the woman simply told the man to stop.

Incidence

In 2014, 6,852 charges of sexual harassment were filed with the EEOC (U.S. Equal Employment Opportunity Commission, 2014). A majority of charges were filed by women; 18% were filed by men.

How many people have experienced sexual harassment during their working history? The prevalence of sexual harassment is typically measured with surveys. One methodological difficulty with the survey method is that only a subset of people complete them. The people who complete the survey differ from the people who do not complete the survey. The kind of person who responds to a survey is likely to be interested in the topic, and it makes sense that the people who will be most interested in the topic of sexual harassment are those who have experienced it. There is evidence that such a response bias exists.

A meta-analytic review of the literature showed that the sampling technique influenced reports of sexual harassment (Ilies, Hauserman, Schwochau, & Stibal, 2003). Reports of sexual harassment were higher in convenience samples than representative random samples. This finding suggests that the people who volunteer to be in studies of

sexual harassment are more likely to have been harassed. Thus, to obtain a good estimate of the frequency of sexual harassment, it is very important to have a representative sample of participants and a high response rate.

One of the problems with determining the incidence of sexual harassment is the definitional issue. When people are explicitly asked in a survey if they have been sexually harassed, fewer people report harassment than when they are asked if any of a series of behaviors such as those shown in <u>Table 12.4</u> have occurred. For example, in a survey of working women in the Detroit area, women were asked if any of the seven items on a version of the Sexual Experiences Questionnaire (<u>Table 12.4</u>) had occurred to them (Holland & Cortina, 2013). The vast majority (79%) said that they had had at least one of these experiences. However, the label "sexual harassment" was not used on this questionnaire. When the same women were asked if they had experienced sexual harassment, only 8% agreed.

What is the incidence of sexual harassment on college campuses? A 2005 nationally representative survey of undergraduates showed that sexual harassment is prevalent, with two-thirds of students reporting some kind of harassment (Hill & Silva, 2005), which is consistent with another report of 57% (Huerta, Cortina, Pang, Torges, & Magley, 2006). The majority of harassment incidents consist of verbal behaviors, such as lewd comments, jokes, sexual innuendoes, and remarks about body parts. Female and male students are equally likely to be harassed, but females are more bothered than males by the harassment. Lesbian, gay, and bisexual students were more likely than heterosexuals to experience harassment. Interestingly, when students were asked why they engaged in sexual harassment, the most common response was because they thought it was funny. Only 17% did so because they wanted to date the person. Conduct your own study of sexual harassment on campus with <u>Do Gender 12.5</u>.



Prevalence of Sexual Harassment on Campus

First, you must decide on a definition of sexual harassment. Then, you must decide on the behaviors that constitute sexual harassment. Administer a survey to 10 men and 10 women on campus and ask them how frequently they have experienced each behavior. After the frequency ratings are made, you might ask the respondents whether they have been sexually harassed and whether they perceive each of these behaviors as sexual harassment.

Sexual harassment also has been studied among middle school and high school students. In a national survey of 7th- through 12th-graders, 48% said that they had experienced some form of sexual harassment and that figure was larger for girls (56%) than boys (40%; Hill & Kearl, 2011). The most common form of sexual harassment was verbal—sexual comments and jokes. Girls were also more likely than boys to say that they had witnessed sexual harassment. It was rare that students admitted to engaging in sexual harassment, but the figure was slightly higher for boys (18%) than girls (14%). A study of middle school students administered a modified form of the Sexual Experiences Questionnaire shown in Table 12.4 and found no sex differences in the experience of sexual harassment (Lichty & Campbell, 2012). Gender harassment—name calling, commenting on appearance—was most common. Both girls and boys agreed that males were more likely to be perpetrators.

One reason that the problem of sexual harassment is underestimated is that victims do not always report sexual harassment. Unfortunately, the failure to file a complaint makes victims less credible and less successful in court (Gutek, 2008). Why don't victims report harassment? There are a number of reasons. Victims may be embarrassed, may fear for their jobs-especially in a situation in which the person's income is essential to the family-or may fear that they won't be believed and will be further victimized. People underestimate how likely they would be to take action if sexually harassed. One study compared what people said they would do in response to harassment via a vignette study to how people actually responded to harassment in an experimental study (Woodzicka & LaFrance, 2001). In the vignette study, women were asked how they would respond to a job interviewer who asked harassing questions, such as if they had a boyfriend and if they thought women should wear a bra to work. In the laboratory study, women were asked these questions during a mock interview. Although 68% of the women in the vignette study said that they would refuse to answer one or more questions and 25% said they would tell the interviewer off or leave, none of the women in the laboratory study refused to answer the questions, none of the women confronted the interviewer, and none of the women left.

Men may be even less likely than women to report sexual harassment. Men are expected to handle these kinds of situations on their own; admitting to harassment means admitting to victim status, which is inconsistent with the male gender role. Being the subject of harassment by another man would be especially threatening to men. Thus, it is not surprising that men are even less likely to report sexual harassment by other men (Dziech & Hawkins, 1998). Furthermore, people seem to be harsher in judging male compared to female victims. Male victims are less likely to be believed, are liked less, and are punished more compared to female victims (Madera, Podratz, King, & Hebl, 2007). Female victims are liked more than male victims—especially if they are attractive.

Outcomes of Sexual Harassment

Sexual harassment is associated with negative job outcomes, increased psychological distress, and poorer physical health (Holland & Cortina, 2013). In terms of work quality, people who are harassed are unhappy with their jobs, have more difficulty performing their jobs, are less committed to their jobs, and may decide to leave. Health outcomes range from psychological distress, such as loss of self-esteem, anxiety, and depression, to physical symptoms, such as headaches and gastrointestinal problems, and even eating disturbances. Among middle school and high school students, sexual harassment has been linked to psychological distress and problems with school, including a lower GPA and avoiding going to school (Hill & Kearl, 2011; Lichty & Campbell, 2012). Girls report more negative effects than boys.

Sexual harassment also may affect people's beliefs about the world and their ability to trust others. One study showed that college women who had been sexually harassed were less likely to believe the world was a fair place and that they had control over what happened to them (Fischer & Holz, 2010). These beliefs were then linked to distress. People who are harassed also may withdraw from social interactions. Sexual harassment is more strongly related to poor outcomes among younger than older people. The more frequent and the more severe the harassment, the more severe the consequences (Collinsworth, Fitzgerald, & Drasgow, 2009). There also are negative effects of witnessing sexual harassment, referred to as *ambient sexual harassment*This is referred to as the (Glomb et al., 1997). Witnesses realize that they work in a culture in which they are neither supported nor protected from sexual harassment.

Most research on the outcomes of sexual harassment comes from survey studies. The problem with survey studies is that both the independent variable (sexual harassment) and the dependent variable (distress) rely on self-report. Laboratory studies in which sexual harassment is manipulated can provide more definitive evidence of its effects. When college students are presented with sexual harassing scenarios, females report more discomfort than males but both experience discomfort (Dillon, Adair, & Brase, 2015). One study showed that sexual harassment during the interview process impaired women's performance (Woodzicka & LaFrance, 2005). Young adult females were interviewed for a job by a male and randomly assigned to receive one of two sets of interviewer questions. Both sets of questions were out of the ordinary (to control for the surprise element of the questions), but only one set of questions could be construed as sexual harassment. For example, in the control condition, women were asked if they had

a best friend and if they thought it was important for people to believe in God. Like the previous study, in the sexual harassment condition, women were asked if they had a boyfriend and if they thought it was important for women to wear a bra to work. The interview was videotaped and transcribed and rated by coders who were blind to condition. Women in the sexual harassment condition spoke less fluently, gave lower-quality answers to questions, and asked fewer relevant questions during the interview than women in the control condition. Interestingly, women's perception of being harassed was not related to these outcomes. Thus, the objective measure of harassment hurt performance, whereas the subjective perception of harassment did not.

Not all people respond to sexual harassment in the same way. One study showed that feminist activism buffered women from the effects of sexual harassment (Holland & Cortina, 2013). Gender harassment was related to increased withdraw from work but only for women who were not activists. A study of college students showed that nontraditional/feminist attitudes buffered the effects of sexual harassment for White women but exacerbated the effects of sexual harassment for Black women (Rederstorff, Buchanan, & Settles, 2007). Rederstorff and colleagues argued that feminist attitudes provided White women with an external attribution for the harassment—societal problems at large. Black women, however, face oppression from both race and gender, and sexual harassment may make this double victimization salient, leading to psychological distress.

Characteristics of Perpetrator

There are few distinctive demographic characteristics of men who sexually harass women. Sexual harassment is usually not related to a man's age, marital status, physical attractiveness, or occupation (Paludi & Barickman, 1998). Harassers are more likely to be coworkers than supervisors (Bondurant & White, 1996), in part because people have more coworkers than supervisors, which means hostile environment harassment is more common than quid pro quo harassment.

Although male harassers cannot be distinguished by demographic characteristics, psychological characteristics are linked to those who may harass. Men who score higher on male gender-role stress are more likely to engage in sexual harassment (Mellon, 2013). So it is not the case that men who are confident in their masculinity are the perpetrators of sexual harassment. Pryor (1998) developed the Likelihood to Sexually Harass (LSH) scale to identify the person most likely to engage in sexual harassment. This scale consists of a series of situations that create the opportunity for quid pro quo sexual harassment to occur. Following each scenario, respondents are asked how likely they would be to engage in a number of behaviors. A sample scenario is shown in Table 12.5. Men who score high on this scale say they would respond to the series of scenarios by engaging in sexual behavior. These men endorse stereotypical masculine beliefs and have traditional attitudes toward women (Paludi & Barickman, 1998; Pryor, Giedd, & Williams, 1995). These men equate masculinity with high status, appearing tough, and

being dominant.

Characteristics of Victim

Younger, unmarried, and non-White women are more likely to be harassed than older, married, and White women (Gutek & Done, 2000; McLaughlin, Uggen, & Blackstone, 2012). Women's occupations also are linked to sexual harassment. Women employed in male-dominated positions are more likely to be harassed than women employed in traditional occupations (McLaughlin et al., 2012), in part because these women have greater contact with men and in part because they are more likely to label a behavior in this context as sexual harassment. Women's occupations also influence the type of sexual harassment. Women in traditional occupations are likely to suffer quid pro quo sexual harassment, whereas women in nontraditional occupations are likely to suffer from hostile environment sexual harassment (Lach & Gwartney-Gibbs, 1993). When women are in nontraditional jobs, they are perceived by male peers as a threat to their jobs. Sexual harassment is most likely to occur in situations where women reject the traditional female role. According to Burgess and Borgida (1999), sexual harassment is a way of punishing women who do not adhere to the prescriptive component of stereotypes. Sexual harassment is used to maintain the status differential between women who threaten the status quo and men.

Table 12.5 Likelihood to Sexually Harass Scenario

Imagine you are a college professor. You are 38 years old; you teach in a large Midwestern university; you are a full professor with tenure; you are renowned in your field (abnormal psychology) and have numerous offers for other jobs. One day, following the return of an examination to a class, a female student stops in your office. She tells you that her score is one point away from an. A and asks you if she can do an extra credit project to raise her score. She tells you that she may not have a sufficient grade to get into graduate school without the A. Several other students have asked you to do extra credit assignments, and you have declined to let them. This particular woman is a stunning blonde. She sits in the front row of the class every day and always wears short skirts. You find her extremely sexy. How likely are you to do the following things in this situation?

a. Would you let her carry out a project for extra credit (e.g., write a paper)?

Not at all likely 1 2 3 4 5 Very likely

b. Assuming that you are very secure in your job and the university has always tolerated professors who make passes at students, would you offer the student a chance to earn extra credit in return for sexual favors?

Not at all likely 1 2 3 4 5 Very likely c. Given the same assumptions as in the question above, would you ask her to join you for dinner to discuss the possible extra credit assignments?

Not at all likely 1 2 3 4 5 Very likely

Source: Pryor (1998)

Theories

One theory of sexual harassment is that it is a natural and normal part of male-female relationships (Tangri & Hayes, 1997). Sexual harassment may be viewed as the product of male hormones or as a normal part of male courting behavior. One motive for sexual harassment may be to seek sexual intimacy. The behavior becomes a problem, however, when it is not desired on the part of the female.

Another theory of sexual harassment is that it is a manifestation of patriarchy—men's dominance over women. According to this view, harassment is a form of men asserting their power over women and has more to do with power than sex (Sandler & Shoop, 1997; Tangri & Hayes, 1997). With quid pro quo harassment, power is certainly an important factor. However, even with hostile environment harassment between coworkers, some would argue that assertion of power is the underlying motivation. Sexual harassment is a way for men to reinforce gender-role norms of men having power over women (Stockdale & Bhattacharya, 2009). The fact that women who violate gender-role norms are more likely to be victims of sexual harassment supports this theory. It also appears that women who are in positions of power within an organization are more likely to be victims of harassment (McLaughlin et al., 2012). In this case, sexual harassment may be used as a way to counteract women's power.

A social-psychological perspective conceptualizes sexual harassment as the product of both personality factors and situational factors. Sexual harassment is a behavior that occurs among some of the people some of the time (Pryor et al., 1995). Characteristics of people who harass are addressed with Pryor's (1998) LSH scale. What are the environmental conditions that foster sexual harassment? In one study, priming men with a sexist film was associated with sexual harassment (i.e., number of sexist questions asked of a female during a mock job interview; Pryor, Hesson-McInnis, Hitlan, Olson, & Hahn, 2000). In another study, men whose masculinity was threatened by being outperformed by a female on a masculine task were more likely to engage in the same form of sexual harassment; that is, ask sexist questions (Pryor et al., 2000). Finally, in a third study, men whose masculinity was threatened by being told they scored lower than most males on a test sent more sexist jokes to a peer but only when the peer encouraged it (Hunt & Gonsalkorale, 2014). In the latter case, there were two environmental conditions that led to sexual harassment: threat to masculinity and encouragement from peer.

Sexual harassment is most likely to occur in situations where it is perceived as acceptable or tolerated (Pryor et al., 1995). In organizations where management condones sexual harassment, the frequency increases. Attending a school with a climate that condones harassment is associated with lower self-esteem, higher distress, and feelings of unsafety at school for both females and males (Ormerod, Collinsworth, & Perry, 2008).

Another theory of sexual harassment that emphasizes the contribution of situational variables is **sex-role spillover theory**, which suggests that expectations about women's and men's roles carry over to the workplace when they are not appropriate or relevant

(Tangri & Hayes, 1997). This theory implies that sexual harassment is more likely to occur when gender is salient (Gutek & Done, 2000). Gender is salient when women work in male-dominated occupations. This theory also applies to men: Men who work with a large number of women are more likely to experience sexual harassment (Gutek & Done, 2000). Gender roles also can be made salient when an occupation highlights one's gender role. For example, waitresses and secretaries may suffer higher rates of sexual harassment because their sex is salient (Gutek & Done, 2000).

Take Home Points

- There are two kinds of sexual harassment: quid pro quo and hostile environment.
- Sexual harassment is difficult to define because it rests in part on how the recipient perceives the behavior.
- Sexual harassment ranges in severity from lewd comments to sexual coercion; there is more agreement that a behavior constitutes harassment when it is more severe.
- Women are more likely than men to perceive a behavior as harassment. There is more agreement between women and men on the more severe forms of sexual harassment.
- Sexual harassment appears to be fairly common; the most common forms are the less severe forms.
- A psychological instrument, the LSH scale, has been developed to distinguish between men who are more and less likely to harass.
- Women in traditionally male occupations and women in higher-status positions are more likely to be harassed, perhaps because their presence represents a threat to men.
- Social-psychological theories of sexual harassment emphasize that the behavior is a product of both individual difference variables (such as the LSH scale) and situational variables (when the male role is threatened, when women's sex is made salient).

Summary

In this chapter, I evaluated the effect of the paid worker role on women's and men's health. The paid worker role is associated with health benefits for both women and men. The effect of the paid worker role on women's and men's health is largely due to its influence on resources and demands. To the extent that women's employment increases women's economic resources, women benefit. To the extent that women's employment increases men's participation in household chores and decreases women's, women benefit but men may suffer. This presents a challenge for couples in which wives and husbands both work outside the home.

Having multiple roles, such as the roles of paid worker, spouse, and parent, has the potential to provide resources that can be used to buffer strains arising from any one role. This is referred to as the *role expansion hypothesis*. However, multiple roles also can lead to role strain or role conflict, which is known as the *role scarcity hypothesis*. That is, stress from one role an exacerbate problems in another role. Taken collectively, more evidence supports the role expansion hypothesis than the role scarcity hypothesis. More roles seem to be associated with better health for women and men, but this does not mean role strains do not occur. Women, in particular, face difficulties combining work and family roles when children are at home. These women do not necessarily suffer, however, when they have resources to cope with the increased demands—resources in terms of a high income or a husband who shares household responsibilities.

One reason it is difficult to compare the effect of paid work on health for men and women is that men and women have different employment experiences. One aspect of the paid worker role with consequences for women's well-being is discrimination. I distinguished between access and treatment discrimination: Access discrimination reflects the differential opportunities women and men have to hold certain jobs; once hired, treatment discrimination occurs in the form of the glass ceiling and pay disparity. Although the wage gap has shrunk, in recent years it has stagnated. Women make less money than men even when characteristics of women and men such as education and experience are taken into consideration. Factors that contribute to the wage gap include sex segregation of occupations, lack of comparable pay for the same jobs, and parenthood. Women with children earn less than women without children, and both concrete and abstract explanations account for this difference. Interestingly, women are not as dissatisfied with pay disparity as we would expect. Although women believe other women suffer discrimination, a majority of women deny any personal discrimination; this phenomenon is referred to as the denial of personal disadvantage. One theory of why women deny disadvantage involves social comparison theory: Women compare themselves to other women rather than to men. Another reason has to do with system justifying beliefs. Sex discrimination is a threat to these beliefs, and women who hold them are less likely to perceive discrimination.

Another aspect of work that has consequences for well-being is sexual harassment. Women are more likely to be harassed than men, and sexual harassment is associated with an array of adverse outcomes. There are a variety of forms of sexual harassment. Women are more likely than men to label a given behavior as harassment, but both women and men agree on the more severe forms of harassment. Both person factors and situational factors combine to produce sexual harassment.

Discussion Questions

- 1. Under what conditions is employment most strongly related to good health for women? To poor health for women?
- 2. Distinguish between the role expansion and role scarcity hypotheses.
- 3. What are some of the difficulties women and men face when combining paid work and family roles? How could these be alleviated?
- 4. Give an example of how family roles can exacerbate or buffer the stress associated with work roles.
- 5. What is the difference between access discrimination and treatment discrimination?
- 6. Why do women deny personal discrimination?
- 7. What is the difference between supply-side theory and demand-side theory accounts of discrimination?
- 8. What are some of the reasons for the pay disparity?
- 9. To what does the "mommy tax" refer? What are the explanations for it? Are these explanations about personality variables or situational variables?
- 10. Do women and men define sexual harassment differently?
- 11. Describe sexual harassment from a social-psychological perspective. Offer an explanation that takes into consideration both dispositional and situational factors.

Suggested Reading

- Amanatullah, E. T., & Tinsley, C. H. (2013a). Punishing female negotiators for asserting too much ... or not enough: Exploring why advocacy moderates backlash against assertive female negotiators. *Organizational Behavior and Human Decision Processes*, 120, 110–122.
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Key Terms

Access discrimination—Situation in which an individual is not offered a given job or is offered a lesser job because of some defining characteristic (e.g., sex).

Comparable worth policy—States that men and women in different jobs should be paid the same wage for comparable work.

