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The Psychology of

WOMEN

MARGARET W. MATLIN

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Four General Themes About the Psychology of Women

THEME 1   Psychological gender differences are typically small and inconsistent.

THEME 2   People react differently to men and women.

THEME 3   Women are less visible than men in many important areas.

THEME 4   Women vary widely from one another.

Pages 28 through 31 discuss the four themes in greater detail.

SEVENTH EDITION

The Psychology of Women

Margaret W. Matlin
SUNY Geneseo

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To the students in my Psychology of Women classes

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ABOUT THE AUTHOR

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Dr. Matlin received the State University of New York Chancellor's Award for Excellence in Teaching in 1977. She has also won three national teaching awards: the American Psychological Association Teaching Award for 4-year institution in 1985, the American Psychological Foundation's Distinguished Teaching Award in 1995, and the Society for the Psychology of Women's Heritage Award in 2001, for lifetime contributions to the teaching of the psychology of women. In addition, she is the editor of the Teaching the Psychology of Women articles in *The Psychology of Women Quarterly*.

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PREFACE

I began writing the first edition of *Psychology of Women* in 1983. By this point, I had taught my course on the psychology of women for 9 years. Every year, I tried a different textbook. One book was too brief. Another was too psychodynamic. The third book was a collection of research articles that didn't capture women's voices.

By the early 1980s, I had written textbooks in three other areas, and I genuinely enjoyed the challenge of these large-scale projects. One of my editors then asked whether I would be interested in writing a book in some other area. The answer was easy: I wanted to write a textbook about the psychology of women. This new project was especially appealing because I had been raised in a family with a long-standing focus on social justice. My parents had lived for two years in remote regions of Mexico before I was born, and my mother later taught seventh grade in a low-income community in the San Francisco Bay Area.

One of my goals in writing the first edition of *Psychology of Women* was to demonstrate how the empirical research about women and gender often contradicts popular opinion. A second goal was to include women's descriptions of their experiences and thoughts, because my own students were especially responsive when they heard women's own words. My third goal was to create pedagogical features that would help students learn and remember the material more effectively.

These three goals are even more important in the current decade than they were in the 1980s. The amount of research about women and gender has increased dramatically. For instance, *PsycINFO* shows that about 11,300 articles were published—listing "women" or "gender" as a keyword— during the period from 1980 through 1985. In contrast, *PsycINFO* shows about 90,200 articles from 2005 through 2010 that list these same two

keywords. Students therefore need a textbook that captures the research in a clear, well-organized fashion.

In addition to those three goals, I knew that my psychology of women textbook would emphasize a fourth goal—social justice. During the 1970s and 1980s, my personal emphasis on social justice became clarified. The Vietnam War forced me to become an activist: Why should we, in the United States, devalue the lives of people in Southeast Asia and assume that we have the *obligation* to decide what is best for them? With the rise of feminism during the 1970s, it was easy to translate those same concerns to the issue of gender. Why should people—throughout the world—devalue the lives of women and also assume that these people have the *obligation* to make decisions about women's lives? I felt compelled to write about this problem and to encourage students to think about this inequality. Social justice is therefore an overarching feature of this textbook.

ORGANIZATION OF THIS BOOK

Another important feature of this textbook is its organization. In developing the chapter sequence for the first edition of *Psychology of Women*, I realized that the various topics in this discipline did not align themselves in a linear fashion. It was impossible to place the chapters in either a clearly topical order or a clearly lifespan-developmental order. Therefore, I combined the two approaches when writing the seven editions of *Psychology of Women.*

For example, in the introductory chapter of this seventh edition, I present general concepts and several important cautions about research methods and biases. In Chapter 2, we explore how stereotypes help to shape gender-related expectations and behavior. In Chapters 3 and 4, we examine female development throughout infancy, childhood, and adolescence.

In the following nine chapters (Chapters 5–13), we consider important components of women's lives prior to late adulthood. These include cognitive and social gender comparisons (Chapters 5 and 6), work experiences (Chapter 7), love relationships (Chapter 8), sexuality (Chapter 9), childbirth (Chapter 10), physical health and psychological health (Chapters 11 and 12), and violence against women (Chapter 13).

Some of the material in Chapters 5 through 13 also foreshadows the descriptions of older women, whose lives are examined in Chapter 14. For example, we consider the long-term romantic relationships of older women in Chapter 8, sexuality and aging in Chapter 9, and relevant health issues in Chapter 11. Following those nine topical chapters, in Chapter 14 we return to the lifespan-developmental framework to focus specifically on middle-aged and elderly women. Chapter 15, the concluding chapter of this textbook, assesses the current status of the psychology of women, women of color, the men's movement, and recent trends in feminism.

