Women and Psychological Disorders

Terminology

Psychological Disorders
Antisocial personality disorder

Depression

*Major depressive disorder*

**Characteristics of Depression**

1. *Emotional symptoms:* feeling sad, gloomy, tearful, guilty, apathetic, irritable, and unable to experience pleasure.
2. *Cognitive symptoms:* thoughts of inadequacy, worthlessness, helplessness, self-blame, and pessimism about the future. These depressed thoughts interfere with normal functioning, so that the individual has trouble concentrating and making decisions.
3. *Behavioral symptoms:* decreased ability to do ordinary tasks, decreased productivity at work, neglected personal appearance, decreased interactions with other people, and sleep problems. Many depressed individuals attempt suicide.
4. *Physical symptoms:* illnesses such as headaches, dizzy spells, fatigue, indigestion, and generalized pain. Weight gain or weight loss is also common.

Major depression vs. “sadness”

Situational and Personality Characteristics

children
income
self-esteem
gender typing
control
Explanations for the Gender Difference in Depression

In North America, women are two to three times more likely than men to experience depression during their lifetime.

Factors No Longer Considered Relevant

Biological Factors

Gender Differences in Seeking Therapy

Diagnostic Biases in Therapists

Overdiagnosing Women

Underdiagnosing men

General Discrimination Against Women

General Discrimination

Discrimination in the Workplace

Violence

Poverty

Housework

Emphasis on Physical Appearance

Women’s Relationships

Responses to Depression

Ruminative Style

Distracting Style

Conclusions About Gender and Depression

Addressing societal inequities

Individual psychological problems occur in a social context

Eating Disorders and Related Problems

Continuum of Body-Image Problems

Anorexia Nervosa

- extreme fear of becoming obese
- refusal to maintain an adequate body weight (85% of expected)
- disordered body image

Incidence

Onset

Medical consequences

- amenorrhea
- heart, lung, kidney, and gastrointestinal disorders
- changes in brain structures
• osteoporosis
• death
Treatment

*Bulimia Nervosa*
• maintain normal body weight
• frequent episodes of binge eating
• inappropriate methods to prevent weight gain (vomiting, laxatives, excessive dieting or exercise)

Medical consequences
  gastrointestinal, heart, liver, metabolism, and menstrual-cycle problems

*Binge-Eating Disorder*
  ➞ frequent episodes of binge eating
  ➞ not followed by use of inappropriate methods to compensate for binges
  ➞ typically overweight

**Summary/Review**
1. People with *anorexia nervosa* refuse to maintain appropriate body weight, so they are dangerously thin.
2. People with *bulimia nervosa* maintain normal body weight, but they have frequent episodes of binge eating; they typically use inappropriate methods to prevent weight gain.
3. People with *binge-eating disorder* have frequent episodes of binge eating, but they do not use inappropriate methods to prevent weight gain; they are typically overweight.

**The Culture of Thinness**
- Media Images
- Discrimination Against Overweight Women
- Females' Dissatisfaction with Their Bodies
- Women of Color, Body Image, and Thinness

**Being Overweight and Dieting**
- Being overweight is not classified as a mental disorder
- Health risks
- Dieting
- Change in metabolism
- Accepting one's own body
Moderate exercise

Strategies
Consumer activism
Acceptance of a greater range of body sizes

Treating Psychological Disorders in Women
Anxiety Disorders
  specific phobia
  panic disorder
Psychotherapy
Pharmacotherapy

Psychotherapy and Sexism
Gender and Misdiagnosis
The Treatment of Women in Therapy
Sexual Relationships Between Therapists and Clients

Psychotherapy With Lesbian and Bisexual Women
Recognizing and eliminating sexual prejudice
Awareness of heterosexism

Psychotherapy and Social Class
Insurance and mental health care
Pharmacotherapy vs. Psychotherapy
Classism
Myth of Meritocracy

Psychotherapy With Women of Color
Sensitivity to ethnic-group differences in values and beliefs
People of color not as likely as European Americans to use mental health services
  1. reluctance to recognize that help is necessary
  2. language and economic barriers
  3. suspicion about discussing personal problems with therapists, especially European American therapists
  4. the use of other culturally specific interventions
Lack of therapists of color and therapists fluent in languages other than English
Psychotherapy With Women of Color (continued)