Demand-side theory—Explanation for the wage gap that emphasizes the different ways men and women are treated.

Denial of disadvantage—Condition in which women perceive that discrimination exists but deny that they personally are victims of it.

Differential exposure hypothesis—Proposition that men and women possess different roles, which are associated with different stressors and different resources.

Differential vulnerability hypothesis—Proposition that a specific role has different effects on men's and women's health.

Glass ceiling—Label applied to barriers to the advancement of women and minorities in organizations.

Glass cliff—Tendency to hire women into leadership positions that entail higher levels of risk.

Glass escalator—Term referring to the ability of men to be promoted quickly when they take positions in traditionally female fields.

Hostile environment-Type of sexual harassment in which one person is creating a

hostile, intimidating work environment for another.

Human capital accumulation theory—A job and the salary associated with the job are functions of the person's characteristics or "human capital," such as skills, experience, and education (see supply-side theory).

Marital bonus—Increase in income granted to men who are married and/or have children compared to men who are single.

Maternal wall—Employer's devaluation and limitation of job opportunities of female employees when they become parents.

Norms-Expectations for behavior.

Pay disparity—Type of treatment discrimination in which women are paid less than men for doing comparable work.

Quid pro quo—Type of sexual harassment in which one person offers work benefits or threatens work repercussions in exchange for sexual favors.

Role—Position in society governed by a set of norms.

Role conflict—Condition in which the demands of one role are at odds with the demands of another role.

Role expansion hypothesis—Idea that benefits are to be gained from having diverse roles.

Role overload—Condition that arises when time limitations create difficulties in fulfilling obligations for one's roles.

Role scarcity hypothesis—Idea that multiple roles will have a negative effect on health because time and resources are limited and additional roles tap resources.

Role spillover—The idea that the effects of enacting one role spill over or affect how one enacts another role.

Salary estimation effect—The assumption that jobs inhabited by men pay more than jobs inhabited by women.

Selection effect—Potential for healthier people to choose certain roles, which then leads to difficulties in determining whether those roles influence health.

Sex-role spillover theory—Suggestion that expectations about men's and women's roles carry over to the workplace when they are not appropriate or are irrelevant.

Supply-side theory—Explanation for the wage gap that emphasizes the different characteristics of male and female workers.

Treatment discrimination—Situation in which an individual receives a reduced salary or reduced opportunities for promotion compared to other individuals having the same job.

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Chapter 13

Mental Health

Between 2009 and 2012, 9% of the population—that is, nearly 1 in 10 persons—was taking antidepressants, making it one of the most commonly prescribed medications in the United States (National Center for Health Statistics, 2015). Women are nearly twice as likely as men to be taking antidepressants (11.8% vs. 6%).

Mental health, in particular depression, is clearly an important problem in our country. Depression is not only an important problem in and of itself, but it also predicts mortality in both men and women (Lemogne et al., 2012). Some important public figures have brought attention to mental health problems, with the effect of reducing their stigma and permitting more people to seek help for them. Terry Bradshaw, Catherine Zeta-Jones, Gwyneth Paltrow, and Jim Carrey have all publicly admitted depression. Mel Gibson has bipolar disorder and appeared in a documentary about the disorder. Great Britain's Princess Diana acknowledged depression and an eating disorder before her death. Robin Williams suffered from clinical depression and committed suicide in 2014. Mental health problems afflict women and men somewhat differently. Substantial evidence indicates that women are more likely than men to suffer from depression and to have an eating disorder, whereas men are more likely than women to commit suicide.

I begin this chapter by reviewing the evidence for sex differences in depression. There seems to be a large and pervasive sex difference in depression, such that women suffer more depression than men. Critics, however, argue that definitional and methodological problems make this difference less clear. Thus, I examine the extent to which methodological artifacts can account for this difference. The rest of the discussion is devoted to theoretical explanations for the sex difference in depression. These theories have biological, psychological, social, and cultural underpinnings. No one theory can completely account for women being more depressed than men. It is most likely a combination of theories that synergistically interact to explain the sex difference in depression. Many theories have female gender-role socialization at their core. These theories differentially emphasize the following ideas: (1) women are led to perceive less control over their environment than men; (2) women and men cope differently with stress; (3) women and men face different stressors; and (4) women are more vulnerable to different classes of stressors. One reason gender-role explanations are so viable is that sex differences in depression emerge during adolescence when gender-role norms

become salient. Thus, I conclude with some remarks about the challenges of adolescence and how they might spark the sex difference in depression. In addition to reviewing research on depression, I also examine how men and women respond to the onset of a chronic illness because it is a major stressful life event that often evokes depression.

Aside from depression, I examine two other mental health problems relevant to gender: eating disorders and suicide. Suicide has a paradoxical link to gender; although women attempt suicide more often than men, more men kill themselves than women.

Sex Differences in Depression

Before we examine the incidence of depression in women and men, we must distinguish between depressive symptoms, which all of us experience to some extent at one time or another, and major depressive disorder or clinical depression, which is a diagnosable mental health problem. Instruments that measure depressive symptoms include feeling sad or blue, feeling depressed, having crying spells, difficulty concentrating, and loss of interest in activities. Perhaps you have completed such an instrument during college. A widely used self-report measure of depression, the Center for Epidemiological Studies in Depression scale (CES-D; Radloff, 1977), is shown in <u>Table 13.1</u>.

The criteria for a major depressive disorder, as diagnosed by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013), are shown in <u>Table 13.2</u>. The critical feature of a major depressive disorder is the experience of a set of depressive symptoms for a period of at least 2 weeks. Major depressive disorder (MDD) is often referred to as **clinical depression**.

Table 13.1 Center for Epidemiological Studies in Depression Scale (CES-D)

- 1. I was bothered by things that usually don't bother me.
- 2. I did not feel like eating; my appetite was poor.
- 3. I felt that I could not shake off the blues even with the help of my family or friends.
- 4. I felt that I was just as good as other people.*
- 5. I had trouble keeping my mind on what I was doing.
- 6. I felt depressed.
- 7. I felt that everything I did was an effort.
- 8. I felt hopeful about the future.*
- 9. I thought my life had been a failure.
- 10. I felt fearful.
- 11. My sleep was restless.
- 12. I was happy.*
- 13. I talked less than usual.
- 14. I felt lonely.
- 15. People were unfriendly.
- 16. I enjoyed life.*
- 17. I had crying spells.
- 18. I felt sad.
- 19. I felt that people disliked me.
- 20. I could not get "going."

Source: Radloff (1977)

^{*} These items are reverse scored so that lower endorsement indicates more depression.

Table 13.2 Major Depressive Disorder (MDD) Criteria from DSM-5

Five or more of these symptoms present for 2 weeks:

- Depressed mood most of the day, nearly every day.*
- Markedly diminished interests in activities.*
- Significant weight loss.
- Insomnia.
- Psychomotor agitation or retardation.
- Fatigue or loss of energy.
- Feelings of worthlessness.
- Diminished ability to think or concentrate or indecisiveness.
- Recurrent thoughts of death.

* One of the five symptoms must include one of these. Source: American Psychiatric Association (2013)

How do we determine the frequency of depressive symptoms or the incidence of clinical depression? Two different methods are used. Depressive symptoms are typically evaluated with community surveys. The strength of this methodology is that large representative samples of women and men can be obtained to identify the frequency of depression. The weakness of this methodology is that depression is measured by self-report instruments, which are vulnerable to demand characteristics. If men are less willing than women to report depression, community surveys may underestimate men's levels of depression. Information on clinical depression is typically obtained from treatment facilities. The strength of this methodology is that depression can be evaluated with more sophisticated measures employed by trained clinicians. The weakness is that respondents are not representative of the population. To the extent that men are less likely than women to seek help for depression, studies of people in clinics also may underestimate men's rates of depression.

These two methodologies have provided a wealth of evidence that women experience more depressive symptoms than men in the general population, and women are more likely than men to be diagnosed with clinical depression. In a study that combined the two methods described here by conducting face-to-face clinical interviews with members of the community in 15 countries, females were between 1.3 and 2.6 times more likely than males to be depressed across the 15 countries (Seedat et al., 2009). You can see from Figure 13.1 that the female to male odds ratio exceeds 1.0 in all cases, signifying higher rates in women than men. In the United States, women were 1.6 times as likely as men to be clinically depressed. This study also showed that countries in which the female gender role has become less traditional (as measured by female education and participation in the labor force) showed a decrease in the sex difference in depression over time. However, it is not clear if the smaller sex difference is due to a lowered rate of depression in females or an elevated rate of depression in males. There is other crosscultural support for sex differences in depression. A study of 25 countries in Europe showed that women had higher levels of depression than men in 23 of them (Van de Velde, Bracke, Levecque, & Meuleman, 2010). Interestingly, there is no overall sex difference in bipolar disorder (more commonly known as manic-depressive illness).

In some populations, sex differences in depression are less likely to be found. For example, sex differences in depression are often not found in homogeneous populations, such as college students (Grant et al., 2002). Another population that shows no sex difference in depression is the widowed. As discussed in <u>Chapter 11</u>, this is largely because rates of depression increase among men more than women following widowhood.

The sex difference in depression emerges during adolescence and is fairly consistent across the life span. A meta-analysis of sex differences in depression showed that girls are slightly less likely than boys to be depressed prior to age 13 but that girls' depression increases after age 13, creating the sex difference, as shown in Figure 13.2 (Twenge & Nolen-Hoeksema, 2002). After this, the sex difference in depression remains stable over the life span.



Figure 13.1 Ratio of female to male depression in 15 countries.

Source: Adapted from Seedat et al. (2009)



Figure 13.2 CDI (depression) scores for girls and boys. Prior to age 13, boys have slightly higher scores than girls. After age 13, females' rates of depression substantially increase, leading to a sex difference in depression that persists across the life span.

Source: Twenge and Nolen-Hoeksema (2002)

We may wonder whether the same women and men remain depressed throughout their lives or if, at any given point, women are twice as likely as men to become depressed. One set of investigators examined the developmental course of depression among a predominantly White sample of women and men (Essau, Lewinsohn, Seeley, & Sasagawa, 2010). Participants were enrolled in the study between the ages of 14 and 17 and followed through age 30. At the initial assessment (ages 14–17), women were twice as likely as men to have had an episode of MDD (25% vs. 11.5%). These episodes also were more likely to recur in women than men through age 30. Between adolescence and age 30, 24% of women and 8% of men had additional episodes of MDD. In addition, women's episodes of depression lasted longer than those of men (50 weeks compared to 35 weeks). Thus, it appears that women are not only more likely to be depressed than men but women's episodes of depression are more likely to recur and to last longer.

There is a higher prevalence of some mental health problems, including depression, among gay and lesbian people compared to heterosexuals. A national study showed that the rate of mood and anxiety disorders was 1.5 to 2 times the rate in lesbians, gay, and bisexual persons compared to heterosexuals (Bostwick, Boyd, Hughes, & McCabe, 2010). A longitudinal study that followed youth into adulthood showed that sexual minorities had poorer mental health than heterosexuals during adolescence but that the differences

between the two groups grew smaller with age (Jager & Davis-Kean, 2011). The authors argued that these differences first appear in adolescence because this is the time when people begin to realize their sexual attractions and confront challenges due to sexual identity. Both studies showed that the difference in mental health between sexual minorities and heterosexuals was larger for men than women, possibly because people are less tolerant of same-sex attraction among males.

There are several reasons why sexual minorities have elevated mental health problems compared to heterosexuals. One is the impact of discrimination. In a national sample of lesbian, gay, and bisexual persons, slightly more than half of gay men and lesbians said that they had experienced discrimination due to their sexual orientation (Bostwick et al., 2014). The figure was smaller for bisexual men and women–25%. And being a victim of discrimination was related to poorer mental health. A second, and related, reason is lack of social support (Spencer & Patrick, 2009). To the extent that others—close family members in particular—are not accepting of one's sexual orientation, sexual minorities have fewer social resources available to them. Finally, sexual minorities may internalize society's negative attitudes toward them. One study showed that explicit measures of antigay attitudes were (Hatzenbuehler, Dovidio, Nolen-Hoeksema, & Phills, 2009). Over a 10-day period, stress related to being gay was associated with more distress but only among sexual minorities who held implicit antigay attitudes.

Take Home Points

- Females are more likely than males to report depressive symptoms as well as major depressive disorder.
- Sex differences persist across a variety of cultures but are not observed in some homogenous populations, such as college students and the widowed.
- There are elevated rates of mental health problems among sexual minorities.

Methodological Artifacts

Some investigators have contested these seemingly indisputable data that a sex difference in depression exists. Three sets of methodological problems or artifacts could explain why women "appear" to be more depressed. First, there may be a bias on the part of clinicians, such that depression is overdiagnosed among women and underdiagnosed among men. Second, there may be a response bias on the part of depressed persons; men may be less likely than women to admit depression or to seek help for depression. Third, women and men may manifest depression in different ways, and instruments are biased in the direction of tapping female depression.

Clinician Bias

One source of bias is the clinician's judgment. Perhaps clinicians are more likely to interpret a set of symptoms as depression when the patient is female than male. Why might this be? First, clinicians are undoubtedly aware of the sex difference in depression. Thus, clinicians' mental illness schema for a female patient is more likely to contain depression than their mental illness schema for a male patient. When a female patient comes into the office, depression-related schemas are more likely to be activated. Ambiguous symptoms such as feeling tired or lacking energy can be indicators of a variety of health problems. Clinicians may be more likely to interpret such symptoms as depression in a female patient and something else, such as heart disease, in a male patient.

The evidence for clinician bias is equivocal. In a study that compared primary care physicians' detection of mental health problems among more than 19,000 patients to an independent screening, physicians were less likely to detect depression in men compared to women, and in African Americans and Hispanics compared to Caucasians (Borowsky et al., 2000). That is, more of men's than women's depression went undetected by physicians. However, another study asked primary care physicians to review vignettes of elderly patients with depression and showed that physicians correctly classified the patients as depressed in 85% of the cases, and equally so for males and females (Kales et al., 2005). Similarly, a study of psychiatrists showed that they diagnosed similar symptoms as depression in both women and men and prescribed drugs and psychotherapy with equal frequency to women and men (Olfson, Zarin, Mittman, & McIntyre, 2001). One study showed that physicians are more likely to take depression seriously in men than women. When men and women went to the emergency room for depression, physicians were more likely to admit men than women for hospitalization (Rost, Hseih, Xu, & Harman, 2011). This finding was moderated by whether self-injury had occurred. Males and females were equally likely to be admitted if they had injured themselves, but men were more likely to be admitted than women if no self-injury had taken place. Thus, as we have seen before, physician bias is more likely to occur in more ambiguous circumstances. Conduct <u>Do Gender 13.1</u> to see if your peers are predisposed to identify depression in a female more than a male.



Is This Depression?

Create a description of a depressed person. Make the symptoms subtle. Do not say the person is depressed. Use items from <u>Tables 13.1</u> and <u>13.2</u> to help you. Create two versions of this description, one with a female name and one with a male name. Randomly distribute one of the two versions to 20 people. Ask each respondent to identify the person's problem.

Compare the percentages of people who identify depression in the female and male vignettes.

Response Bias

Because depression is diagnosed based on the information people provide about themselves, there may be a response bias on the part of women and men that contributes to the sex difference in depression. A common concern is that men are less likely than women to report depression because depression is inconsistent with the male gender role. The term *depression* has feminine connotations; it implies a lack of self-confidence, a lack of control, and passivity—all of which contradict the traditional male gender role. Sex differences in attitudes toward depression appear by early adolescence. A study of eighth-graders showed that boys said that they would be less willing than girls to use mental health services for emotional problems and viewed people who sought mental health services as weird and weak (Chandra & Minkovitz, 2006). Attitudes toward the use of mental health services becomes more positive with age, but the sex difference remains (MacKenzie, Gekoski, & Knox, 2006). In a study of nearly 5,000 people in Israel, women were more likely than men to seek the help of a mental health care professional for mental health problems even when levels of distress were the same (Levinson & Ifrah, 2010). The sex difference among adults also seems to be limited to Whites; Hispanic and African-American males and females have more similar attitudes to mental health problems.

One reason that men might be less willing than women to report depression is that they are concerned that others will view them negatively. This concern has some basis in fact. In a national survey, both women and men reported they were less willing to interact with a male than a female with mental health problems, including depression (Schnittker, 2000).

I have suggested a couple of reasons why men might deny being depressed. Is there evidence that men do, in fact, underreport depression? An older experimental study showed that men are leery of admitting depressive symptoms. As shown in Figure 13.3, men were more likely to endorse depressive items on an instrument labeled "hassles" than an instrument labeled "depression" (Page & Bennesch, 1993). The label did not affect women's reports of depression.



Figure 13.3 Effects of questionnaire label on self-report of depression. Men were more likely to report symptoms of depression on a questionnaire that was labeled "hassles" rather than "depression." The label attached to the questionnaire did not influence women's reports of depressive symptoms. *Source*: Adapted from S. Page and Bennesch (1993)

A more subtle response bias on the part of men is that they may be less likely than women to realize they are depressed or to interpret their symptoms as depression. In other words, men may fall victim to the same kind of clinician bias just discussed. Men might perceive depression as a female problem and be unlikely to associate ambiguous symptoms with depression. I once interviewed a man following coronary bypass surgery who complained of a lack of energy, a loss of interest in leisure activities, and a desire to stay in bed all day. He was perplexed by these symptoms but completely denied any feelings of depression on a questionnaire I administered. Thus, men may underreport their depression because they do not recognize depressive symptoms.

Different Manifestations of Depression

One difficulty with examining sex differences in depression, or any other disorder, is that symptoms of depression may differ for women and men. This is a general problem associated with the classification of many mental illnesses (Winstead & Sanchez, 2005). Many mental health problems are more prevalent in one sex than the other, raising concerns about whether there is an actual sex difference in prevalence or if the disorder is described in ways that make it seem one sex is more likely to experience it than the other. If one eliminated disorders from the *DSM-5* for which there are sex differences in prevalence, the majority of the disorders would be removed. For example, histrionic personality disorder is more common among women than men. In an earlier version of

the manual used to diagnosis this disorder (the DSM-III-R), a feature of the disorder was "overconcern with physical attractiveness." There was some concern that this feature biased the disorder in favor of women. In more recent versions of the manual this feature was changed to "physical appearance draws attention to the self." Undoubtedly, this change in wording reduced the extent to which the disorder was linked to women. However, the change in wording also altered the actual feature of the disorder. If a feature of a disorder is linked to gender roles, should it be altered so it is equally endorsed by both sexes? We certainly would not change the features of medical illnesses such as prostate cancer or breast cancer so they are equally represented among both men and women. You may recall from <u>Chapter 10</u> that heart disease is manifested differently among women and men. Men are more likely than women to experience classic chest pain, and women are more likely than men to experience shortness of breath. However, as Winstead and Sanchez (2005) point out, in this case, the underlying disease-heart disease-is the same among men and women. With psychiatric disorders there is no underlying disease (to date!) that can be objectively measured independently of symptom reports.

With respect to depression, some people argue that women and men are equally "distressed" but manifest it in different ways. A study of depressed adolescents showed that females reported more guilt, body dissatisfaction, self-blame, feelings of failure, and difficulties concentrating compared to males (Bennett, Ambrosini, Kudes, Metz, & Rabinovich, 2005). The latter items could be linked to rumination (discussed later in the chapter), whereas the other items seem to reflect greater links to self-esteem difficulties in females. Find out if your peers perceive depression differently among women and men in <u>Do Gender 13.2</u>.

