Cora Harvey Braddick

Worriers and Warriors: Should diagnostic criteria for psychological disorders be gender specific?

As more research finds gender differences in symptoms of physical disorders like heart attacks,[1] a question is raised about similar differences in psychological disorders. An ongoing debate exists concerning whether psychological differences between genders are inherent or socialised, and therefore whether we should be aiming for equality, or equity in treatment—if everyone should be treated the same, or if individuals need tailored treatment. If we are aiming for equality, diagnostic criteria should theoretically remain the same for all genders, but if equity is the aim, they may need to be altered. The answer depends on our approach to the classic question of nature vs nurture, but there are other factors that should also be considered.

Regarding mental health issues, there is lots of evidence highlighting differences between genders, about which a consensus exists amongst psychologists. A meta-analysis carried out by the Mental Health Foundation showed significant differences between men and women regarding the prevalence of psychological disorders,[2] while a 2017 survey by the U.K. Government Equalities Office found that 37% of non-binary respondents had accessed mental health facilities in the previous 12 months—a higher prevalence than the general population.[3] Differences in diagnoses and prevalence suggest there is either a higher incidence rate of psychological disorders in certain genders, or that there are unaddressed differences in how symptoms are displayed between genders, preventing individuals from being diagnosed.

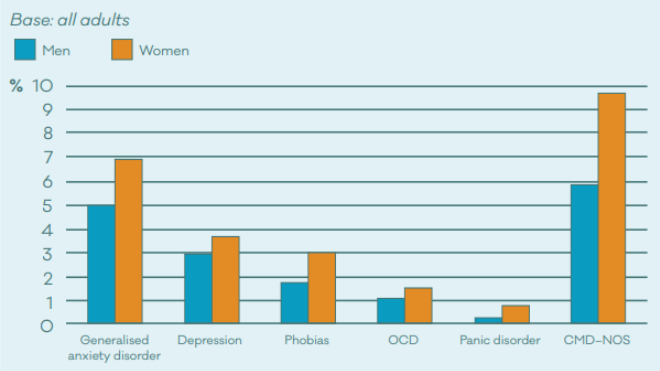

Figure 1: APMS prevalence of common mental health problems by sex[2]

There are other reasons to consider separate diagnostic criteria, beyond the scientific debate. Psychology is an androcentric subject, both in terms of prominent figures and their subjects. Most 'classic' studies have samples made up entirely of men: those originally undertaken by Milgram, Zimbardo and Asch, for instance. Beta bias is a persistent problem, especially in the early years of psychology. Studies into the causes of aggression rarely feature female participants, suggesting either women are unable to be aggressive—a harmful attitude that may be the cause of court gender bias[4]—or that men are the template

[1] *Heart attack symptoms vary by gender* (22 February 2012) Retrieved from NHS.uk: https://www.nhs.uk/news/heart-and-lungs/heart-attack-symptoms-vary-by-gender/
[2] *Fundamental Facts About Mental Health 2016* (Mental Health Foundation, 2016), p.15
[3] *National LGBT Survey: Summary report* (7 February 2019) Retrieved from Gov.UK: https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report
[4] Starr, S. "Estimating Gender Disparities in Federal Criminal Cases" *Law & Economics Working*

for human psychology. The 'fight or flight' phenomenon was proposed as the human response to stress after observation of male monkeys; but later research showed females tended to display a 'tend and befriend' response instead.[5] The androcentrism present in the majority of research means many theories should not be extrapolated to women and non-binary people. Gender-specific theories also have a tendency to be focused on the psychology of men: from the Warrior gene to the Oedipus complex and its vague counterpart, the Electra complex, the psychology of women and non-binary people is largely ignored. Freud himself commented "the sexual life of an adult woman is a 'dark continent' for psychology",[6] admitting to the gender bias in his own research, and psychology as a whole. He refused to use the name 'Electra complex', saying the term "stresses the analogous situation of the two sexes",[7] though referred to it as the derivative "feminine Oedipus attitude", implying men were the basis for human psychology. Separating the genders in psychology could lead to much needed research into the psychology of non-male individuals. In terms of encouraging research, having separate diagnosis criteria for different genders may be ideal.

Conversely, an alarming precedent has been set when psychological disorders and diagnosis criteria have been made gender specific. A notable example was hysteria (taken from the Greek word for uterus), which is now absent from classification systems like the ICD—although the term is still used when describing symptoms of other disorders. Hysteria was considered a psychological disorder from the mid-19th century. George Beard catalogued a 75-page list of hysteria symptoms that he declared incomplete,[8] and many historians argue the extensive diagnosis criteria presented hysteria as a 'catchall' that allowed men to discredit women. In 1908, the *London Times* wrote "one does not need to be against the women's suffrage to see that some of the more violent partisans of that cause are suffering from hysteria",[9] clearly attempting to invalidate the protests. While hysteria is an extreme example, it is easy to see how it was a case of gender-specific psychology harming a particular group—the word 'hysterical' is still used to invalidate women today. Similarly, people who identify as transgender often face accusations of being "mentally ill [freaks]",[10] and their identity is seen as a psychological disorder in and of itself; 'transexualism' was only removed from the ICD in 2018.[11] There is a real risk that emphasising gender differences

---

Paper, (1 August 2012).