Latinas
- gender roles
- refugee issues

Black Women
- stress
- myths about Black women

Asian American Women
- refugee issues
- language barriers
- traditional roles
- reluctance to use mental health services

Native Americans
- alcoholism
- depression
- unemployment and poverty
- suicide

General Strategies for Therapy with Women of Color
1. Search the client’s history for strengths that can facilitate the counseling process.
2. Show empathy, caring, respect, and appreciation for your client.
3. Learn about the history, experiences, religion, family dynamics, and cultural values of the client’s ethnic group.
4. Understand that each ethnic category includes many cultures that can differ substantially from one another.
5. Be aware that some immigrants and other people of color might want to become more acculturated into the European American mainstream but that others want to connect more strongly with their own culture.
6. Communicate to the client that racism may have played a significant role in her life, and try to determine how the client has responded to this racism.
7. Hire bilingual staff members and paraprofessionals from the relevant ethnic communities; enlist other community professionals (e.g., school teachers) to help identify relevant problems in the community.
Traditional Therapies and Women

Psychodynamic Approach

Psychodynamic therapy

1. In Freudian theory, the masculine is the norm for humans, and the feminine is less important.

2. According to Freudian theory, women’s lack of a penis leads them to experience more shame and envy than men; women realize that they are inferior to men. Freud also argued that women develop a less mature sense of justice, because they do not fully resolve childhood conflicts.

3. Freud’s approach argues that penis envy can be partially resolved by having a baby. If a woman decides not to have children, she would be judged to have a psychological disorder.

4. Mothers are the caretakers of young children. The Freudian approach blames mothers for the psychological problems that children experience, but it does not praise the positive aspects of mothers’ interactions with their children.

5. Freud did not address issues such as social class or ethnicity, although variables like these have an important impact on women’s experiences.

Emphasis on childhood relationships and unconscious forces

Cognitive-Behavioral Approach

Psychological problems arise from inappropriate thinking and inappropriate learning

Modify behaviors

Restructure thought patterns

Pharmacotherapy

Women more likely than men to use sedatives, tranquilizers, and antidepressants

Careful selection of medication

Monitoring dosage and side effects

Any client with a disorder serious enough to be treated with medication should receive psychotherapy as well
Feminist Therapy

Nonsexist Therapy

- Women and men should be treated similarly
- Therapists must interact with female and male clients in an unbiased fashion
- Therapists should be informed about research on the psychology of women and the pervasiveness of sexism in our society

Feminist Therapy

- Clients should be treated in a nonsexist fashion
- Social inequalities should be considered when evaluating the factors that shape women’s behavior
- The distribution of power between the client and the therapist should be as egalitarian as possible

Principles of Feminist Therapy

1. Feminist therapists believe that women are less powerful than men in our culture, and women therefore have an inferior status. Women have many strengths, and their major problems are not internal, personal deficiencies. Instead, the problems are primarily societal ones, such as sexism and racism.

2. Women and men should have equal power in their family and other social relationships.

3. Society should be changed to be less sexist; women should not be encouraged to adjust to a sexist society by being quieter and more obedient.

4. We must work to change those institutions that devalue women, including governmental organizations, the justice system, educational systems, and the structure of the family.

5. We also need to address inequalities with respect to ethnicity, age, sexual orientation, social class, and disabilities; gender is not the only important inequality.
Feminist Therapy (continued)

Balancing Power in Feminist Therapy

1. Whenever possible, the therapist should try to enhance the client’s power in the therapeutic relationship. After all, if women clients are placed in subordinate roles in therapy, the situation simply intensifies their inferior status.

2. Throughout therapy, clients are encouraged to become more self-confident and independent and to develop skills to help themselves.

3. The therapist believes that the client—rather than the therapist—is her own best expert on herself.

4. When appropriate, feminist therapists may share information about their own life experiences, further reducing the power discrepancy. However, a therapist’s primary tasks are listening and thinking, not talking.

Encourage clients to analyze their psychological problems and develop their personal strengths

Improve psychological well-being