Ø Do Gender 13.2

Perceptions of Depression in Women and Men

Interview five people. Ask each of them to describe how they identify depression in a series of people, for example, their partner, a parent, a sibling, a friend, a work associate, and a stranger. Be sure to record the sex of each of these target people. On average, do people perceive depression differently when it is displayed by a female versus a male?

The idea that some items are more likely to be associated with a trait, such as depression, among men versus women is referred to as differential item functioning. For example, crying is a depression item that may be susceptible to differential item functioning. That is, crying is a symptom of depression that characterizes women more than men, even when women and men are equally depressed. This item could cause depression to be overdiagnosed in women. One set of investigators examined the most commonly used measure of depression in children and found evidence for differential item functioning (van Beek, Hessen, Hutteman, Verhulp, & van Leuven 2012). When the depression inventory was factor analyzed (i.e., statistical tool in which similar items are grouped together), the results were not the same for females and males. They found that crying and sadness were more connected to feelings of depression for females than males. Another study of high school students showed that crying spells were more indicative of depression in females than males and the belief that people were unfriendly was more indicative of depression in males than females (Verhoeven, Sawyer, & Spence, 2013). One concern with differential item functioning is that depression instruments are biased toward symptoms of females and that depression in males is less likely to be detected.

Other investigators argue that women and men manifest depressive symptoms in completely different ways and that male depression is not tapped by existing instruments. Supporters of this view argue that women display symptoms of depression, such as sadness, lethargy, and crying, whereas men are more likely to turn to alcohol when depressed. One study showed that perceived stress is more likely to be related to alcohol use disorder in men than women (Sacco, Bucholz, & Harrington, 2014). However, a national sample of more than 32,000 people showed that stressful life events were associated with MDD and alcohol dependence in both women and men, refuting the idea that women and men manifest vulnerabilities differently (Slopen, Williams, Fitzmaurice, & Gilman, 2011).

The idea that alcohol and drug problems are manifestations of depression in men is not easily refuted. In some sense, the reasoning is circular because distress ends up being defined as whatever mental health problems that women and men exhibit. Even if men and women do manifest distress in different ways, we can still ask why women are more depressed than men and why men have more problems with alcohol than women. I now turn to the different theories that have been developed to account for sex differences in depression.

Take Home Points

- Sex differences in depression among clinic populations may be exaggerated to the extent that physicians overdiagnose depression in women and underdiagnose depression in men.
- Sex differences in depression among community populations may be exaggerated to the extent that men are less willing than women to admit or recognize symptoms of depression.
- There is some evidence that people respond more negatively to depression in men than in women.
- It is possible that women and men are equally distressed but that they manifest distress in different ways. Women may show symptoms of depression, and men may have alcohol problems.

Theories of Depression

Sex differences in depression can be understood by distinguishing between two sets of factors: susceptibility factors and precipitating factors (Radloff & Rae, 1979). **Susceptibility factors** are innate, usually biological, factors that place women at greater risk for depression than men. Hormones or genes unique to women would be susceptibility factors. Gender-role socialization, however, also could be a susceptibility factor. If we learn women are socialized in different ways than men that make them more at risk for depression, their learning history would be a susceptibility factor. **Precipitating factors** are environmental events that trigger depression. If certain environmental factors induce depression—and women face them more than men—such as poverty or high relationship strain, depression might be triggered more in women than in men.

One fact that any theory of sex differences in depression must take into consideration is that sex differences in depression do not appear until adolescence. Before age 13 or 14, boys and girls are equally depressed or boys are more likely than girls to be depressed (Twenge & Nolen-Hoeksema, 2002). This fact suggests that any theory of sex differences in depression must take one of three forms (Nolen-Hoeksema & Girgus, 1994): (1) same cause but cause activated in females during adolescence, (2) different causes but female cause activated in adolescence, or (3) interactive theory, in which females have more of the cause than males and the cause is activated in adolescence. These three perspectives are shown in Figure 13.4, and there is some evidence for each as you will see.



Source: Adapted from Nolen-Hoeksema and Girgus (1994)

The **same cause theory** suggests that the same factor causes depression in both females and males but that factor must increase during adolescence for females only. For example, imagine that a poor body image was equally associated with depression in girls

and boys, but a poor body image increased among girls but not boys during adolescence.

The **different cause theory** says there are different causes of girls' and boys' depression, and only the cause of girls' depression increases during adolescence. For example, imagine a poor body image is associated with depression among girls and being a poor athlete is associated with depression among boys. This theory could explain the emergence of sex differences in depression during adolescence if it were true that a negative body image (i.e., women's risk factor for depression) becomes more prevalent during adolescence, but poor athletic ability (i.e., men's risk factor for depression) does not change over time.

The **interactive theory** suggests being female always poses a risk for depression, but the events of adolescence activate that risk factor. For example, females have higher levels of oxytocin than males—before and after adolescence—and oxytocin may be more strongly related to distress in girls than boys. Oxytocin would be the "female risk factor." Oxytocin could interact with events likely to occur during adolescence such as interpersonal conflict. Because females have higher levels of oxytocin than do males, girls will be more likely than boys to react to interpersonal conflict with depression.

In sum, these theories suggest either that the cause of depression is the same for men and women, that there are different causes for male and female depression, or that environmental factors interact with predisposing factors to predict depression. Each of the theories that follow supports one of these perspectives.

Biology

Genes

There is undoubtedly a genetic influence on depression (Mosing et al., 2009). The question is whether this genetic risk accounts for the sex difference. Because sex differences in depression emerge during adolescence, most people agree that genes alone cannot explain depression but must interact with other biological or psychosocial factors to produce the sex difference in depression. One study evaluated 8- to 20-year-old monozygotic and dizygotic twins and found that some genetic effects are activated around the age of puberty, partly supporting this theory (Kendler, Gardner, & Lichtenstein, 2008). However, other genetic effects seemed to wane over time. Genetic factors may interact with psychological variables to increase depression. In support of this idea, one study showed that chronic stress at age 15 was associated with depression at age 20 only among women with a specific genotype (Hammen, Brennan, Keenan-Miller, Hazel, & Najman, 2010). Thus, the authors concluded that there might be a genetic basis for females to be more reactive than males to stress.

Hormones

In contrast to genes, hormones change over the life span, and there is a great deal of hormonal fluctuation during adolescence when sex differences in depression emerge. Thus, hormones would seem to be an ideal explanation for the sex difference in depression. However, it is not as simple as saying that an increase of a particular hormone is directly linked to depression in females. Instead, hormones are likely to interact with biological and psychosocial variables to influence depression. Some scientists have argued that sex hormones influence the hypothalamic-pituitary-adrenal (HPA) axis in girls to make them more sensitive to stress, and that male hormones may be protective against stress (Naninck, Lucassen, & Bakker, 2011; Oldehinkel & Bouma, 2011). Numerous studies show that genetic and psychosocial factors are more strongly linked to cortisol responses (governed by the HPA axis) to stress in females than males.

Aside from the hormonal changes that occur during puberty, researchers have attempted to link hormonal changes at other times in women's lives to depression. Fluctuations in women's hormones, in particular estrogen, prior to menstruation and after the birth of a child are related to depression, but these effects are not nearly large enough to account for the sex difference in depression. One study observed that depression increased as women transitioned through menopause and then decreased after menopause (Freeman, Sammel, Lin, & Nelson, 2006). These changes in hormones were associated with the increase in depression that occurred during menopause. It seems more likely that a general pattern of hormonal fluctuation rather than a certain level of hormones is related to depression.

Oxytocin

Over the last 10 years there has been a tremendous amount of research on oxytocin and its role in depression. Oxytocin is a neuropeptide that is regulated by female sex hormones. Oxytocin increases during puberty and promotes affiliative behavior (Campbell, 2010; Feldman, 2012). In experimental research, the administration of intranasal oxytocin leads to increased perceptions of oneself as warm and altruistic (Cardoso, Ellenbogen, & Linnen, 2012), improved recognition of happy faces (Marsh, Yu, Pine, & Blair, 2010), the maintenance of trust when violated (Baumgartner, Heinrichs, Vonlathen, Fischbacher, & Fehr, 2008), and increased generosity (Zak, Stanton, & Ahmadi, 2007).

If oxytocin is related to affiliative behavior, what is the connection to depression? One thought is that oxytocin buffers one from the effects of interpersonal stress by promoting affiliative behavior (Feldman, 2012). Oxytocin may lead to feelings of safety and support when confronted with interpersonal stress. Oxytocin also might lead to more adaptive ways of coping with stress. In one study, community participants received intranasal oxytocin or a placebo and then completed a laboratory stressor (i.e., prepared for speech) while blood pressure and heart rate were measured (Kubzansky, Mendes, Appleton, Block, & Adler, 2012). Those given oxytocin showed more of a challenge pattern of cardiovascular reactivity compared to the placebo group. When the videotapes of the speech preparation were evaluated, those given oxytocin viewed the task as more of a challenge and less of a threat compared to those given the placebo. Thus, oxytocin may

lead to a more adaptive way of coping with stress. When the stressor is interpersonal in behavior, oxytocin may be especially beneficial. A study of mothers suffering from postpartum depression showed that oxytocin elicited a protective response on the part of mothers (Mah, Bakersman-Kranenburg, Van IJzendoorn, & Smith, 2015). Mothers were videotaped as to how they responded to an intrusive stranger trying to interact with their infants. Mothers who had received oxytocin, compared to placebo, were more protective of their infants.

There are receptors on genes for oxytocin and the presence of these receptors appears to interact with psychosocial variables to influence depression. One study showed that people who had a receptor gene for oxytocin were more likely to benefit from social support than those who did not have this receptor gene (Chen et al., 2011). Another study showed that people who had the oxytocin receptor gene had more psychological resources (higher self-esteem, higher optimism, higher personal control) and subsequently less depression (Saphire-Bernstein, Way, Kim, Sherman, & Taylor, 2011).

However, all of this research shows connections of oxytocin to affiliative behavior and to protections against the deleterious effects of stress. The connection of oxytocin to depression is complicated and not completely understood. For example, one study showed that the administration of intranasal oxytocin was related to the inability to inhibit sad faces for those who were depressed but had no effect on inhibition for those who were not depressed (Ellenbogen, Linnen, Cardoso, & Joober, 2013). Having difficulties with inhibiting sad stimuli might lead to depression—and, in fact, exacerbate depression among those who are depressed. Thus, oxytocin paradoxically seems to increase and decrease risk factors for depression. There is some evidence that dysregulated patterns of oxytocin are associated with depression (Cyranowski et al., 2008).

There is also the thought that oxytocin does not have the same effects on women and men. One study used fMRI during the prisoner's dilemma game and showed that different regions of the brain were activated in women and men in response to the administration of oxytocin (Feng et al., 2014). Another study showed that intranasal oxytocin led men to perceive neutral faces as more negative and women to perceive neutral faces as more positive (Hoge et al., 2014).

The Brain

Researchers have examined whether structural or functional differences in women's and men's brains contribute to sex differences in depression. There is some evidence that women and men use different regions of the brain to process emotional stimuli (Robison & Shankman, 2008). When a sad mood was induced among men and women, brain scans revealed greater specificity in brain activation for males than females (Schneider, Habel, Kessler, Salloum, & Posse, 2000), suggesting that negative emotions might be processed in a more diffuse way among females. Researchers also have noted that the increase in sex hormones during puberty has effects on the brain, and these effects may not be the same for women and men (Naninck et al., 2011). However, to date, research on whether sex differences in brain structure or function contribute to depression is in its infancy.

Taken collectively, biological factors alone are not sufficient to explain sex differences in depression. However, there is mounting evidence that biological factors interact with one another (genes and hormones) and with psychosocial factors to influence depression.

Learned Helplessness

Learned helplessness is the sense of giving up because we perceive that nothing can be done to alter a situation. If you have ever studied long hours for a class without improving your grade, you might have experienced learned helplessness. Learned helplessness is the product of three events (Seligman, 1992). First, we learn an outcome is beyond our control; second, we respond by giving up or ceasing to respond; third, we generalize this response to new situations—perceive that future responses cannot influence future outcomes. A model of learned helplessness is shown in Figure 13.5. According to the model, the chain of events is set into motion by an environmental event rather than by a characteristic of the perceiver. That is, something happens to lead to the perception of uncontrollability. For example, you exercise daily and eat a healthy diet for 6 months without losing any weight. Or, with each passing quiz, you increase your studying but your grade declines. After the environmental event occurs, you develop the expectation that future responses will not influence the outcome. This leads to the behavior of giving up. Recall your own experiences of learned helplessness in <u>Do Gender</u> 13.3.



Figure 13.5 A model of learned helplessness. An environmental event leads to a cognition, which produces behavioral, cognitive, and emotional deficits.

Source: Adapted from Seligman (1992)



Personal Experience of Learned Helplessness

Review the model of learned helplessness in <u>Figure 13.5</u>. Think about a time when you exerted a response over and over again and found it had no effect on the outcome. Did you give up? After how long? Why? What were the effects of this experience? Specifically, did this lead you to give up on subsequent tasks—related or unrelated to the present one? What were the short-term effects? The long-term effects?

Is there any evidence that women are more susceptible than men to learned helplessness? Some evidence suggests women receive more "helplessness training" than men. Women are more likely to find themselves in situations in which they do not have control, partly due to their lower status. During childhood, girls learn they cannot influence boys, which is one reason girls play with other girls rather than with boys (Maccoby, 1998). As discussed in <u>Chapter 6</u>, girls receive less attention from teachers, which may teach them that they can do little to influence their environment. The power differential in heterosexual relationships undermines females' sense of control. In an older study of 1,000 community residents, women scored lower on feelings of control than men did, and reduced feelings of control were associated with depression (Nolen-Hoeksema, Larson, & Grayson, 1999). The female stereotype includes passivity, dependence, and needing others' protection, all of which undermine feelings of personal control.

A construct related to learned helplessness is the **pessimistic attributional style**. This is the tendency to attribute negative effects to internal, stable, and global causes. Recall from <u>Chapter 6</u> that an internal cause is located in the person and a stable cause is one that is unchangeable. A global cause means the cause generalizes from one attribute to the entire person. If you fail a biology exam, an internal, stable, and global cause would be that you are stupid, you will always be stupid, and you are stupid about everything. It should come as no surprise to you that someone who makes these kinds of attributions is depressed.

The question here is whether there are sex differences in the pessimistic attributional style. One study of adults with and without depression showed no sex difference in the pessimistic attributional style (Kleim, Gonzalo, & Ehlers, 2011). However, another study followed youth over the course of adolescence from ages 11 to 15 and found that depression and the pessimistic attributional style increased over the course of adolescence but more so for females than males (Mezulis, Funasaki, Charbonneau, & Hyde, 2010). There was no sex difference in depression or pessimistic attributional style at age 11, but sex differences in both emerged over time. Stressful life events also increased over adolescence, especially for girls. Stressful life events were connected to depression, again more so for girls than boys—but especially so for girls with a pessimistic attributional style. Similar findings appeared in a study of adolescents in

Belgium. Here the investigators measured a set of maladaptive beliefs rather than the pessimistic attributional style, such as feeling that one is unworthy, one is unwanted, and expecting others to take advantage of oneself (Brenning, Bosmans, Braet, & Theuwis, 2012). Females endorsed more maladaptive beliefs than males, and maladaptive beliefs were related to depression in both males and females but the relations were stronger in females. Maladaptive beliefs also explained why stressful life events were connected to depression in females. Thus, to the extent that stressful life events lead to these kinds of beliefs, females will become depressed. Taken collectively, it appears that stressful life events and the pessimistic attributional style are increasing for girls as they move through adolescence, and this is an especially maladaptive way of interpreting stressors.

The learned helplessness theory of depression also is supported by the fact that other demographic variables associated with a lack of control are associated with depression, such as education. In a study of 23 European countries, higher education was associated with lower rates of depression in women and men, but the relation was stronger for women (Van de Velde et al., 2010), suggesting that the highest rates of depression were observed among uneducated women. The same findings emerged in a study in the United States. As shown in Figure 13.6, the sex difference in depression is much larger among those with lower levels of education and disappears among those with a college degree and higher (Ross & Mirowsky, 2006). Women with low education may suffer from two sources of low status and lack of control—being female and lacking education. One reason that increased education decreases women's rates of depression is that it enhances their sense of control.

Overall, the learned helplessness theory of depression is appealing, but there are not good studies that directly test whether this theory accounts for sex differences in depression. The evidence is largely circumstantial.

<u>Coping</u>

Coping refers to the different strategies that we use to manage stressful events and the accompanying distress associated with them. If your girlfriend breaks up with you, you may go talk to a friend about it, you may wallow in self-pity, you may try to figure out what happened, or you may decide to go swimming to take your mind off things. All of these represent different ways of coping.

One distinction that has been made in the literature is between emotion-focused coping and problem-focused coping (Lazarus & Folkman, 1984). **Problem-focused coping** refers to attempts to alter the stressor itself. Finding a solution to the problem, seeking the advice of others as to how to solve the problem, and coming up with a plan to approach the problem are all problem-solving methods. **Emotion-focused coping** refers to ways in which we accommodate ourselves to the stressor. There are a variety of emotion-focused coping strategies that are quite distinct from one another. Distracting oneself from the stressor, avoiding the problem, and denying the problem's existence are

all ways we change our reaction to the stressor rather than altering the stressor itself. Talking about the problem to relieve distress, accepting the problem, and putting a positive spin on the problem are also emotion-focused ways of coping.



Figure 13.6 Rates of depression for women and men across educational level. The figure depicts the actual means for females and males at each education level as well as the regression lines showing the predicted means. The sex difference in depression is large among those with lower levels of education and disappears among those with a college degree and higher.

Source: Ross and Mirowsky (2006)

You may come across an article that states women use emotion-focused strategies and men use problem-focused strategies. This is truly one of my pet peeves, as the literature does not support this statement at all. It is a stereotype, rooted in the idea that problemfocused coping is superior, males engage in it, and that is why men are less distressed than women. Although the conceptual distinction between problem-focused coping and emotion-focusing coping is a useful one, this distinction may be less useful when studying gender. The broad categories of emotion-focused coping and problem-focused coping average across distinct coping strategies, and only some of these may show sex differences. For example, researchers hypothesize that men are more likely than women to engage in problem-focused coping but one primary problem-focused coping strategy is to seek the advice of others. And we know women are more likely than men to seek out others for help. Thus, to evaluate sex differences in coping, it is important to turn to specific coping strategies. Examples of specific kinds of coping are shown in <u>Table 13.3</u>.

<u>Lable 13.3 Samples of Coping Strategies</u>	
Distraction	I read a book or watch TV to take my mind off the problem.
Self-blame	I blame myself for what happened.
Denial	I pretend the problem does not exist.
Wishful thinking	I wish the problem would go away.
Seek social support	I find someone to talk to about the problem.
Positive reappraisal	I try to look on the bright side of things.
Problem-focused or active coping	I figure out what to do to solve the problem.
Planning	I make a plan of action to approach the problem.

Specific Coping Strategies

Partly in response to the issues raised earlier—specifically that people seem to think men engaged in problem-focused coping and women engaged in emotion-focused copingsome students and I conducted a meta-analytic review of the literature on sex comparisons in coping (Tamres, Janicki, & Helgeson, 2002). We showed that women were more likely than men to engage in nearly all the coping strategies, both problemfocused and emotion-focused. The sizes of these sex differences were small, however. The largest differences appeared for positive self-talk (i.e., encouraging oneself), seeking support, and rumination-all in the direction of women more than men. Notice that each of these strategies involves the expression of feelings, either to oneself or to someone else. More recent research has confirmed the findings from the meta-analysis: Women are more likely than men to use most coping strategies, both adaptive and maladaptive (Nolen-Hoeksema, 2012).