[5] Taylor, S. E. ''Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight.'' *Psychological Review,* Volume 107 (2000). p. 411–429.

[6] Freud, S. *The Question of Lay Analysis* (1926), p. 212.

[7] Freud, S. ''Female Sexuality'' *The International Journal of Psycho-Analysis*, Volume 13 (January 1932), p. 284.

[8] Briggs, L. "The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth-Century Obstetrics and Gynecology". *American Quarterly,* Volume 52 (June 2000), p. 247.

[9] Gilman, S.L. *Hysteria Beyond Freud* (University of California Press, 13 December 2018), p. 320.

[10] Bachmann, C.L. *LGBT in Britain—Trans Report* (Stonewall, January 2018), p. 22.

[11] Fitzsimons, T. *'Transsexualism' removed from World Health Organization's disease manual* (20 June 2018) Retrieved from: https://www.nbcnews.com/feature/nbc-out/transsexualism-removed-world-health-organization-s-disease-manual-n885141

through separate diagnostic criteria will lead to further discrimination, with the perpetrators using science as justification.

There is a lack of research into whether the difference in diagnostic rates is a genuine difference in prevalence between genders or a difference in symptoms. It is a common assumption that non-male genders will have more experiences that could lead to certain disorders—like anorexia[12]—but this is not necessarily an appropriate assumption to make for other disorders. There may also be an unconscious bias that means certain genders are more likely to be diagnosed; men are less likely to outwardly express emotions (excluding anger),[13] and when they do, they are often not taken as seriously. There is evidence of bias against black women in the American healthcare industry[14] that leads to particular medical issues going undiagnosed/untreated. There is, therefore, a distinct possibility of a similar issue with genders and mental health issues. This could explain why men are diagnosed with depression less than women. A generally accepted theory is that men are less likely to seek help (perhaps due to the aforementioned bias), which might explain why their diagnosis rates are lower, but their suicide rates are higher. [15] However, other psychologists have proposed men simply display symptoms differently, becoming aggressive rather than sad and lethargic. Organisations like the National Institute of Mental Health suggest it is therefore harder for friends, family, and even professionals to identify the depression,[16] and as such, men go undiagnosed. A symptomatic difference would suggest a need for separate diagnostic criteria. However, disorders would need to be judged individually—in cases like anorexia it may be a genuine prevalence difference, which would not require separate diagnosis criteria. Detailed research would need to be carried out for disorders to be judged accurately.

Figure 2: Suicide rates in the UK and Republic of Ireland[16]

When discussing gender differences, the nature/nurture debate features heavily. Some argue men and women behave differently because of biological distinctions; others point to socialisation. Those ascribed to the nature side of the debate frequently reference the behaviour of other animals, arguing that differences seen there—caring females and aggressive males, 'Worriers and Warriors'—reflect human differences, therefore they must

[12] Wozniak, G. "Contribution of social and family factors in anorexia nervosa". *Health Science Journal,* Volume 6, Issue 2 (April-June 2002), p. 263
[13] Mcduff, D. *A large-scale analysis of sex differences in facial expressions* (2017)
[14] *Reproductive Injustice: Racial and Gender Discrimination in U.S. Health Care* (Center for Reproductive Rights, 13 August 2014)
[15] *Suicide Statistics Report 2019* (Samaritans, December 2019), p. 13
[16] *Men and Depression* (National Institute of Mental Health, 2017), p. 1

be innate. Psychologists who point to nature go on to explain how men react differently to problems; ''boys are more likely than girls to strike out violently, while girls feel a lot more anxious and depressed.''[17] The difference is usually attributed to genetic differences, like a shorter MAOA allele, known as the 'Warrior gene',[18] or hormone differences, like higher testosterone levels. The nature argument would suggest that at the very least men and women display symptoms differently, perhaps even experience disorders in a fundamentally different way, and we therefore need separate diagnostic criteria.

However, the nature side of the debate does not typically address the innate traits of intersex or transgender people. There is evidence that transgender men and women have brain chemistry closer to that of their desired gender,[19] but this too ignores non-binary genders. Separate diagnostic criteria could be problematic: non-binary patients would likely not appreciate being treated as their biological sex, and intersex people would lack a clear diagnosis. The most that could be expected, if we acknowledge innate differences, is one diagnostic criterion, but with annotations on which symptoms are more evident in certain genders.

Those who believe nurture is solely responsible for human behaviour tend to use social learning theory or gender schema theory to explain gender differences; although they present contrasting ideas on the role of children (active and passive respectively), they both argue that gender is a learned behaviour. This matches what we know about the differences in disorders like autism, where girls are widely considered to go undiagnosed. Psychologists who have conducted research into the area have found that girls display symptoms differently because they deliberately 'camouflage' their autism,[20] and one researcher (Connie Kasari) said autistic girls find it harder to fit in than autistic boys, so they are forced to put in more effort,[21] suggesting the symptomatic differences are caused by nurture.

The concept of human behaviour as a nurtured trait acknowledges gender differences, and implies the necessity of separate diagnostic criteria; however, psychologists on the nurture side of the gender debate typically argue for social change to eliminate these differences. Separate criteria would inhibit this process, as they would simply emphasise social expectations of different genders, potentially increasing learned differences. Therefore, if

[17] Benenson, J.F. *Warriors and Worriers: The Survival of the Sexes* (Oxford University Press, January 2014), p. 13
[18] Gibbons, A. '' Tracking the Evolutionary History of a "Warrior" Gene'' *Science,* Volume 304 (American Association for the Advancement of Science, 7 May 2004), p. 818
[19] European Society of Endocrinology.*Transgender brains are more like their desired gender from an early age* (24 May 2018) Retrieved from Science Daily: https://www.sciencedaily.com/releases/2018/05/180524112351.htm
[20] Dean, M. *The art of camouflage: Gender differences in the social behaviors of girls and boys with autism spectrum disorder.* (29 November 2016) Retrieved from PubMed.gov: https://www.ncbi.nlm.nih.gov/pubmed/27899709
[21] Russo, F. The costs of camouflaging autism. (21 February 2018) Retrieved from Spectrum: https://www.spectrumnews.org/features/deep-dive/costs-camouflaging-autism/

symptom differences are a result of nurture, the criteria should not be separated, though notes on likely gender differences would be helpful.

Most psychologists acknowledge that human behaviour is a result of both nature and nurture; it follows that diagnostic criteria should not be separated based on gender, and instead be annotated on how the symptoms may differ. This solution would prevent discrimination on the basis of science, as there would be no gendered versions of disorders that could be seen as lesser, while simultaneously encouraging research into non-male psychology; since any criteria would require knowledge of the symptomatic differences between genders, the current androcentric research on which most psychology is based provides insufficient detail for valid annotations on gender differences. Whether additions were required would need to be decided on a case-by-case basis, as not all disorders may have gender-based symptomatic differences. Manuals like the DSM-5 should attempt to reference gender differences when listing symptoms, but not to the extent that there are entirely separate gender-specific disorders. Psychologists should strive to account for differences, not create them.

Word Count: 1,997

Bibliography

Bachmann, C.L. *LGBT in Britain—Trans Report* (Stonewall, January 2018), p. 22.

Benenson, J.F. *Warriors and Worriers: The Survival of the Sexes* (Oxford University Press, 2014), p. 13

Briggs, L. "The Race of Hysteria: "Overcivilization" and the "Savage" Woman in Late Nineteenth-Century Obstetrics and Gynecology". *American Quarterly,* Volume 52 (June 2000), p. 247.

Dean, M. *The art of camouflage: Gender differences in the social behaviors of girls and boys with autism spectrum disorder.* (29 November 2016) Retrieved from PubMed.gov: https://www.ncbi.nlm.nih.gov/pubmed/27899709

European Society of Endocrinology.*Transgender brains are more like their desired gender from an early age* (24 May 2018) Retrieved from Science Daily: https://www.sciencedaily.com/releases/2018/05/180524112351.htm

Fitzsimons, T. *'Transsexualism' removed from World Health Organization's disease manual* (20 June 2018) Retrieved from NBC News: https://www.nbcnews.com/feature/nbc-out/transsexualism-removed-world-health-organization-s-disease-manual-n885141

Freud, S. ''Female Sexuality'' *The International Journal of Psycho-Analysis*, Volume 13 (January 1932), p. 284.

Freud, S. *The Question of Lay Analysis* (1926), p. 212.

Fundamental Facts About Mental Health 2016 (Mental Health Foundation, 2016), p.15

Gibbons, A. '' Tracking the Evolutionary History of a "Warrior" Gene'' *Science,* Volume 304 (American Association for the Advancement of Science, 7 May 2004), p. 818

Gilman, S.L. *Hysteria Beyond Freud* (University of California Press, 13 December 2018), p. 320.

Heart attack symptoms vary by gender (22 February 2012) Retrieved from NHS.uk: https://www.nhs.uk/news/heart-and-lungs/heart-attack-symptoms-vary-by-gender/

Mcduff, D. *A large-scale analysis of sex differences in facial expressions* (2017)

Men and Depression (National Institute of Mental Health, 2017), p. 1

National LGBT Survey: Summary report (7 February 2019) Retrieved from Gov.UK: https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report

Reproductive Injustice: Racial and Gender Discrimination in U.S. Health Care (Center for Reproductive Rights, 13 August 2014)

Russo, F. The costs of camouflaging autism. (21 February 2018) Retrieved from Spectrum: https://www.spectrumnews.org/features/deep-dive/costs-camouflaging-autism/

Starr, S. "Estimating Gender Disparities in Federal Criminal Cases" *Law & Economics Working Paper*, (1 August 2012).

Suicide Statistics Report 2019 (Samaritans, December 2019), p. 13

Taylor, S. E. ''Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight.'' *Psychological Review,* Volume 107 (2000). p. 411–429.

Wozniak, G. "Contribution of social and family factors in anorexia nervosa". *Health Science Journal,* Volume 6, Issue 2 (April-June 2002), p. 263