One reason that women may report more of all kinds of coping than men is that women are more distressed than men, and more distressed people try a greater range of strategies. However, research has shown that women engage in more coping strategies than men, when depression is statistically controlled (Nolen-Hoeksema & Aldao, 2011).

If women are engaging in all coping strategies more than men, it is unclear what men are doing to manage stress. Some researchers have argued that men's coping may be more automatic (Nolen-Hoeksema, 2012) and that men are less aware of their emotions than women (Barrett, Lane, Sechrest, & Schwartz, 2000). Another approach to understanding how men and women cope with stress is to examine relative coping, which refers to how likely men or women are to use one strategy compared to another. Instead of comparing the frequency with which women and men engage in a specific kind of coping, we compare the frequency with which women engage in one coping strategy compared to another strategy and the frequency with which men engage in one coping strategy compared to another strategy. Within the range of coping responses, are men relatively more likely to use a strategy compared to women? For example, imagine both women and men report engaging in problem-focused coping with equal frequency "some of the time." For men, this may be the most frequently employed strategy, whereas women may report engaging in other strategies "almost all of the time." In that case, men would engage in problem-focused coping relatively more often than women. The meta-analysis described above (Tamres et al., 2002) showed that men engage in *relatively* more support-seeking strategies.

Tend and Befriend

Historically, the general response to stress has been described as "fight or flight." However, Taylor and colleagues (2000) argued that this response may apply only to men and that women's response to stress may be better understood as "tend and befriend." What is the evidence for this hypothesis? We have seen that one of the most consistent sex differences in coping is that women seek the support of others, which is consistent with the tend and befriend idea. It is less clear whether men engage in more avoidant coping or distraction compared to women, consistent with "flight," but men are more physically aggressive than women, consistent with "flight."

Taylor and colleagues (2000) argue that women's response to stress may have biological underpinnings. In particular, they emphasize the role of oxytocin, which may inhibit the flight response and encourage the tending to relationships in women. As discussed earlier in the chapter, oxytocin promotes affiliative behavior and may calm us down during times of stress.

Although this theory explains why women cope differently with stress than men, it does not explain why women are more depressed than men. The tend and befriend idea, however, does suggest women will be more involved in relationships than men. To the extent that relationships are a source of stress (an idea expanded on later in this chapter), women's tendency to tend and befriend may have some negative outcomes.

Rumination

In her "Response Styles Theory," Susan Nolen-Hoeksema (1987, 1994) has argued that women are more depressed than men because women respond to environmental stressors or to negative affect by talking about and trying to figure out their feelings that is, rumination, whereas men respond by playing sports and by avoiding thoughts about the reasons for their feelings, that is, distraction. Nolen-Hoeksema and her colleagues argue (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008) that rumination increases depression in three ways, each of which is depicted in Figure 13.7. First, rumination impairs problem solving, which inhibits instrumental behavior that could reduce depression. For example, if you are dwelling on a poor grade from a first exam, your distress may keep you from studying for the next exam, which ultimately will lead to another failure experience and further depression. Second, rumination about negative feelings makes other negative feelings and negative memories more salient, which reinforces depression. After failing an exam, other failure experiences may become increasingly vivid. Third, rumination is associated with a lack of social support, which is associated with elevated rates of depression. Those who ruminate have difficulties with social network members and are perceived negatively by others, possibly because others become annoyed or frustrated with the person's persevering focus on the problem. If the person then responds to increased depression by further rumination, the cycle is difficult to break. Sample rumination and distraction items from Nolen-Hoeksema's Responses to Depression Questionnaire are shown in Table 13.4.



Nolen-Hoeksema's Response Styles Theory

Figure 13.7 Nolen-Hoeksema's Response Styles Theory model of depression. A ruminative style of coping leads to interference with problem-solving efforts, increased access to negative thoughts, and a lack of social support—all of which increase negative affect or depressive symptoms. Negative affect or depressive symptoms also lead to more ruminative coping.

Nolen-Hoeksema (1987) originally hypothesized that women were more likely than men to ruminate about their feelings, and men were more likely than women to distract themselves. To date, the sex difference in rumination is well established but the sex difference in distraction is not. A meta-analytic review of the literature showed that females score higher than males on rumination (d = .24; Johnson & Whisman, 2013).

What is the evidence that rumination leads to more depression? A meta-analytic review of the literature showed that rumination is associated with current depression and predicts future depression (Rood, Roelofs, Bogels, Nolen-Hoeksema, & Schouten, 2009). When baseline levels of depression are taken into consideration to see if rumination predicts changes in depression over time, the effect is smaller but remains significant. Rumination is more strongly linked to the onset of depression than the duration of depression (Nolen-Hoeksema et al., 2008).

One concern that has been raised about the relation of rumination to depression is that some of the rumination items are confounded with depression. If you review the items in Table 13.4, you will see that the first four items involve ruminating about depression. That is, you are thinking about how depressed you feel. This makes the theory somewhat circular because in order to think about negative feelings, you have to have those negative feelings. When the items that overlapped with depression were removed from the scale, the remaining items formed two sets of traits: (1) reflective pondering (as indicated by items 5, 6, and 7) and (2) brooding (as indicated by items 8, 9, and 10; Treynor, Gonzales, & Nolen-Hoeksema, 2003). Females are more likely than males to engage in brooding (d = -.19) and reflection (d = -.17), as determined by the meta-analysis (Johnson & Whisman, 2013), but the brooding items are more predictive of depression than the reflective items. And brooding appears to explain the sex difference in depression (Nolen-Hoeksema, 2012). See if there are sex differences in the different kinds of rumination and distraction at your school with Do Gender 13.4.

Table 13.4 Nolen-Hoeksema's Responses to Depression Questionnaire

Sample Rumination Scale Items

- 1. Think about how alone you feel.
- 2. Think "I won't be able to do my job/work because I feel so badly."
- 3. Think about your feelings of fatigue and achiness.
- 4. Think about how sad you feel.
- 5. Go away by yourself and think about why you feel this way.
- 6. Write down what you are thinking about and analyze it.
- 7. Analyze your personality and try to understand why you are depressed.
- 8. Think "Why do I have problems other people don't have?"
- 9. Think "What am I doing to deserve this?"
- 10. Think "Why do I always react this way?"

Sample Distraction Scale Items

- 1. Help someone else with something in order to distract yourself.
- 2. Remind yourself that these feelings won't last.
- 3. Go to a favorite place to get your mind off your feelings.
- 4. Concentrate on your work.
5. Do something you enjoy.

Source: Nolen-Hoeksema and Morrow (1991)



Sex Differences in Rumination and Distraction

Ask 10 women and 10 men to think about how they respond when they are depressed about an achievement-related failure (e.g., failing an exam) and a relationship-related failure (e.g., relationship breakup). You choose the two specific failure experiences. Then ask people how they responded to each failure experience by having them answer the items in Table 13.4.

Is there a sex difference in rumination and distraction? Does it depend on the situation? Is there another personality variable related to sex that is linked to rumination and distraction?

Why are women more likely than men to ruminate in response to stressful events? One possibility is that people encourage women to ruminate. A behavioral observation study of adolescents and their mothers showed that mothers were more likely to encourage their 11-year-old girls than boys to engage in emotional expression when discussing a stressor (Cox, Mezulis, & Hyde, 2010). This differential encouragement of emotional expression predicted greater female compared to male rumination 4 years later. People might encourage women to ruminate because they do not believe it is maladaptive—at least for women. When I ask students in my classes why they think that women live longer than men, one of the first responses (usually from a female) is that women think about their feelings and talk about their feelings while men keep their emotions bottled up inside. This answer may be partly correct, but it is also partly incorrect in a very important way. When thinking about their feelings becomes brooding, there are costs to health for women.

Do women really ruminate more than men, or do they *perceive* that they ruminate more than men? This question was addressed in a study of college students who completed the Response Styles Questionnaire but also a measure of stereotype acceptance and benevolent sexism (Yoder & Lawrence, 2011). Females reported greater rumination than men—both brooding and reflection. Among women, but not men, greater stereotype acceptance and higher benevolent sexism were related to more rumination, suggesting that women might have been reporting ruminative behavior to be consistent with sex role stereotypes. However, this question would be better addressed by an experiment, as the kinds of women who score higher on stereotype acceptance and benevolent sexism are likely to be different from the kinds of women who score lower on these constructs. Would priming women with gender-role stereotypes increase their reports of rumination? The answer to this question remains to be seen.

This next study did not prime women with stereotypes but did measure communal trait characteristics. In a study of youth aged 14–20, women reported greater rumination than men about interpersonal stressors, and communion explained this sex difference

(Simonson, Mezulis, & Davis, 2011). That is, communion was a stronger predictor of rumination than sex. In a follow-up study, youth reported their rumination and stressors on a weekly basis for 8 consecutive weeks. Again, communion was a stronger predictor of rumination than sex.

Rumination appears to be an interactive cause of sex differences in depression, as Nolen-Hoeksema (1994) originally suggested. Females are more likely than males to ruminate even before adolescence, but the negative events that occur to females during adolescence make their ruminative response more detrimental. These negative events include troublesome body changes, difficulties in relationships, and awareness of the limits of the female gender role (i.e., role inconsistent with independence and achievement). These difficulties are addressed in the section on adolescence and depression.

A related construct that we addressed in <u>Chapter 8</u> is co-rumination—a repetitive and ruminative discussion of a problem with a friend. Like rumination, females engage in corumination more than males. One study of college students showed that co-rumination with the closest friend explained part of the reason that females were more depressed than males but also part of the reason females were more satisfied with their friendships than males (Calmes & Roberts, 2008). Similarly, a study of urban African-American adolescents and a study of high school students showed that this coping style explained part of why girls were more distressed than boys (Carlson & Grant, 2008; Tompkins, Hockett, Abraibesh, & Witt, 2011). Co-rumination also has been implicated in the experience of increased interpersonal stressors among women (Bouchard & Shih, 2013). A body-specific co-rumination measure (e.g., discussing physical appearance) was related to cognitive distortions in regard to body image and disturbed eating behavior but also to higher friendship quality in a study of college women (Rudiger & Winstead, 2013). Thus, co-rumination is a double-edged sword for females—it draws them closer to their friends but at the expense of an increase in psychological distress.

Stressful Life Events

One reason that women may be more depressed than men is that women experience more traumatic or stressful life events. Although women suffer higher rates of posttraumatic stress disorder than men (Olff, Langeland, Draijer, & Gersons, 2007), this does not mean that women face more trauma than men. A meta-analysis of sex differences in traumatic events found that men experienced more trauma than women (Tolin & Foa, 2006). This sex difference depended on the nature of the trauma. Whereas women were 6 times as likely as men to report adult sexual assault and 2.5 times as likely as men to report child sexual assault, men were 3.5 times as likely to experience combat/war/terrorism and more than 1.5 times as likely to experience nonsexual assault. Similar results were found from a national survey of adolescents. Females were more likely than males to report a history of having experienced a potentially traumatic event (McLaughlin et al., 2013), but the nature of these traumatic events differed by sex. Females were more likely than males to report having experienced rape, sexual assault, stalking, and potentially traumatic events that occurred to loved ones. By contrast, males were more likely than females to report having experienced physical assault, an automobile accident, or witnessing injury or death.

Just as we distinguished between MDD and depressive symptoms, we can also distinguish between traumatic life events (e.g., sexual assault, disaster) and stressful life events (e.g., job loss, divorce, relationship problems, financial difficulties). A metaanalytic review of the literature on sex differences in stressful life events showed that across 119 studies there was a small tendency for females to report more stressful events than males (d = -.12; Davis, Matthews, & Twamley, 1999). The size of this effect is extremely small, and a number of variables influenced the size of the relation. One factor that influenced the effect size was how stress was measured. Researchers who study stressful life events typically ask respondents to indicate whether an event happened and/or to rate the level of stress associated with an event. That is, ratings are made of stress exposure and stress impact. When these two kinds of ratings were distinguished from one another in the meta-analysis, the sex difference in exposure was smaller than the sex difference in impact (d = -.08 vs. d = -.18). Thus, women may appraise stressors as more severe than men, but women and men do not necessarily experience a different number of stressors. The age of the sample also influenced the size of the relation. The sex difference in stress was larger among adolescent samples compared to children and adult samples, supporting Nolen-Hoeksema's (1994) claim that adolescent females face more stress than adolescent males.

One reason the overall sex difference in exposure to stress is small may be that women and men experience stressors in different domains, just as they experience trauma in different domains. The meta-analysis examined whether sex differences appeared for different kinds of stressors. The sex difference for interpersonal stressors was larger than the sex difference for noninterpersonal stressors (d = -.17 vs. d = -.07). There was no category of stressor on which men scored higher than women. Research on adolescents, in particular, shows that females report greater interpersonal stressors than males (Rudolph, 2009).

Thus, it appears that the link of gender to trauma and stress has more to do with women and men experiencing different kinds of traumas and stressors rather than one sex experiencing more trauma or stress than the other. Women are more likely than men to report stressful events that involve relationships and actually occur to others. Although both of these events are sometimes referred to as relationship stressors, there is a difference. In the first case, investigators are finding that women are more likely to report problems within relationships, such as conflicts, breakups, or losses. In the second case, research is showing that women are more likely than men to perceive stressful events that occur to others as their own personal stressors. Further investigate the distinction between these two kinds of stressors with Do Gender 13.5.

Ø Do Gender 13.5

Sex Differences in Stressful Life Events

Develop a list of stressful life events that are relevant to the population you are sampling. Classify these events into categories, such as personal events and relationship events. Have 10 women and 10 men:

- 1. indicate if the event occurred to them in the previous year.
- 2. rate how much the event affected them (none, a little bit, a lot) if the event occurred to them.
- 3. indicate if the event happened to someone they know in the previous year.
- 4. rate how much the event personally affected them (none, a little bit, a lot) if the event occurred to someone else.

Are there sex differences in exposure to different kinds of life events? Are there sex differences in exposure to events that occur to others? Are there sex differences in the magnitude of response to (impact of) personal events? Others' events?

Investigators have asked whether sex differences in depression are due to **differential exposure** to stressful events or **differential vulnerability** to stressful events. Differential exposure suggests that women are more depressed than men because they experience more of a certain kind of stressful event. We discussed the idea that females report more interpersonal stressors than males. Some major stressors that women experience more than men, such as poverty and sexual abuse, are associated with depression (Nolen-Hoeksema & Keita, 2003). Controlling for these events reduces the sex difference in depression but does not eliminate it (Kessler, 2000). In fact, if all the stressful events were statistically controlled (not just the ones that affect women more than men), the sex difference in depression would be unchanged. Thus, women are not more depressed than men because they simply experience more stressful events—or more of a certain kind of stressor.

Differential vulnerability implies that certain stressful events are more strongly associated with distress among women than men. There is a great deal of evidence to support differential vulnerability on the part of females—especially in the case of interpersonal stressors (Oldehinkel & Bouma, 2011). A study of adolescents showed that interpersonal stressors were more strongly connected to depression among girls than boys (Bakker, Ormel, Verhulst, & Oldehinkel, 2010). In a study in which ninth-graders recorded the stressful events they experienced and their mood every day for 2 weeks, girls reported more negative and positive interpersonal events and both kinds of events were more strongly connected to mood for girls than boys (Flook, 2011)—supporting both differential exposure and differential vulnerability. Finally, a longitudinal study of 11-year-olds showed that relationship losses were associated with increases in depression 3 years later for both males and females but the associations were stronger for females

(Bakker et al., 2010).

Even watching the evening news may be more harmful for women than men. Healthy adults were randomly assigned to read 24 neutral or 24 negative news excerpts and then engaged in a laboratory stressor (speech task, difficult math test; Marin et al., 2012). Cortisol was measured throughout the experiment. The negative news excerpts were related to a greater physiological response to the laboratory stressor for females only, suggesting that women are more reactive to stressors when primed with negative news events. As shown in Figure 13.8, when asked to recall the excerpts 1 day later, women had better recall than men only in the negative news condition. The exposure to negative news decreased men's recall abilities but increased women's recall abilities. Women may have been more distressed because they attended more closely to the news, or men may have suppressed their reactions to the news and inhibited their memories. It would be interesting to know if the findings were unique to specific kinds of news events, such as those that involved relationships.



Figure 13.8 Negative news was associated with decreased recall among men and increased recall among women. Source: Marin et al. (2012).

Depressed persons also might be especially reactive to stress compared to nondepressed persons. One study had both women and men with and without a history of depression participate in a laboratory stressor (speech task followed by difficult math task) while cortisol was measured throughout the experiment (Bagley, Weaver, & Buchanan, 2011). Cortisol is a hormone that is expected to increase with stress to better prepare the body to cope with it. Women with a history of depression showed a blunted cortisol response to the stressor compared to women without a history of depression. There were no differences in cortisol response among men. Both groups of women reported greater negative affect in response to the task than both groups of men, supporting an overall greater female stress reactivity. Another study had depressed and nondepressed women complete a stressful task while engaging in relationship imagery (imagine a time when you felt intense love) or not (Cyranowski et al., 2011). Whereas the nondepressed women benefited from the relationship imagery in terms of blood pressure reactivity, the depressed women had higher blood pressure levels in the relationship imagery than the control condition. Thus, depressed women are more strongly affected by a laboratory stressor than nondepressed women, whereas nondepressed women are more likely to benefit from a support buffer than depressed women.

One explanation as to why women report more interpersonal stressors and are more reactive to interpersonal stressors is **stress generation**. The stress generation hypothesis is the idea that one contributes to the stressors that occur. For example, when you lose your keys, you have to accept some of the responsibility. However, when a family member becomes ill, your behavior played no role in this stressful event. When researchers distinguish between *dependent* and *independent* stressors, with the former being stressors to which you contributed, women report more dependent than independent interpersonal stressors (Bouchard & Shih, 2013). And dependent interpersonal stressors better account for the sex difference in depression (Stange, Hamilton, Abramson, & Alloy, 2014).

Taken collectively, these studies show that the reason women are more depressed than men has less to do with the stressful events they face and more to do with how strongly they respond to those events. Women report more interpersonal stressors than men, may contribute to interpersonal stressors more than men (dependent stressors), and are especially affected by interpersonal stressors compared to men. Why? This question is addressed next, when I examine the female gender role as an explanation of sex differences in depression.

The Female Gender Role

Communion and Agency

Trait measures of the female gender role are typically measured with communion scales of the BSRI (Bem Sex Role Inventory) or PAQ (Personal Attributes Questionnaire), which reflect a positive focus on others. These scales include traits such as being helpful, kind, and caring. Communion, however, is either unrelated to depression or related to less depression (Gonzalez, Bockting, Beckman, & Duran, 2012; Helgeson & Palladino, 2012). By contrast, agency, which includes traits such as independent, self-confident, and persistent, is related to lower levels of depression (Gonzalez et al., 2012; Helgeson & Palladino, 2012). Agency reflects a positive focus on and regard for the self. Increases in agency throughout adolescence are associated with decreases in depression (Priess, Lindberg, & Hyde, 2009). One study examined agentic behaviors (e.g., striving to improve skills, persistence, independent problem solving) and communal behaviors (e.g., helping others, spending quality time with others, doing favors) and found that both were related to higher indices of well-being (Buchanan & Bardi, 2015).

Thus, there appears to be no data linking the female gender-related trait of communion to depression. Instead, it seems that the male gender-related trait of agency is protective against depression. However, gender roles are multifaceted. I argue there is an aspect of the female gender role related to depression: unmitigated communion.

Unmitigated Communion

Recall that *unmitigated communion* is defined as a focus on others to the exclusion of the self (Helgeson, 1994; Helgeson & Fritz, 1998). Unmitigated communion has been associated with depression in studies of college students, cardiac patients, healthy adolescents, adolescents with diabetes, and healthy adults (Aube, 2008; Helgeson & Palladino, 2012; Hirokawa & Dohi, 2007; Jin, Van Yperen, Sanderman, & Hagedoorn, 2010). In addition, unmitigated communion can account for the sex difference in depression. For example, in a study of adolescents with diabetes, unmitigated communion was more strongly related to depression than respondent's sex, and no sex differences in depression were noted once levels of unmitigated communion were considered (Helgeson & Fritz, 1996).

People who score high on unmitigated communion rely on others for self-esteem and internalize others' views of themselves. This makes the self-esteem of the unmitigated communion individual quite unstable and vulnerable. This external focus is critical to the link of unmitigated communion to depression (Dear & Roberts, 2002; Fritz & Helgeson, 1998). Consistent with this line of thinking, other research has shown that women are more likely to have "interpersonal contingent self-esteem," which means that they base their self-esteem on the quality of their relationships (Cambron, Acitelli, & Pettit, 2008). This instability appears to be a risk factor for depression in females but not males.

As shown in Figure 13.9, there are two explanations for the link of unmitigated communion to depression: self-neglect and overinvolvement in others' problems—both of which may stem from low self-esteem and an externalized self-perception (Fritz & Helgeson, 1998). Unmitigated communion is related to a host of interpersonal difficulties (Helgeson & Fritz, 1998; Helgeson, Swanson, Ra, Randall, & Zhao, 2015). Individuals who score high on unmitigated communion are afraid to assert their own needs, inhibit self-expression to avoid conflict, and don't take care of themselves when they are ill—all indicators of self-neglect. People characterized by unmitigated communion are intrusive, become overly involved in others' problems, and take on others' problems as their own. Unmitigated communion has been linked to reporting more interpersonal stressors (Helgeson, 1998). There are several reasons for the connection of unmitigated communion to interpersonal stressors. First, unmitigated communion may be associated with exposure to more interpersonal stressors because such individuals seek out others to help. Second, the person who scores high on unmitigated communion may be more

likely than other people to interpret another person's problem as his or her own. For example, two people may both be exposed to a neighbor going through a divorce, but only the unmitigated communion person defines this stressful event as her or his own personal stressor. Third, the intrusive behavior of the unmitigated communion person may lead to relationship difficulties, meaning that the personality creates the interpersonal stressors.



Source: Adapted from Fritz and Helgeson (1998)

Unmitigated communion is also associated with rumination (Nolen-Hoeksema et al., 2008). However, the nature of the rumination may be more about other people's problems than one's own. Two laboratory studies showed that people high in unmitigated communion ruminate about others' problems (Fritz & Helgeson, 1998). In one study, a confederate disclosed a problem to the participant. In the second study, a friend disclosed a problem to the participant. Participants who scored high on unmitigated communion reported more intrusive thoughts about the discloser's problem 2 days later, whether the discloser was a friend or a stranger.

Consistent with the differential vulnerability hypothesis, some evidence suggests that people who score high on unmitigated communion are more reactive to interpersonal stress. Two studies of college students and one study of women with fibromyalgia have shown that interpersonal stress is more strongly related to distress among individuals high rather than low in unmitigated communion (Nagurney, 2007, 2008; Reynolds et al., 2006). Similar findings appeared in a study that measured a construct related to unmitigated communion, interpersonal sensitivity (how much feelings and behavior of others affect the self). In a study that involved 12 weekly phone calls with adult women who had osteoarthritis or rheumatoid arthritis, the relation of interpersonal stress to negative affect was stronger for those who scored high on interpersonal sensitivity (Smith & Zautra, 2002).

The vulnerability to interpersonal stress has implications for the self-neglect aspect of unmitigated communion. In a study of adolescents with diabetes, older adolescents (ages

15 to 18) who scored high on unmitigated communion reported being more upset by stressful events that involved others, more depression, and worse diabetes control (Helgeson & Fritz, 1996). Interpersonal stressors explained the link of unmitigated communion to increased depression and poor control over diabetes. Presumably, those characterized by unmitigated communion were taking care of others at the expense of taking care of themselves.

Caregiving

Aside from the personality trait of unmitigated communion, the caregiving aspect of the female gender role may be linked to depression. People characterized by unmitigated communion may be more likely to be caregivers; however, people can end up in the caregiver role regardless of their level of unmitigated communion. Events such as a spouse becoming ill, parents growing older and needing care, and children becoming sick can happen to anyone. A review of the literature on parents of children with cancer shows that mothers are more distressed than fathers (Clarke, McCarthy, Downie, Ashley, & Anderson, 2009). It is not clear if these differences are due to a general sex difference in distress or to women being more distressed than men when they are caregivers. Women traditionally shoulder more of the burden of caregiving responsibilities than men. Caregiving is also more likely to lead to distress in women than in men. In a meta-analytic review of the caregiving literature, women reported greater burden than men (d = +.34), greater depression than men (d = +.34), and a greater number of caregiving tasks than men (d = +.20; Pinquart & Sorensen, 2006). The sex difference in depression among caregivers was larger than the sex difference found in noncaregiving populations. In a more recent study of spouses of patients with Parkinson's disease, female spouses reported greater role strain and greater increases in role strain over 10 years than male spouses (Lyons, Stewart, Archbold, & Carter, 2009). A study of Latino caregivers of older relatives revealed that more caregivers were female than male and that female caregivers engaged in more caregiving tasks than males (Friedemann & Buckwalter, 2014). Some caregivers were spouses, and others were adult children. Male spouses reported less burden than female spouses and less burden than either male or female adult children. Male spouses were also more likely than the other three groups to report caregiving due to obligation. Females also may care more than males about their caregiving skills. In a study of spousal caregivers of people with cancer, females reported more caregiving distress than males (Hagedoorn, Sanderman, Buunk, & Wobbes, 2002). However, feeling capable ameliorated that distress for females but not males. In other words, females who felt capable as caregivers had distress levels that were as low as males'.

As people age and live longer with disease, more caregivers are adult children. In this case, an additional source of caregiver burden comes with negotiating interactions with other family members. Adult children typically have children of their own to care for, expect to share caregiving of a parent with their siblings, and may be taken aback by the

unexpected reversal of caregiving roles. One study showed that these kinds of family conflicts were more distressing to male than female adult children caregivers (Kwak, Ingersoll-Dayton, & Kim, 2012). The authors suggested that it is more normative for daughters than sons to assume this caregiving role, and sons may be more annoyed when other family members are not involved.

It is the caregiving role that may explain why social ties are not as protective against depression among women as they are among men. Recall from <u>Chapter 11</u> that social relations are a double-edged sword for women. Social ties are not only a source of support but also a source of stress for women.

Take Home Points

- Biological factors, including genes and hormones, interact with each other and with psychosocial factors to explain the sex difference in depression.
- Females' low status in society may lead to lower perceptions of control. A lack of control could contribute to perceptions of helplessness, a precipitant of depression.
- It is not the case that men exhibit more problem-focused coping and women exhibit more emotionfocused coping. Instead, women are more likely than men to engage in most coping strategies. This does not appear to be due to women being more distressed than men.
- Women's tendency to ruminate in response to stressful events interferes with instrumental behavior, increases access to other negative cognitions, and decreases social support, all of which have been linked to depression.
- Women are more likely than men to experience interpersonal stressors and are more vulnerable than men to the negative effects of interpersonal stressors. It is the latter that is most strongly linked to sex differences in depression.
- There are multiple aspects of the female gender role. Although communion is not related to depression, unmitigated communion is.
- People who score high on unmitigated communion become involved in others' problems to the neglect of themselves, both of which may increase women's risk for depression.
- Aside from unmitigated communion, women are more likely than men to find themselves in the caregiving role. Women report greater caregiver burden than men, increasing their risk of depression.

Challenges of Adolescence

Sex differences in depression begin to appear at around age 13, the time of transition from middle school to high school. Recall Figure 13.2, which showed that boys had slightly higher depression scores than girls below age 13, but that girls had higher scores than boys at age 13 and older (Twenge & Nolen-Hoeksema, 2002). Thus something must occur during adolescence to spark this sex difference in depression. In this section of the chapter, I examine some of the challenges of adolescence that might lead to an increase in depression among young women.

Gender Intensification

Adolescence has been referred to as a time of **gender intensification** (Hill & Lynch, 1983), which means that gender roles and their associated norms become salient to females and males. During adolescence, girls become increasingly concerned with adhering to the female gender role, and boys become increasingly concerned with adhering to the male gender role. These concerns arise in part from outside forces: Adolescents feel increasing pressure from society to adhere to their gender roles. I watched this happen before my very eyes as my t-shirt and blue jeans daughter (who scolded me for wearing makeup for years) started shaving her legs and had her ears pierced 3 weeks before her twelfth birthday and received makeup, perfume, and nail polish from friends as presents. The message is clear—it is time to look like a girl.

However, the evidence for gender intensification is not clear. A study that examined changes in masculinity (or agency) and femininity (or communion) among 11-, 13-, and 15-year-olds showed that girls scored higher than boys on communion at all assessments, but neither communion scores nor the sex difference in communion changed over time (Priess et al., 2009). There was no sex difference in agency at any assessment. We conducted a study in which we tracked gender-related traits among adolescents with and without diabetes from ages 12 through 16 and found no evidence for gender intensification in terms of changes in agency, communion, or unmitigated agency (Helgeson & Palladino, 2012). Sex differences in agency decreased with age, as female scores increased—opposite of gender intensification. Sex differences in communion, in favor of females, and sex differences in unmitigated agency, in favor of males, persisted over the entire time. However, there was gender intensification for unmitigated communion: Sex differences increased with age, as unmitigated communion: Sex differences increased with age.

However, there may be other ways to measure gender intensification aside from tracking these traits. It may be more informative to examine specific behaviors, such as how girls and boys spend their time or how they interact with one another. One study examined how perspective-taking changed with age among boys and girls from ages 13 to 18. Perspective-taking increased over time in both boys and girls but the increase in

girls was much stronger (Van der Graaff et al., 2014). Another study showed that boys became increasingly interested in muscle-building activities as they transitioned through adolescence (Smolak & Stein, 2010). Studies like these offer some evidence for gender intensification during adolescence.

Why would gender intensification lead to depression? Depression might be heightened among women during adolescence as they attend to the female gender role and realize its limited value in society. Although intelligence and achievement orientation in childhood or adolescence exert protective effects on men's mental health, these qualities may pose risks for women's mental health. Two older studies suggested that this was the case. IQ scores were associated with ambition, productivity, persistence, and self-satisfaction in young adult men (ages 18 and 23), but with introspection, anxiety, rumination, and guilt among young adult women (Block & Kremen, 1996). A longitudinal study showed that higher IQ scores during preschool predicted greater depression among female 23-year-olds but less depression among males of the same age (Gjerde, 1995). These studies were conducted quite some time ago, however. It is important to determine whether high achievement still poses risks to mental health among adolescent females.

Puberty

Because the emergence of sex differences in depression coincides with puberty, researchers have investigated whether the physical changes that accompany puberty are associated with depression in women. A review of the literature showed that early pubertal timing is clearly related to increased risk of depression for girls-particular White girls (Negriff & Susman, 2011). The risk may be greater in White girls compared to Black girls because puberty leads to changes in body size and shape and the "thin ideal" has a stronger presence in White than Black culture. The review concluded that there is also some evidence for early pubertal timing and depression in boys but that relation is less well studied. Findings also depend on how puberty is measured. It is typically measured with objective markers of pubertal maturation. However, when relying on one's *perceived puberty*, boys are more likely to be depressed when they perceive that they are achieving puberty later than others. Research also has distinguished between pubertal timing and pubertal tempo-that is, the rate at which one goes through puberty. In 4 years of following children through adolescence, early pubertal timing predicted increased depression for both girls and boys, but increased pubertal tempo was a stronger predictor of depression than early pubertal timing for boys (Mendle, Harden, Brooks-Gunn, & Graber, 2010). Thus, the boys who were at the greatest risk started puberty early and advanced through it quite quickly.

Other research has shown that pubertal timing interacts with other vulnerabilities to affect depression. For example, early pubertal timing in combination with a pessimistic attributional style predicted increased depression in both girls and boys, and early pubertal timing in combination with a lack of ability to understand one's feelings predicted increased depression in girls only (Hamilton, Hamlat, Stange, Abramson, & Alloy, 2014).

What are the reasons that achieving puberty early is linked to depression among children—especially girls? Reaching puberty earlier than one's peers may lead to stressful interactions with peers. Peers may tease, make comments on one's body, and lead to overall more uncomfortable interactions. Two studies showed that stressful interaction with peers explained the link of early pubertal timing to increased depression in girls (Conley, Rudolph, & Bryant, 2012; Llewellyn, Rudolph, & Roisman, 2012). In the latter one, the stressful interactions were specific to other-sex relationships. Another way in which pubertal changes may be associated with depression is through their impact on adolescents' body image, our next topic of discussion.

Body Image

Both differential exposure and differential vulnerability are relevant to the link between gender, body image, and depression. Adolescent and adult females have a more negative body image than males (Ata, Ludden, & Lally, 2007; Mellor, Fuller-Tyszkiewicz, McCabe, & Ricciardelli, 2010), supporting differential exposure. However, it must be noted that a fairly substantial proportion of both females and males are unhappy with their bodies, as men have become increasingly dissatisfied with their bodies over the last few years (Mellor et al., 2010). However, among adolescents, girls are more likely than boys to perceive themselves as overweight even when they have the same body mass index (Vaughan & Halpern, 2010). It is also the case that a negative body image is more predictive of depression (and low self-esteem) in females than males (Oney, Cole, & Sellers, 2011; Yuan, 2010), supporting differential vulnerability. The nature of body concerns during adolescence differs for females and males. Females are more likely than males to perceive that they are overweight and are concerned with losing weight, whereas males are more likely than females to perceive that they are underweight and are concerned with gaining weight–especially in their upper body (Yuan, 2010). Thus, girls are more likely than boys to perceive themselves as overweight, to diet to lose weight, and to end up depressed due to these concerns (Vaughan & Halpern, 2010).

Body image is not only influenced by sex but also by race and ethnicity. A metaanalysis of ethnic differences in body image revealed that White females are more dissatisfied with their bodies than females from other ethnic groups (d = +.29; Grabe & Hyde, 2006). However, the difference in body image depended upon which ethnic group was the subject of comparison. White and Hispanic women are more dissatisfied with their bodies than African-American women, with Asian women falling in between. One study of Black college students showed that body dissatisfaction was only related to low self-esteem among students for whom race was less central to their identity (Oney et al., 2011). In other words, body dissatisfaction was unrelated to self-esteem among students who strongly identified with their race.

A phenomenon related to body image that takes place among adolescent girls is "fat

talk." Fat talk goes like this:

Jen:	"I'm so fat."
BECCA:	"Oh my gosh, no you're not! You're much skinnier than me."
Jen:	"Are you kidding me? You're a twig!"

You can clearly see the outcome of fat talk-reassurance from friends that one is not fat and is, in fact, attractive. In fact, the most frequent response to fat talk is for the friend to deny the person is fat (Salk & Engeln-Maddox, 2011). Fat talk was first discovered by Nichter and Vuckovic (1994) who described it as a middle school girl phenomenon. However, fat talk also takes place among college women. A survey of college women showed that one-third said that they engaged in fat talk frequently or very frequently (Salk & Engeln-Maddox, 2011). But on average, women said that they engaged in fat talk less than their peers. Although the women in this study said that they thought fat talk made them feel better, there is evidence to the contrary. A meta-analytic review of the literature showed that fat talk is linked to greater body dissatisfaction in both adolescents and adults and predicts increases in body dissatisfaction over time (Sharpe, Naumann, Treasure, & Schmidt, 2013). One experimental study showed that adult females who were exposed to confederates engaging in fat talk showed increases in body dissatisfaction compared to the control condition (confederates discussing their weekend; Stice, Maxfield, & Wells, 2003). Thus, engaging in fat talk may have that shortterm benefit of reassurance from friends but has a more lasting negative effect. There appears to be another negative effect of fat talk. Girls who engage in fat talk are liked less by their peers (Crews, Bucchianeri, & Corning, 2013).

It is not only body image but **body objectification** that is related to depression. Objectification theory states that there are social and cultural forces that sexually objectify women, which lead women to continually monitor their bodies and evaluate themselves based on their appearance (Fredrickson & Roberts, 1997). Body objectification has been associated with depression among adolescent and adult women and predicts an increase in depression over time (Impett, Henson, Breines, Schooler, & Tolman, 2011; Moradi, 2010). In addition, the sex difference in body objectification may play a causal role in the increase in depression among girls.

The effects of body objectification have been demonstrated in experimental research. College students participated in a study with an other-sex confederate in which they were going to solve some math problems (Gervais, Vescio, & Allen, 2011). In the body objectification condition, the confederate looked the participant up and down, stared at the participant's chest, and said, "From the looks of you, I thought you would do these problems best" during the get-acquainted interview. In the control condition get-acquainted interview, the confederate only made eye contact and said, "From the responses, I thought you would do these problems best." Participants then completed a series of math problems and were asked how interested they were in interacting with the

partner. As shown in <u>Figure 13.10</u>, women in the body objectification condition performed worse than women in the control condition, whereas men were unaffected. By contrast, women in the body objectification condition were *more interested* in interacting with the confederate than women in the control condition, whereas men were unaffected. Thus, the objectification condition led to a decrease in women's math performance, perhaps because the gaze and the remark reminded women that they are valued on their appearance or by arousing stereotype threat by making their sex salient. Because the women desired to interact with the confederate, however, a cycle may be created by which women seek out interactions with those who objectify them.





Source: Adapted from Gervais et al. (2011)

Interestingly, participation in sports may be one way to reduce body objectification in women. Although female adolescents are more likely than male adolescents to say that others tease them and make comments about their appearance when they play sports, girls who played sports had lower body objectification and higher body image than girls who did not play sports (Slater & Tiggemann, 2011). One concern is that others' remarks and teasing about their coordination and appearance will keep girls from participating in sports. Sports participation had no effect on body image or concerns among boys. Presenting young women with images of female athletes also reduces body objectification (Daniels, 2009). Assuming the female athlete is not sexually objectified, these images should enhance women's sense of confidence and competence. Unfortunately, there are times when women athletes are depicted as sexual objects. The depiction of Lindsey Vonn, a 2010 gold medalist skier, bent over in a ski pose on the cover of *Sports Illustrated* raised a furor, as some viewers thought the picture was

sexually provocative.

Among African Americans, body objectification may occur in relation to skin tone. Because darker skin tones are associated with more discrimination, African-American females may be sensitive to their skin tone and monitor their body's skin tone. One study showed that the habitual monitoring of skin tone—a reflection of body objectification—was associated with body dissatisfaction among African-American adults (Buchanan, Fischer, Tokar, & Yoder, 2008).

Peers

We have already examined the role of interpersonal stressors in depression among adolescents, but there is also evidence for "depression socialization" among girls. A study of middle schoolers showed that the average depression level of girls' friendship groups predicted individual members' depression 1 year later, but the same effect was not observed among boys (Conway, Rancourt, Adelman, Burk, & Prinstein, 2011). These effects were stronger among girls who were more peripheral to the friendship group. Thus, the girls who were less well connected to the overall group were more adversely affected by the groups' overall depression. A second study of middle schoolers showed that popularity was associated with an increase in depression for girls but not boys 1 year later but only for girls who were concerned with how they were viewed by their peers (Kornienko & Santos, 2014). The investigators noted that popularity has costs for girls, who are often viewed negatively and with jealousy by others.

Take Home Points

- Gender intensification suggests that gender-role norms become salient during adolescence. One reason that girls' depression may increase during adolescence is that they become aware of the limitations of the female gender role.
- A variety of events occur during adolescence—body image changes, stressful interactions with peers—that may pose a greater risk for depression among girls than boys.
- Girls not only have a poorer body image than boys but body image is more strongly related to depression among girls than boys. Girls are more likely than boys to engage in "fat talk" and to suffer from body objectification, both of which are risk factors for depression.

This concludes our examination of the theories of depression. There are a variety of other mental illnesses that are relevant to gender either because they afflict one sex more than another or because the characteristics of the disorder are relevant to gender roles. See <u>Sidebar 13.1</u> for a discussion of some of these mental illnesses and <u>Table 13.5</u> for a list of their gender-related features. Because there is a large sex difference in attention deficit hyperactivity disorder, I elaborate on it in <u>Sidebar 13.2</u>.



Gender and Other Mental Illnesses

Women have higher rates of what are referred to as internalizing problems (e.g., depression, anxiety), whereas men have higher rates of what are referred to as externalizing problems (e.g., substance abuse, antisocial disorders; Rosenfield & Smith, 2010). These differences hold across most cultures (Seedat et al., 2009). Here I review some of the specific mental illnesses for which gender plays a role. Most of the information described here is taken from the Diagnostic and Statistical Manual of Mental Disorders-5 (American Psychological Association, 2013).

Schizophrenia is a form of psychopathology. It is a form of psychosis that includes delusions, hallucinations, disorganized speech, and flattened affect. There is a slightly higher incidence among men than women. Major symptoms differ for women and men. Women are more likely to show affective disturbances and psychotic symptoms but fewer problems related to social functioning compared to men. Men are more likely to have difficulties with emotional expression. The age of onset also differs. Men are at highest risk for schizophrenia in their early to mid-20s, whereas women are at highest risk in their late 20s. Early age of onset is associated with greater impairment, which might explain why men have more severe symptoms than women.

Antisocial personality disorder is characterized by a disregard for others, failure to conform to social norms, impulsivity, aggression, deceit, and lack of empathy. It is a diagnosis made among adults, and one feature of the disorder is that the individual must have a history of conduct disorder as a child. Conduct disorder includes aggression toward people or animals, destruction of property, and serious violation of rules. Both antisocial personality disorder and conduct disorder are much more common in men than women. The inclusion of aggression as a feature of the disorder may account for some of its lower prevalence among women. Rates of antisocial personality disorder are especially high among men with substance abuse problems, especially alcohol abuse. The genetic heritability is higher in women than men.

Borderline personality disorder is characterized by unstable interpersonal relationships and maladaptive interpersonal functioning. Symptoms include fear of abandonment, low self-esteem, and impulsivity, including suicide attempts. About three-quarters of the people diagnosed with this disorder are women. It is frequently comorbid with depression.

Histrionic personality disorder includes excessive emotionality and attention seeking. People with this disorder have a strong desire to be the center of attention. They may be dramatic, inappropriately sexually seductive, and use physical appearance to draw attention to themselves. In clinics, women are diagnosed with this disorder more than men, but other assessment show more equal rates among men and women.

Dependent personality disorder is a disorder related to interpersonal functioning. People with this disorder are passive, are indecisive without reassurance from others, are clingy and insecure in relationships, and want to be taken care of by others. Women are diagnosed with this disorder more than men. It is also one of the most frequently diagnosed personality disorders.

Narcissistic personality disorder is characterized by feelings of self-importance and superiority, desire for admiration, entitlement, exploitation of others, and a lack of empathy. Between 50% and 75% of those diagnosed are men.

Panic disorder is characterized by recurrent panic attacks. A panic attack is the presence of an intense fear without a basis in reality and is characterized by palpitations, sweating, shaking, and shortness of breath. Females are twice as likely as males to suffer from panic disorder. The sex difference emerges during adolescence, when the rate increases among females.

🕷 Sidebar 13.2

Attention Deficit Hyperactivity Disorder-A Problem for Males Only?

Males have higher rates of attention deficit hyperactivity disorder (ADHD) than females. Although boys are three times as likely as girls to be diagnosed with ADHD in the general population, boys are 6-9 times as likely as girls to be treated for ADHD (Bruchmuller, Margraf, & Schneider, 2012). There are two components to ADHD: inattentiveness and impulsivity. A meta-analysis on boys and girls with diagnosed ADHD showed that boys score higher than girls on impulsivity/hyperactivity (d = .31), but there was no sex difference on inattentiveness (d = -.09; Hasson & Fine, 2012). Some studies have shown that females are more likely than males to have the inattentive type of ADHD compared to the hyperactive type of ADHD (Cassidy, 2007), but other studies showed no sex differences (Ghanizadeh, 2009). If true, this would explain why boys are more likely than girls to be referred to clinics for ADHD-their behavior is more disruptive and attracts attention.

ADHD also appears to be viewed differently in girls and boys. When teachers were given vignettes that varied in ADHD symptoms, they viewed the hyperactive girls as more impaired than the hyperactive boys (Coles, Slavec, Bernstein, & Baroni, 2012). Hyperactivity may be unexpected in girls and is judged more seriously when it occurs. When child psychologists, psychiatrists, and social workers were presented with vignettes that varied in ADHD symptoms, health care providers were equally likely to diagnose ADHD in girls and boys who had all of the ADHD symptoms (Bruchmuller et al., 2012). However, when symptoms were more ambiguous (only a few ADHD symptoms), health care providers diagnosed ADHD in boys at twice the rate of girls. People's prototype of someone with ADHD is male, so they may be more likely to label an ambiguous set of symptoms as ADHD when confronted with a male than a female.

The sex difference in ADHD and the types of ADHD decline with age. When college men and women with and without diagnosed ADHD were evaluated, diagnosed females reported higher levels of both inattentiveness and hyperactivity than diagnosed males, whereas undiagnosed females reported lower levels of inattentiveness and hyperactivity than undiagnosed males (Fedele, Lefler, Hartung, & Canu, 2012). When asked if ADHD-type symptoms interfere with daily life domains, women reported more interference than men.

Table 13.5 Personality Disorders

1

Antisocial
-disregard for others
-failure to conform to societal norms
—impulsivity
-aggression
deceit
—lack of empathy
Borderline
-maladaptive interpersonal functioning
—fear of abandonment
-low self-esteem

Men more than women

Women more than men

—impulsivity	
—suicidal behavior	
Histrionic	Women more than men
-excessive emotionality	
-needs to be the center of attention	
 –uses physical appearance to get attention 	
-overly dramatic	
-inappropriate sexual behavior in interactions with others	
Dependent	Women more than men
-passive	
 –can't make decisions without reassurance 	
-clingy in relationships	
 desire to be taken care of by others 	
-high fear of abandonment	
Narcissistic	Men more than women
-feelings of self-importance	
-feelings of superiority	
-high need for admiration	
-sense of entitlement	
-exploits others	
-lack of empathy	

Source: DSM-5 (American Psychiatric Association, 2013)

Adjustment to Chronic Illness

This man, let's call him Bill, was 38 years old and had suffered a heart attack. He had a strong family history of heart disease. His father had died of heart disease when he was in his 30s, his mother had recently undergone bypass surgery, and he had already lost a brother to heart disease. Bill smoked two packs of cigarettes a day. He did not have time for exercise or to really think about what he was eating. Bill owned a business and was struggling—not to make ends meet but to make the business an overwhelming success. He was very stressed by the business. Bill was married and had two young children. How did he respond to his heart attack? He was angry but resigned. He had no intention of changing any of his behaviors. He would continue to smoke, continue to work long hours at work and get little sleep, and had no intention of spending more time with family. The heart attack convinced him he might not live as long as he had hoped, but his response to this fact was to work even harder to ensure the financial security of his family when he passed away. He told me this was the responsibility he had as the "man of the family."

A few days later, I interviewed a woman, let's call her Marie. Marie reluctantly agreed to let me interview her while she was in the hospital recovering from a heart attack. She said she doubted she would have time for the 90-minute interview because she was certain her physician would be in soon to discharge her. (Having experience with the hospital discharge process, I knew we would probably have at least 90 minutes before the physician arrived and the paperwork would be finished!) Marie was anxious to leave the hospital to take care of her husband, who was dying of lung cancer. I asked Marie to recall the earliest signs of her heart problem. She recalled having symptoms of chest pain more than a year ago. Her physician had wanted to hospitalize her for some tests, but she refused to leave her ill husband. Instead, she used a nitroglycerin spray daily for the past year to alleviate chest pain. Marie had difficulty answering the questions I asked because she could not keep her mind focused on the interview. She asked me why I was asking so many questions about her when it was her husband who had the real problem. I wondered when Marie left the hospital if she would take care of herself. Somehow, I doubted it.

These two people are among the hundreds of people I have interviewed with a chronic illness, in this case heart disease. I present these two cases, one by a man and one by a woman, to illustrate two very different responses I believe can be tied to traditional gender roles—the man as the breadwinner and the woman as the family caretaker.

In this section of the chapter, I describe how people adjust to chronic illness, with an emphasis on the implications of gender roles. Studies of heart disease show that women adjust more poorly than men (Hunt-Shanks, Blanchard, & Reid, 2009). However, many of these studies suffer from an important methodological flaw. They fail to consider differences between women's and men's functioning before the onset of the illness. Sex

differences in depression following the onset of a chronic illness are especially suspect because of the research just reviewed showing women are more depressed than men among physically healthy samples.

One reason that women might have more difficulty than men adjusting to chronic illness is that they continue to assume caregiving responsibilities and their spouses are not as skilled as caregivers. Husbands may not be as supportive as wives when their spouses are ill because they are less familiar with the caregiver role. Women who are ill continue to provide support to their spouses, whereas men who are ill focus more on themselves (Revenson, Abraido-Lanza, Majerovitz, & Jordan, 2005). A study of men and women with heart disease showed that women were less likely than men to have help with household chores when they returned home from the hospital (Boutin-Foster & Charlson, 2007). This lack of instrumental assistance was associated with an elevated rate of depression in women compared to men. A study of elderly women with osteoarthritis showed that husbands were less likely to provide support when the women expressed symptoms of pain-suggesting that men may be more likely than women to withdraw from the caregiver role (Stephens, Martire, Cremeans-Smith, Druley, & Wojno, 2006). A meta-analytic review of couples with cancer showed that women are more distressed than men whether they are the patient or the spouse (Hagedoorn, Sanderman, Bolks, Tuinstra, & Coyne, 2008).

One framework that can be used to understand how women and men adjust to chronic illness is a gender-role perspective. Chronic illness poses different challenges for men and women, in terms of traditional roles. Both the traditional male gender role and the traditional female gender role may make it more difficult to adjust to chronic illness. The reasons for these adverse associations, however, differ. After reading this section, use <u>Do Gender 13.6</u> to see if a gender-role framework helps you understand how someone adjusts to chronic illness.

Ø Do Gender 13.6

Gender Roles and Chronic Illness

Interview two female and two male college students who had a chronic illness as a child. Common chronic illnesses during childhood are diabetes, asthma, and cancer. Ask them a series of open-ended questions to find out how the illness affected their lives—relationships with parents, relationships with friends, leisure activities, schoolwork, self-esteem. After the interview, view the participants' responses from a gender-role perspective. Did any of the effects of the illness seem to be related to gender roles?

Male Gender Role

A number of years ago, an episode of a news program was aired that depicted a man who had been diagnosed with a chronic illness—heart disease. The man with heart disease suffered a heart attack but resisted his physician's instructions to reduce his stress, to slow down, and to take life a little easier. Instead, this man reacted against the physician's instructions and against his newfound vulnerability, heart disease, by proving he was just as strong as before and worked even longer hours to maintain his business. He was very concerned about maintaining a macho image. The man suffered a second, more debilitating heart attack. Ironically, he was so impaired by the second heart attack that he lost the business he was trying so hard to save. If he had followed his physician's instructions the first time, he might not have lost the business or suffered the loss of physical functioning caused by the second heart attack.

The traditional male gender role may be an advantage or a disadvantage in adjusting to chronic illness (see Figure 13.11). On the negative side, characteristics of the traditional male gender role, specifically independence and self-control, are inconsistent with chronic illness. A chronic illness may be accompanied by physical limitations for which one needs assistance. People with a traditional masculine orientation may find it difficult to depend on others for assistance or to ask others for help. This will only be problematic if help is needed. For example, a person with heart disease who refuses to ask for assistance with mowing the lawn or shoveling snow is placing himself or herself at risk for a fatal heart attack. When physical limitations detract from self-reliance, adjustment problems may arise (Caputo & Simon, 2013).



Figure 13.11 Implications of the male gender role for adjustment to chronic illness.

In addition, the mere existence of a chronic illness may be viewed as a weakness, and vulnerability and weakness are inconsistent with the male gender role. Studies have found that adolescent males feel more stigmatized by chronic illness than adolescent females (Williams, 2000). A chronic illness will be especially threatening to men to the extent that it undermines their breadwinner role, which is the case when women go to work, men retire, or men reduce their workloads in response to their illness (Charmaz, 1995).

The male gender role might also impede adjustment by interfering with compliance to physician instructions. For example, among cardiac patients, strong orders by physicians to follow a strict diet, exercise regularly, and refrain from physical exertion could evoke a state of **psychological reactance** (Brehm, 1966). Psychological reactance occurs when you perceive that someone has taken away your freedom or sense of control by telling you what to do. To restore that freedom, you do just the opposite of what was instructed. A more familiar term for this idea is "reverse psychology." Think of the times you told someone to do just the opposite of what you wanted so they would react against your instructions and do what you really wanted. Psychological reactance may be dangerous in the case of failing to adhere to physician instructions. In this case, patients' noncompliance restores personal control at the expense of taking care of themselves. People who might be most vulnerable to noncompliance as a result of psychological reactance agency. Unmitigated agency has been associated with poor adjustment to heart disease, in part due to the failure to adhere to physicians' instructions and poor health behaviors, in

particular smoking (Helgeson, 2012). Unmitigated agency also has been related to poor adjustment to cancer (Helgeson & Lepore, 1997; Hoyt & Stanton, 2011) and diabetes (Helgeson & Palladino, 2012).

There are several reasons for the link of unmitigated agency to poor outcomes in the face of chronic illness. One feature of the male gender role that might impede adjustment to illness is difficulties with emotional expression. The traditional male role requires men to keep feelings and vulnerabilities hidden from others. However, the failure to share feelings and difficulties will keep others from providing needed support. In a study of men with prostate cancer, unmitigated agency was associated with difficulties with emotional expression (Helgeson & Lepore, 1997). It was these emotional expression difficulties that explained the link of unmitigated agency to poor psychological and physical functioning. Another study of men with cancer showed that those who scored high on unmitigated agency were not able to benefit from social support. Social support was related to reduced intrusive thoughts about the illness, but the relation was not as strong among men who scored high on unmitigated agency (Hoyt & Stanton, 2011). Another reason that people with unmitigated agency might not benefit from social support is that they have conflictual relations. Unmitigated agency has been related to social conflict in numerous studies (Helgeson & Fritz, 2000; Helgeson & Palladino, 2012).

On the positive side, characteristics of the male gender role may be quite helpful in coping with chronic illness when the illness is construed as a problem meant to be solved. To the extent there are clear-cut behaviors that can solve or "control" the problem, men might be especially likely to engage in those behaviors. A study of patients with heart disease showed that men were more likely than women to attribute the cause of their illness to controllable factors (e.g., diet, overworking, alcohol), and less likely than women to attribute the cause of their illness to uncontrollable factors (e.g., heredity; Grace et al., 2005). One behavior that is helpful for managing many illnesses is exercise. Male cardiac patients are more likely than their female counterparts to exercise (Hunt-Shanks et al., 2009). Exercise, in and of itself, is consistent with the male gender role. Exercise can also be construed as a problem-focused coping behavior. Adolescent males with diabetes are more likely than adolescent females to use exercise as a way to control their illness (Williams, 2000). In general, male adolescents with chronic illness are more likely to perceive they can control their illness than female adolescents (Williams, 2000). To the extent that control is possible and control behaviors are helpful in regulating the illness, this perspective is a healthy one. Agency is an aspect of the male gender role that may reflect this problem-solving orientation. Agency has been linked to positive adjustment to chronic illnesses, such as heart disease (Fritz, 2000; Helgeson & Mickelson, 2000), prostate cancer (Helgeson & Lepore, 1997, 2004), and irritable bowel syndrome (Voci & Cramer, 2009). However, the "chronic" aspect of chronic illness suggests control efforts will be limited in their effects. This aspect of illness could be frustrating to men who focus on control.

Thus, the male gender role has links to both successful and problematic adjustment to

chronic illness. To the extent the illness threatens masculinity, recovery will be difficult. To the extent it can be used to aid recovery, masculinity will be helpful.

Female Gender Role

When I first started interviewing cardiac patients more than 25 years ago, I wondered if the female cardiac patient would have the same "Type A" characteristics as the male cardiac patient—impatience and hostility. The first 20 women I interviewed created quite a different picture of the woman with heart disease. Two of these 20 women had been admitted to the hospital for heart attacks the day after their husbands were admitted for potential heart problems. Interestingly, in each case, the husband did not sustain a heart attack, but the wife did. The most noteworthy case was the woman I described previously who had put the health care needs of her husband before her own. A common theme that ran throughout the course of my interviews with these 20 women was that their concern with taking care of others and putting others' needs first had adverse consequences for their own health. Some of these women undoubtedly had difficulty with recovery because they continued to take care of others at the expense of taking care of themselves. However, a few women did view their heart attack as a wake-up call—a chance to shift their priorities and put themselves first.

There are a variety of aspects of the female gender role that have implications for adjustment to chronic illness (see Figure 13.12). One issue is the extent to which the illness affects caregiving. If the illness is accompanied by physical limitations that interfere with caregiving, adjustment difficulties will arise (Caputo & Simon, 2013). If the caregiver role is central to one's identity and a chronic illness undermines this role, the person will have difficulty adjusting to the illness. This is the issue that concerned many of the women cardiac patients I first interviewed. When taking care of oneself detracts from taking care of others, these women may neglect their own health. One study of cardiac patients showed that women were more likely than men to resume household responsibilities after they were discharged from the hospital (Rose, Suls, Green, Lounsbury, & Gordon, 1996).



Figure 13.12 Implications of the female gender role for adjustment to chronic illness.

The conflict between receiving assistance and providing assistance to others may be especially difficult for women who are highly invested in the caregiving role, such as those who score high on unmitigated communion. Unmitigated communion has been linked to poor adjustment to chronic illnesses such as HIV (Brody et al., 2014), heart disease (Fritz, 2000), breast cancer (Helgeson, 2003), diabetes (Helgeson & Palladino, 2012), and irritable bowel syndrome (Voci & Cramer, 2009). One reason for this relation is that these women neglect their own health in favor of helping others. Unmitigated communion has been related to poor health behavior among chronically ill populations (Helgeson & Fritz, 2000). For example, in a study of heart disease, people who scored high on unmitigated communion were less likely to adhere to physicians' recommended exercise regimens (Fritz, 2000), and in a study of adolescents with diabetes, those who scored high on unmitigated communion reported a decline in self-care behavior over time (Helgeson & Palladino, 2012).

The female gender role is also implicated in poor adjustment to illnesses that involve alterations in physical appearance. To the extent that concerns with appearance override concerns with physical health, the female gender role is a disadvantage. In one study, adolescent females with diabetes showed particular difficulties following a diabetic diet because of concerns with weight and body image (Williams, 2000). Dieting in the form of restricting food intake can be very dangerous for people with diabetes. Unmitigated communion has been linked to disturbed eating behavior among adolescents with diabetes (Helgeson, Escobar, Siminerio, & Becker, 2007).

Aspects of the female gender role may facilitate adjustment to chronic illness. The

female gender role permits help seeking and reliance on others for support. One aspect of the female gender role, communion, has been associated with the availability of social support (Helgeson & Palladino, 2012; Helgeson et al., 2015). Thus, the female gender role can be adaptive in terms of acquiring needed support resources.

Take Home Points

- Clear-cut sex differences in adjustment to chronic illness are not apparent.
- Gender provides an important framework within which we can understand the issues that women and men with a chronic illness face.
- The male gender role is advantageous to the extent a chronic illness is construed as a problem meant to be solved but is disadvantageous to the extent it implies weakness and limits men's feelings of control.
- The female gender role can facilitate adjustment to chronic illness by providing support resources but can impede adjustment when physical attractiveness and caregiving issues interfere with taking proper care of oneself.

Eating Disorders

Princess Diana, Elton John, Paula Abdul, Fiona Apple, Mary-Kate Olsen, Oprah Winfrey, Ana Carolina Reston, Kirsten Haglund—what do they all have in common? They all have had eating disorders or disturbances. However, the outcomes are not all the same. Ana Carolina Reston, a Brazilian model, died in 2006 from an eating disorder. Kirsten Haglund received the help that she needed and went on to become Miss America in 2008.

Definitions and Prevalence

The three major eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder. Over the course of their lives, the National Eating Disorders Association (2015) estimates that 20 million women and 10 million men will have a clinically significant eating problem. Although the three disorders can be clearly defined and distinguished from one another, people can have degrees of any one of them. In fact, various degrees of binge eating exist in the normal population.

Anorexia NervosaOf the three, **anorexia nervosa** is the most life-threatening eating disorder. The primary features of this disorder include energy intake restriction, fear of gaining weight, and a disturbed self-image in regard to weight (American Psychiatric Association, 2013). The anorexic person refuses to maintain a normal weight and weighs less than normal for age, sex, and stage of physical development. A common symptom of anorexia in women is amenorrhea (cessation of menstrual cycling).

Ironically, anorexia is more common in wealthier countries (American Psychiatric Association, 2013). A majority of cases of anorexia (90%) are found in women. Rates are lower among Blacks, Hispanics, and Asians compared to Whites. The onset of anorexia typically occurs during adolescence or young adulthood.

Bulimia Nervosa is characterized by recurrent binge eating followed by inappropriate methods to prevent weight gain, such as vomiting; intense exercising; or the use of laxatives, diuretics, and enemas. By far the most common method of purging is vomiting. Although any food can be consumed during a binge, foods typically consist of sweets and fats. A binge is characterized by eating an unusually large amount of food and feelings of a loss of control. This person constantly thinks about food and weight control. The typical person with bulimia is of average weight but may have been overweight prior to the onset of the disorder. The low weight of an anorexic person is a feature that distinguishes her or him from the bulimic. As with anorexia, about 90% of bulimia cases are found among women. The onset of bulimia is somewhat later than anorexia, during late adolescence to early adulthood. The incidence of bulimia has increased over the past several decades, whereas the rate of anorexia has stabilized.

Binge Eating Disorder is characterized by recurrent binge eating without purging or fasting. Binge eating is accompanied by eating rapidly, eating large amounts of food in the absence of hunger, eating in isolation from others, and feelings of guilt and disgust with oneself for eating. Unlike anorexia and bulimia, binge eating does not include purging, fasting, or exercise, which means that people with binge eating disorder are likely to be overweight or obese. Of the three, binge eating disorder is the most prevalent. Although binge eating disorder is more common among women than men, the sex disparity is much smaller. In addition, men and women report similar rates of bingeing (Reslan & Saules, 2011). One reason is that the definition of a binge differs for males and females. Females are more likely than males to include feelings of a loss of control in their definitions of a binge. The fact that the diagnosis of binge eating disorder includes a loss of control may account for the greater diagnosis among women. Unlike anorexia and bulimia, which typically occur during adolescence, the typical onset of binge eating disorder is young adulthood. The prognosis from binge eating disorder is more favorable than that of anorexia or bulimia. Men and women are equally likely to benefit from treatment for binge eating disorder (Shingleton, Thompson-Brenner, Thompson, Pratt, & Franko, 2015).

Disturbed Eating BehaviorBecause the prevalence rate of eating disorders in the general population is so small, investigators often study symptoms of bulimia or anorexia. These symptoms are referred to as *disturbed eating behavior*. One of the most frequently used instruments to assess disturbed eating is the Eating Disorder Inventory (Garner, Olmstead, & Polivy, 1983). Three subscales of this inventory have been linked to eating disorders: drive for thinness, symptoms of bulimia, and body dissatisfaction. The items from each of these scales are shown in <u>Table 13.6</u>. Many of the studies reviewed in this section have used this instrument or a similar one.

Table 13.6 Eating Disorder Inventory

Drive for Thinness

- 1. I eat sweets and carbohydrates without feeling nervous.*
- 2. I think about dieting.
- 3. I feel extremely guilty after overeating.
- 4. I am terrified of gaining weight.
- 5. I exaggerate or magnify the importance of weight.
- 6. I am preoccupied with the desire to be thinner.
- 7. If I gain a pound, I worry that I will keep gaining.

Bulimia

- 1. I eat when I am upset.
- 2. I stuff myself with food.
- 3. I have gone on eating binges where I have felt that I could not stop.
- 4. I think about bingeing (overeating).
- 5. I eat moderately in front of others and stuff myself when they are gone.
- 6. I have thought of trying to vomit in order to lose weight.
- 7. I eat or drink in secrecy.

Body Dissatisfaction

- 1. I think that my stomach is too big.
- 2. I think that my thighs are too large.
- 3. I think that my stomach is just the right size.*
- 4. I feel satisfied with the shape of my body.*
- 5. I like the shape of my buttocks.*
- 6. I think my hips are too big.
- 7. I think that my thighs are just the right size.*
- 8. I think that my buttocks are too large.
- 9. I think that my hips are just the right size.*

* *These items are reverse scored meaning less endorsement is indicative of greater problems. Source:* Garner et al. (1983)

Consequences

The disease course for anorexia is more negative than it is for bulimia (Crow, 2010). Five to ten years after a diagnosis of anorexia nervosa, one-third of people still have the disease, one-third have some symptoms but do not meet diagnostic requirements, and one-third fully recover. Anorexia has the highest mortality rate of any mental health problem (Arcelus, Mitchell, Wales, & Nielsen, 2011). Both individuals with anorexia and those with bulimia are at risk for suicide. Anorexia is associated with low blood pressure; loss of bone density, which can increase the risk of osteoporosis; muscle loss; dehydration, which can led to kidney failure; and hair loss (National Eating Disorder Association, 2015). Some of these effects (e.g., bone density) may not be reversible, even with recovery.

People are more likely to recover from bulimia than anorexia. But there are also a variety of health consequences of bulimia. Gastrointestinal problems and colon problems may result from repeated use of laxatives. Dental problems may occur from repeated vomiting. Women with eating disorders are likely to have problems getting pregnant.

Etiology

The etiology of eating disorders is unclear. Eating disorders often co-occur with other mental health problems, such as depression, anxiety, and substance abuse (Hudson, Hiripi, Pope, & Kessler, 2007). Researchers have examined genetic links, demographic factors that may predispose one to eating disorders, social factors, and a variety of psychological factors, including difficulties with achievement and lack of control.

Biology

It is clear that there is a genetic component to eating disorders from studies of twins and from studies of genotypes (Striegel-Moore & Bulik, 2007). There appears to be greater heritability of anorexia nervosa than bulimia (Keel & Klump, 2003). There are greater cultural differences in bulimia than anorexia. Whereas rates of bulimia dramatically increased over the last half of the 20th century, rates of anorexia have been stable. Bulimia appears to be a largely Western phenomenon, whereas anorexia is not limited to Western cultures. Given the onset of eating disorders in adolescence, any biological theory would necessarily have to be an interactive one. Eating disorders are more common among women who come from families with a female member who has an eating disorder. This overlap could be due to shared genes or shared environment.

Hormones also may play a role in eating behavior. Prenatal exposure to testosterone has been linked to a reduced incidence of eating disturbances, which may partly account for why females seem to be at greater risk than males. The relation of eating disorders to testosterone was examined in a study of same-sex and other-sex twins, reasoning that female other-sex twins have greater exposure to testosterone than female same-sex twins (Culbert, Breedlove, Burt, & Klump, 2008). Results supported the theory. The highest rate of eating disorders was found in female same-sex twins, followed by female other-sex twins, followed by male other-sex twins, and then male same-sex twins.

Demographics

Females are more likely than males to have eating disorders and disturbed eating behavior, but the sex difference is smaller for binge eating disorder and disturbed eating behavior (Striegel-Moore & Bulik, 2007). Overall, the effect sizes are smaller than one would think, so it is important to realize that men also can suffer from eating disturbances (Striegel-Moore et al., 2009). Historically, higher socioeconomic status was viewed as a risk factor for eating disorders, and minority persons were less vulnerable to eating disorders than Caucasians. Today, it is no longer the case that eating disorders are limited to upper class Caucasian girls (Crow, 2010; Harrison & Hefner, 2008).

Females and males with eating disorders have a similar age of onset and similar symptoms (Woodside et al., 2001). One difference is that homosexuality is a risk factor for eating disorders among men but not women. Gay men have higher rates of eating disturbances than heterosexual men, whereas there is no difference in eating disturbances among lesbians and heterosexual women (Yean, Benau, Dakanalis, Hormes, Perone, & Timko, 2013). However, a study of high school students showed that sexual minority (lesbian, gay, bisexual) youth had higher rates of purging behavior and diet pill usage than heterosexuals, with the increased risk being much larger for sexual minority boys than sexual minority girls (Austin, Nelson, Birkett, Calzo, & Everett, 2013).

Female Gender Role

Eating disorders have been linked to features of the female gender role. First, the female gender role places a high value on physical attractiveness. Second, women are interpersonally oriented, so others' opinions are important to them. Both of these concerns play a role in eating disorders.

Gender intensification could provide a framework for understanding eating disorders as it does for depression. Eating disorders first appear during adolescence when gender roles become salient. But have gender roles been linked to eating disorders? There does not appear to be a relation between communion and disturbed eating behavior (e.g., Hepp, Spindler, & Milos, 2005). In fact, communion appears to be protective against a poor body image (Choma, Visser, Pozzebon, Bogaert, Busseri, & Sadava, 2010).

There may be other aspects of the female gender role that are more strongly linked to eating disturbances. Unmitigated communion is a gender-related trait that has been implicated in problematic eating behavior (Helgeson et al., 2007; Mosher & Danoff-Burg, 2008). Unmitigated communion individuals have low self-esteem and evaluate themselves based on others' views. Thus, they may be more vulnerable to societal pressures to be thin. Unmitigated communion is also related to a poor body image (Helgeson, 2003).

Societal Factors

One perspective on eating disorders places the blame on society's obsession with dieting and the pressure for thinness among women. Not surprisingly, dieting appears to be an antecedent to eating disorders. A Gallup Poll showed that 31% of women and 21% of men are trying to lose weight (Wilke, 2014). And, 10% of women and 6% of men say that they are not overweight but are still trying to lose weight. A nationwide survey of 9th- through 12th-graders showed that 13% did not eat in the past 24 hours or more to keep from gaining weight or to lose weight (Centers for Disease Control and Prevention, 2015). Between 40% and 60% of girls in elementary school are

concerned with their weight (Smolak, 2011). One problem with dieting is that it causes metabolism to decrease over time, making it increasingly difficult to lose weight. Thus, after initial pounds are shed, more extreme methods are required to achieve the same rate of weight loss.

U.S. society's image of the ideal woman is an extremely thin form, really without shape. Toy models such as Barbie display unrealistic body shapes. When the measurements of Barbie were compared to the actual measurements of a sample of 18- to 35-year-old women, the chances of finding Barbie's measurements in this population were estimated to be less than 1 in 100,000 (Norton, Olds, Olive, & Dank, 1996). The standards for thinness have grown increasingly strict and have become more unrealistic over time. The standards of the ideal male body also have changed. One group of investigators examined changes in male action figures over the previous 30 years, in particular, G. I. Joe and *Star Wars* characters (Pope, Olivardia, Gruber, & Borowiecki, 1999). Over time, the figures have grown more muscular. Again, if the dimensions of these figures were translated into human beings, only the rare adult male would meet these specifications. Pope and colleagues contend that changes in these action toys reflect changing standards of the male body image.

The media normalizes dieting and excessive thinness and also encourages people to evaluate their bodies and to use extreme measures to improve them. Today, young women are surrounded by media exposure to thinness through magazines and television, which undoubtedly influence their body image and their eating behavior. A meta-analysis of media exposure to body image and eating behavior among women showed that media exposure was related to lower body satisfaction (d = -.28), greater internalization of the thin ideal (d = +.39), and more disturbed eating behavior (d = +.30; Grabe, Ward, & Hyde, 2008). This review included both correlational studies in which the relation between media exposure and body image/eating outcomes are evaluated as well as experimental studies in which brief media exposure is manipulated and the effects on body image/eating outcomes are examined. Recall that experimental studies can disentangle cause from effect. The findings held across both kinds of methods, increasing our confidence in the idea that media exposure can have adverse effects on body image. The link between television viewing and body dissatisfaction is especially strong among girls who have lower self-esteem (Zhang & Lien, 2010).

More recently, researchers have used experimental approaches to see if they can reduce the adverse effects of media exposure on body image. One study of female college students examined whether a warning label (i.e., looking as thin as this model could be dangerous to your health) would reduce the adverse effects of exposure to attractive models on body satisfaction (Ata, Thompson, & Small, 2013). The exposure to thin models decreased body satisfaction, and the warning label offered no protective effects. However, another study presented girls ages 10–13 with a video describing the artificial nature of media images before the manipulated exposure to thin models and found benefits of the video (Halliwell, Easun, & Harcourt, 2011). Girls who did not see the video showed a decrease in body satisfaction following exposure to the thin models, whereas girls who saw the video first did not experience a decline in body satisfaction.

Even among men, media exposure has been related to greater body concerns. College men who read more magazines about fitness and muscularity spent more time thinking about their appearance and seemed to be more dissatisfied with their bodies (Hatoum & Belle, 2004). A study of middle school boys showed that the media plays a role in their muscle-building activities (Smolak & Stein, 2010). Boys who became more concerned with their appearance over time reported being influenced by the media— for example, by reading magazines articles about how to gain muscle, which then led to an increase in muscle-building activities. Thus, the media play a central role in boys' as well as girls' body image.

Concerns about thinness also come from sources other than the media, such as family and friends, who are often dieting themselves. A study of girls and boys in middle school examined the role that friendship groups play in dieting behavior (Rancourt, Conway, Burk, & Prinstein, 2013). Female friendship groups were characterized by more dieting, and male friendship groups were characterized by more muscle-gaining behavior. The previous discussion of "fat talk" is a way in which peers can influence girls' eating behavior. A study of female college students showed that exposure to two female confederates who complained about their bodies led to a decrease in body satisfaction (Shomaker & Furman, 2007). However, these effects were only observed among women who tended to compare themselves to others and were highly invested in their appearance. Peers are not the only source of pressure. Disturbed eating behavior is also related to family pressure to be thin and lose weight (Ata et al., 2007).

There are a variety of other social factors that have been connected to eating disorders. Disturbed eating behavior has been linked to conflict with and alienation from friends in girls (Hilt, Roberto, & Nolen-Hoeksema, 2013), with stressful life events in girls (Piquero, Fox, Piquero, Capowich, & Mazerolle, 2010), with sexual harassment in both girls and boys (Petersen & Hyde, 2013), and with attempted or experienced rape in girls (Collins, Fischer, Stojek, & Becker, 2014).

Psychological Factors
A general psychological theory of eating disorders is that they stem from feelings of a lack of autonomy, a lack of control, and a lack of a sense of self in combination with a striving for perfection and achievement. Weight loss is one way to fulfill these needs: Losing weight is a way to gain control over one's body and has the potential to enhance self-esteem. In a longitudinal study of 12- to 16-year-olds, perfectionism predicted anorexia over the next 2 to 8 years (Tyrka, Waldron, Graber, & Brooks-Gunn, 2002). Another study showed that feelings of control and autonomy were related to a lower incidence of disturbed eating behavior in college women (Peterson, Grippo, & Tantleff-Dunn, 2008). Many investigators have argued that eating disorders emerge in women during adolescence because it is during this time that girls feel a loss of control, become concerned with others' views of them, and become aware of the limitations of the female gender role with respect to achievement (Silverstein & Perlick, 1995). One way of responding to these challenges is to exert control over weight. Consistent with this theory, feelings of autonomy, control, and empowerment are associated with a more positive body image and less disturbed eating in college women (Peterson et al., 2008).

Not surprisingly, a negative body image is associated with eating disturbances, and this relation is stronger in girls than boys (Ferreiro, Seoane, & Senra, 2014). In fact, body dissatisfaction accounts for part of the sex difference in eating disorders. What is interesting, though, is that it is the perception of being overweight rather than actual weight that is associated with eating disturbances (Saules et al., 2009). Eating disorders have been linked to a host of other problems that female adolescents suffer, such as anxiety and depression. Eating disorders are one way that distress manifests itself among these girls. However, the sex ratio of eating disorders is much larger than the sex difference in depression; thus, eating disorders must be more than a manifestation of psychological distress.

Body image concerns not only play a role in eating disorders among heterosexuals but also play a role in eating disorders among gay men. One reason that gay men have more disturbed eating behavior than heterosexuals is that they are more dissatisfied with their bodies (Yean et al., 2013). By contrast, lesbians are not any more dissatisfied with their bodies than heterosexual women. One study showed that lesbian women have larger ideal body sizes than heterosexual women (Markey & Markey, 2014).

Take Home Points

- There are three major kinds of eating disorders: anorexia nervosa, bulimia nervosa, and binge eating disorder. Anorexia is the most lethal of the three.
- Eating disorders tend to emerge during adolescence.
- It is during adolescence that girls experience body changes (in particular, an increase in body fat), become dissatisfied with their bodies, and become increasingly concerned with their appearance and how others view them. During adolescence, girls also recognize limiting factors associated with the female gender role.
- Contributing factors to eating disorders include genes, gender roles, psychological factors (e.g., need for control and perfectionism), and the social environment.
- Media exposure has been implicated in eating disorders for both women and men. Experimental studies have shown that media exposure affects girls' views of their bodies.

<u>Suicide</u>

In 2005, Hunter S. Thompson, famous journalist and author, killed himself with a gun outside his home at the age of 67. Mark Madoff, the son of Bernie Madoff who was convicted of the largest Ponzi scheme in history, hanged himself on the second anniversary of his father's arrest at age 46. In 2008, Heath Ledger, an Australian actor, was found dead from either an accidental overdose of medication or suicide—the cause of death remains unclear. And most recently, in 2014, Robin Williams, an actor and one of the most famous comedians of our time, hanged himself after suffering from depression, anxiety, and, the year prior to his death, Parkinson's disease.

Despite the fact that women are more depressed than men, men actually commit suicide more frequently than women. There is an even more interesting paradox: Men commit suicide more frequently than women, but women attempt suicide more frequently than men. In this section of the chapter, I provide statistical information on suicide rates and attempts and then discuss some of the factors associated with suicide and suicide attempts in men and women.

Incidence

Suicide is more common than people think. Did you know more people die from suicide than homicide? Did you know that more deaths from firearms are from suicide than homicide? In 2013, 51,149 suicides were reported, making it the 10th leading cause of death (American Foundation for Suicide Prevention, 2015). Suicide is the second leading cause of death among persons ages 25–34 and the third leading cause of death among persons ages 15–24 (Centers for Disease Control and Prevention, 2012). Overall, the suicide rate is four times higher among males than females. As shown in Figure 13.13, the size of the sex difference is relatively stable across the life span until old age, during which time the rate declines for females and increases for males, creating even larger sex disparities (National Center for Health Statistics, 2014). The suicide rate is highest among Blacks, Asians, and Hispanics. The sex difference also persists across ethnic groups, although it is smaller among Asian Americans than other groups. There is a higher rate of suicide and suicide attempts in LGBT communities than heterosexuals (Haas et al., 2010).



Suicide Rates by Sex and Age

*Note: These rates are per 100,000 and for persons 5 years of age and older Figure 13.13 Suicide rates by sex and age in 2013. Men have higher suicide rates than women at all ages. The sex difference is particularly high among the elderly.

Source: Adapted from National Center for Health Statistics (2014)

Sex differences in suicide extend across cultures. The sex difference (male-female ratio) in suicide rates for 20 countries is shown in <u>Table 13.7</u>. Historically, men have had higher rates of suicide compared to women for some time. Over the last few decades of the 20th century, the sex difference in suicide rates worldwide has increased, largely due to an increase in suicide among men (World Health Organization, 2010).

As shown in <u>Table 13.7</u>, the size of the sex difference in suicide is smaller in Asian cultures. China is an exception to the sex difference in suicide rates. Here suicide rates are higher among females than males. There are a variety of reasons for the sex reversal. A major reason is the low status of women. Women suffer high rates of physical and sexual abuse, are more likely to live in poverty and lack economic resources than men, and are unable to express themselves freely. Second, there are no religious sanctions against suicide. Third, suicide rates are higher in rural areas where levels of social support are lower, and there are a large number of rural woman. Although the rate of suicide for women is not higher than men in India, the sex difference is smaller. An examination of the different regions of India showed that regions in which women have greater restrictions are regions in which there was a relatively higher rate of female to male suicide (Mitra & Shroff, 2008).

Another reason that the sex difference in suicide rates is smaller in Asian cultures than the United States has to do with the method used to commit suicide. Firearms are illegal in some Asian cultures, and account for more than half of the suicides in the United States. In a study that compared the suicide rates of two Western cultures (United States and Australia) to two Eastern cultures (South Korea and Japan), the sex difference was twice as large in the Western than the Eastern countries (Ahn, Park, Ha, Choi, & Hong, 2012). Whereas 56% of men in the United States used firearms, the rate was less than 1% in South Korea and Japan. The most common method of suicide in Japan was hanging, followed by poisoning, and men and women were equally likely to use these methods.

Nation	Male-Female Suicide Ratio
Australia	3.10
Austria	3.37
Belize	9.8
Canada	3.1
Chile	3.28
China	.82
Denmark	3.32
France	3.22
Germany	3.54
India	1.57
Ireland	3.25
Italy	4.0
Japan	2.66
Luxembourg	2.95
Mexico	4.18
New Zealand	2.88
Sweden	2.66
Thailand	4.24
United Kingdom	3.77
United States	3.73

Table 13.7 Sex Differences in Suicide

Source: World Health Organization, data from 2012 (age-standardized)

Thus, one reason for the sex difference in suicide rates is that men use more violent methods than women. Firearms are the most common method of suicide among men, but recently drug poisoning surpassed firearms as the most common method of suicide among women (Phillips & Nugent, 2013). Women are less likely than men to use methods that disfigure the face. When suicides in a county in Ohio were examined from 1997–2006, firearms were the most likely method for both males and females but females were less likely to shoot themselves in the head (Callanan & Davis, 2011). The use of antidepressants is correlated with suicide in women but not men, making one wonder if antidepressants are involved in the mixture of drug poisoning.

Suicide rates are not as easy to estimate as you might think. The official statistics on suicide rates are likely to be underestimates because some suicides are mistakenly classified as other causes of death. This misclassification may lead to a greater underestimation of female suicide because women are more likely to use ambiguous methods, such as poisoning. Men, by contrast, are more likely to use guns; it is easier to determine that a self-inflicted gunshot was a suicide.

<u>Attempts</u>

Although men commit suicide more frequently than women, women are more likely than men to attempt suicide and to express more suicidal thoughts than men. This paradox holds across most Western societies. A study of adults across 17 countries showed that women were more likely than men to report suicidal thinking (Nock et al., 2008). A nationally representative sample of adults in the United States showed that 3.9% of women and 3.5% of men reported suicidal ideation in the past year, and slightly more women than men (.5% vs. .4%) reported having made a suicide attempt (Centers for Disease Control and Prevention, 2011). Among adolescents, there is a larger sex disparity in suicidal thinking and suicide attempts. A nationwide survey of 9th- through 12thgraders revealed that 9.8% of girls and 5.8% of boys had attempted suicide during the past year, with higher overall rates but similar sex ratios among Blacks and Hispanics compared to Whites (Centers for Disease Control and Prevention, 2012). Suicidal ideation was higher but the sex difference remained: 19.3% of females and 12.5% of males reported seriously considering suicide in the past year. A study of youth ages 12–19 in Korea revealed that girls were more likely than boys to report suicidal thoughts (24% vs. 16%) and were more likely to have made one suicide attempt in the past year (8% vs. 4%; Kim, Han, Trksak, & Lee, 2014). Sexual minority youth are more likely to attempt suicide than heterosexual youth. As shown in Figure 13.14, more bisexual, gay male, and lesbian high schoolers had attempted suicide compared to heterosexual youth (Stone et al., 2014). Another study examined LGBT youth ages 16–20 and showed that the highest rates are among the transgender youth (Mustanski & Liu, 2013).

However, suicide attempts are difficult to estimate. Data from hospitals show that there were 494,169 visits to the emergency room for nonfatal self-inflicted injuries in 2013 (American Foundation for Suicide Prevention, 2015). The ratio of female to male is on the order of 3:1. However, intentional and unintentional injuries cannot be distinguished from each other. For example, an overdose of drugs can be interpreted as a suicide attempt or as an accident. Here, men's suicide attempts may be underreported because attempting suicide and not succeeding are considered weak behaviors inconsistent with the strength and decisiveness of the male gender role. Thus, men may be less likely than women to admit making a suicide attempt, and clinicians may be less likely to consider the possibility that a drug overdose in a man was a suicide attempt.



Source: Adapted from Stone et al. (2014)

The Gender Paradox

A theoretical explanation for the gender paradox is gender-role socialization (Payne, Swami, & Stanistreet, 2008). Suicide is not viewed as acceptable, but it is viewed as less unacceptable among men than women. Suicide is considered masculine behavior. However, suicide attempts are considered feminine behavior. Among men, committing suicide is considered to be a powerful response to some kind of failure; attempting but not completing a suicide is construed as weak behavior and viewed negatively, especially in men. The gender paradox in suicide attempts and suicide rates is most prominent among adolescents and young adults, the very people who are most concerned with adhering to gender roles.

Gender roles also influence the method used to commit suicide. Men are more likely than women to be familiar with guns, and men may be more willing to use violent methods to commit suicide because they are less likely than women to be concerned with the appearance of their body following suicide (Payne et al., 2008).

As alluded to earlier, there is also a methodological explanation for the paradox of men's higher suicide rates and women's higher suicide attempts. Women's suicide rates may be underestimated, and men's suicide attempts may be underestimated. Because women use more ambiguous methods than men to commit suicide, women's actual suicides may be underestimated, as some are classified as other causes of death (e.g., accidental). Because attempting suicide is inconsistent with the strength of the male gender role, men may be less likely than women to admit to a suicide attempt, leading to a greater underestimation of men's than women's suicide attempts. Women also are more likely than men to express their emotions, which might include reports of thinking about suicide and suicide attempts. To the extent that is the case, it will be more difficult to identify men than women who are at risk for suicide (Langhinrichsen-Rohling, Friend, & Powell, 2009).

Factors Associated With Suicide Among Adults

Among adults, suicide and suicide attempts have been linked to substance abuse and depression. Linking suicide to depression is problematic, however, because a suicide attempt might lead to a diagnosis of depression. Several studies have shown a history of depression is more strongly related to suicide and suicide attempts in women than men (Monnin et al., 2012). An examination of factors that existed prior to suicide among adults in the United States revealed that diagnosed mental health problems were more likely to precede suicide among women than men (Karch, Logan, McDaniel, Floyd, & Vagi, 2013). However, this study showed that suicide was preceded by depressed mood in both men and women. Thus, the fact that mental illness was a stronger factor in suicide for women than men could be an artifact of women being more likely than men to seek help for mental illness. Men who commit suicide are less likely than women to have used mental health services.

By contrast, alcohol use and abuse has been more strongly implicated in suicide in men than women (Callanan & Davis, 2011), perhaps because drinking alcohol is a more socially acceptable way for men to respond to mental illness. In a study of people admitted to the ER for suicide attempts, men were more likely to have had substance abuse problems, in particular alcohol (Monnin et al., 2012). In addition, substance use, again especially alcohol, predicted a repeat attempt among men but not women during the next year.

One antecedent to suicide is the breakup of a relationship. Divorce is related to suicide, but the risk is larger for men than women (Yip, Yousuf, Chan, Yung, & Wu, 2015), which is consistent with the research on marital status in <u>Chapter 11</u>. An examination of factors that existed prior to suicide among adults in the United States revealed that relationship problems and problems with an intimate partner were more likely to precede suicide in men than women (Karch, Logan, & Patel, 2011). Similarly, an analysis of suicides in the United Kingdom showed that relationship difficulties were equally likely to be present in males and females prior to suicide, but relationship difficulties were more likely to be the primary trigger in the case of males than females (Shiner, Scourfield, Fincham, & Langer, 2009).

One reason that relationship loss and intimate relationship difficulties may be more strongly related to suicide in men than women is that intimate relationships are men's primary source of social support, whereas women have alternative sources of support. Recall this argument from <u>Chapter 11</u> as to why men benefit more than women from marriage. In fact, gender equality has been linked to more comparable implications of divorce for men and women. Countries in which men's and women's roles are more

equal show that the risk of divorce has a more equal effect on the suicide rates of men and women (Yip et al., 2015). Relationships may be protective for women in terms of suicide. Women not only receive support from network members but provide support to them as well. The fact that women have people to take care of, such as a husband and children, may make them less likely to commit suicide.

Suicide rates are higher among those of a lower socioeconomic status and those employed in lower-skilled occupations (Milner, Spittal, Pirkis, & LaMontagne, 2015; Payne et al., 2008; Shiner et al., 2009). Suicide is also connected to unemployment and financial problems, and these associations are stronger among men than women. The economic turndown that began in 2010 has been implicated in a number of high-profile male suicides, including a former executive of Enron and a French investment manager who lost substantial sums of money in the Madoff scandal. Gender roles may explain this relation, as unemployment is a threat to the traditional male provider role. In a study of 34 European nations, the per capita income of the country was related to the suicide rate of the country's men but not women (Sher, 2006).

Gender-related traits have been implicated in suicide. The agentic personality trait is associated with less suicidal thinking among adults, and high levels of agency buffer the relation between depression and suicidal thinking (Hobbs & McLaren, 2009). That is, the relation of depression to suicidal ideation is weaker among high-agency persons.

Factors Associated With Suicide Among Adolescents

Like adults, suicide and suicide attempts in adolescents are associated with other mental disorders, in particular, depression. A national longitudinal study of adolescents showed that suicidal ideation, depression, a history of a friend or family member attempting or committing suicide, and parental loss predicted suicide attempts-and equally so in males and females (Thompson & Light, 2011). Another study examined the circumstances that preceded suicide for youth ages 10–17 between 2005 and 2008 (Karch, Logan, McDaniel, Floyd, & Vagi, 2013). The most common precipitating factor was relationship problems, and this was slightly more likely among females than males (55% vs. 50%). However, there were no sex differences in the other common antecedent factors: crisis in the past 2 weeks, mental health problems, intimate partner problems, and school problems. Alcohol problems were more common among males than females (6.5% vs. 2.9%), but the overall level of frequency was quite low compared to the other factors. Being a victim of interpersonal violence was more common among females than males (3.7% vs. .7%), but again the overall frequency is quite low. Among sexual minorities, the risk for suicide increases with sexual victimization and victimization due to sexual orientation (Craig & McInroy, 2013; Mustanski & Liu, 2013).

Take Home Points

- Men commit suicide more than women. This sex difference appears across the life span and persists across cultures.
- Women attempt suicide more than men.
- This gender paradox is partly explained by methodological issues. Suicide in women may be underestimated because women are more likely to use ambiguous methods (e.g., overdose of pills) than men, which may be misclassified as accidents. Men's suicide attempts may be underestimated because men are less likely than women to admit to a failed suicide attempt.
- Suicide in both women and men—adults and adolescents—is likely to be associated with other mental health problems, such as depression, substance abuse, and relationship difficulties.

Summry

There is a consistent and pervasive sex difference in depression in the United States that extends to other cultures. Sex differences in depression emerge during adolescence and persist over the life span. Sex differences in depression may be affected by a response bias on the part of clinicians and respondents; clinicians may be more likely to recognize or interpret symptoms as depression in women than in men, and men may be more reluctant than women to admit, report, or seek help for depression.

There are numerous theories of sex differences in depression, tapping biological, psychological, and social factors. Little evidence indicates that genes can explain sex differences in depression. Although hormonal changes have been associated with mood changes, the evidence is inconsistent as to which hormone is protective or harmful at what time. It is more likely that hormonal fluctuation rather than a level of a particular hormone is involved in depression.

Psychological theories of depression suggest women are socialized in ways that lead them to perceive less control than men over their environment. Thus, women are more vulnerable to learned helplessness, which can lead to depression. Other theories of sex differences in depression focus on the stressors that women and men face and how they cope with them. The coping literature suggests that women may be more likely than men to engage in most coping strategies, which may be a result rather than a cause of women's distress. One promising theory of sex differences in depression focuses on a particular maladaptive form of coping, rumination. A great deal of evidence suggests women are more likely than men to respond to stressful events by ruminating about them, and rumination is linked to depression.

There is little evidence that women experience more trauma or stressful life events than men, but women do experience more of a specific kind of trauma or stressor—those that involve relationships. Women report more stressful events that involve relationships, and the association of relationship stressors to distress is stronger for women than for men. It is women's differential vulnerability to stress rather than differential exposure to stress that best explains depression.

There are characteristics of the female gender role implicated in depression. Whereas communion is unrelated to depression, unmitigated communion is consistently associated with depression. People characterized by unmitigated communion take on others' problems as their own and become overly involved in helping others. Aside from this specific personality trait, caregiving has been linked more broadly to the female gender role and may be linked to depression.

Regardless of which theory best explains sex difference in depression, the onset during adolescence must be addressed. Several challenges of adolescence were reviewed that might explain this onset, including body image changes and strains in relationships. These events might activate depression in girls who are at risk for depression.

In terms of adjustment to chronic illness, it is not clear if there are sex differences. However, gender provides an important framework within which we can understand the issues that women and men with a chronic illness face. The male gender role is advantageous to the extent a chronic illness is construed as a problem meant to be solved but disadvantageous to the extent it implies weakness and limits men's feelings of control. The female gender role can facilitate adjustment to chronic illness by providing support resources but can impede adjustment when physical attractiveness and caregiving issues interfere with taking proper care of oneself.

Another mental health problem discussed in this chapter was eating disorders, which are more common in women than in men and more likely to arise during adolescence than at any other time in life. Many of the theories of eating disorders are linked to adolescence. During adolescence, girls' bodies change and girls become more aware of societal pressures to be thin. It is also during adolescence that women recognize the limitations placed on the female gender role and on their control more generally. Eating disorders may be a manifestation of attempts to exert control.

The last mental health problem reviewed was suicide. Men commit suicide more frequently than women at all ages and across most cultures, but women contemplate suicide and attempt suicide more frequently than men. Substance abuse, depression, and impaired social relations all play a role in suicidal behavior among adolescents and adults.

Discussion Questions

- 1. Which methodological bias do you believe is most likely to undermine sex differences in depression?
- 2. What kind of experiences during childhood, adolescence, and adulthood do females face compared to males that might instill learned helplessness?
- 3. Debate the following statement: Men engage in problem-focused coping, and women engage in emotion-focused coping.
- 4. Explain how rumination leads to depression.
- 5. What is the difference between the differential exposure and the differential vulnerability hypotheses concerning the relation of stressful events to depression?
- 6. Which aspects of gender roles are related to depression?
- 7. What are some of the reasons that sex differences in depression emerge during adolescence?
- 8. Describe the aspects of the male gender role and the female gender role that hinder and facilitate adjustment to chronic illness.
- 9. Considering the traits of agency and communion, characterize the couple that would adapt the best to chronic illness.
- 10. How does society contribute to the development of eating disorders in women? In men?
- 11. Discuss how the difficulties in documenting suicide rates and suicide attempts might alter the sex difference in suicide and suicide attempts.
- 12. What social factors are associated with suicide in females and males?

Suggested Reading

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Key Terms

Anorexia nervosa—Eating disorder characterized by the continual pursuit of thinness, a distorted body image, and refusal to maintain a weight that is more than 85% of what is considered normal for the person's age and height.

Binge eating disorder—Eating disorder characterized by recurrent binge eating without purging or fasting.

Body objectification—The experience of one's body being treated as an object to be evaluated and used by others.

Bulimia nervosa—Eating disorder characterized by recurrent binge eating followed by purging via vomiting, laxatives, diuretics, enemas, and/or exercising.

Clinical depression—Another name for major depressive disorder, the critical feature of which is that the person must have experienced a set of depressive symptoms for a period no shorter than 2 weeks.

Different cause theory—Suggestion that there are different causes of girls' and boys' depression and the cause of girls' depression increases during adolescence.

Differential exposure—Idea that men and women are exposed to a different number of or different kinds of stressors.

Differential item functioning—Idea that some items are more likely to be associated with a trait, such as depression, among men versus women.

Differential vulnerability—Idea that certain stressors are more strongly linked to distress in one sex than the other.

Emotion-focused coping—Approach to stressful situations in which individuals attempt to accommodate themselves to the stressor.

Gender intensification—Gender roles becoming salient during adolescence, causing boys and girls to adhere more strongly to these roles.

Interactive theory—Suggestion that being female always poses a risk for depression and the events of adolescence activate that risk.

Learned helplessness—Learning that our actions are independent of outcomes, which then leads us to stop responding (give up) in other situations.

Pessimistic attributional style—Tendency to attribute negative events to internal, stable, and global causes.

Precipitating factors—Environmental events that trigger the emergence of a disorder (e.g., depression).

Problem-focused coping—Approach to stressful situations in which we attempt to alter the stressor itself.

Psychological reactance—Reaction to a perceived threat to control that involves doing the opposite of what is demanded.

Relative coping—Likelihood that men or women use one coping strategy compared to another strategy.

Same cause theory—Suggestion that the same factor could cause depression in both men and women, but the factor increases during adolescence only for girls.

Stress generation—The idea that one's own behavior can contribute to the stressors that occur.

Susceptibility factors—Innate, usually biological, factors that place one group (e.g., women) at greater risk for a disorder (e.g., depression) than another group.

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