Organization is an important component of both my teaching and my textbooks. For example, the combination of life-span and topical approaches provides a cohesive framework that my own students appreciate. In addition, each chapter is self-contained, because each section within a chapter has its own section summary. Therefore, instructors who prefer a different

organizational framework can easily rearrange the sequence of topics within the course. For example, an instructor could move the section on menopause from Chapter 14 to the earlier section on menstruation in Chapter 4.

A second organizational feature is the four general themes about the psychology of women (see pages 28–31). These themes can be traced through many aspects of women's lives. In addition, the four themes help to provide continuity for a course that might otherwise seem overwhelming to both instructors and students.

PEDAGOGICAL FEATURES OF THIS BOOK

Professors and students have provided positive feedback about the variety of special features that facilitate learning about the psychology of women. This book is intended for students from a variety of backgrounds. I have included extensive learning aids to make it readable for students who have taken only an introductory course in psychology. However, *Psychology of Women* should also be appropriate for advanced-level students, because the coverage of topics is complete and the references are extensive. To help all students, I continue to include the following pedagogical features in *Psychology of Women* (7th ed.):

- **Topical outlines** provide students with an overall structure at the beginning of each chapter.
- **True-false statements** near the beginning of each chapter encourage student interest. (The answers appear at the end of each chapter.) The information also foreshadows many of the key issues that we will examine in each chapter.
- The **writing style** is clear and interesting. I try to engage readers by including many examples and quotations in which girls and women describe their own experiences.
- All of the **key terms** appear in boldface type, and they are defined within the same sentence. Some professors choose to assign chapters in a non-linear order. To accommodate this preference, I define a key term in each chapter where it appears. For example, the term *social constructionism* is defined in Chapter 1, as well as in several subsequent chapters. Students can also consult the pronunciation guide for terms that have potentially ambiguous pronunciations.
- Informal **demonstrations** encourage active involvement and clarify the procedures used in important research studies.
- **Section summaries** help students review the major concepts in one section of a chapter before they begin the next section. This feature increases an instructor's flexibility, as noted on page 32. Section summaries are also helpful to those students who do not read an entire chapter in one sitting. They can read one or two sections and then take a break. When they return to read the remaining sections, they can refresh their memory by reviewing the previous section summaries.
- The **end-of-chapter review questions** encourage students to clarify and synthesize concepts. Some instructors have told me that they also use these questions as writing assignments or as topics for class discussion.

- A **list of key terms** at the end of each chapter invites students to test themselves on important concepts. I've also listed the page number on which the term is defined, if students want to check their accuracy.
- The **recommended readings** suggest extra resources for students who want to explore the topics in each chapter in greater detail. I have annotated each reference to clarify its scope. Most of these readings are books, but I've included a few chapters in books and comprehensive journal articles.
- Finally, the **subject index** is very comprehensive. As a professor, I'm often discouraged when a textbook's index is too brief and it fails to list topics that are discussed several times throughout the textbook. Fortunately, when writing an earlier textbook, a professional indexer named Linda Webster created a detailed, comprehensive subject index. Linda and I have now worked together on 11 textbooks during a 19-year period, including five editions of *Psychology of Women*. The detailed index in this textbook will be especially helpful to students who want background information when writing a paper, who are curious about a particular topic, or who want to share some information with a friend.

NEW MATERIAL IN THIS BOOK

Instructors and students who have read previous editions of this textbook continue to be enthusiastic about a variety of features, including the pedagogical features, the writing style, the scholarly information, and the sequence of topics. Accordingly, this seventh edition retains the same topic sequence as in the two earlier editions. However, this new edition includes more extensive coverage about women of color who live in the United States and Canada, consistent with the increasing information available in books and journal articles. Similarly, this edition includes more cross-cultural perspectives. I also tried to locate more recent quotations for the seventh edition; the older quotes were retained only if I could not find an appropriate replacement.

This seventh edition of *The Psychology of Women* is thoroughly revised. It now features a total of 2,822 references, and about 850 of these references are new to this edition. Furthermore, approximately 1,120 of all the references were published in 2005 or later. This new edition therefore reflects changes in women's lives, changes in their perspectives about themselves, and changes in society's attitudes toward women.

For professors familiar with *Psychology of Women* (6th ed.), the following brief guide outlines some of the major changes in this new edition:

- **Chapter 1** features new information about White privilege, biracial individuals, Asian American women, and Native American women.
- **Chapter 2** includes updated discussion of women in the media, recent research about the changes in stereotypes, and a new demonstration.
- **Chapter 3** places greater emphasis on the role of parents' encouragement of gender stereotypes in their children, and new information has been added to the discussion of girls' education in nonindustrialized countries.
- **Chapter 4** has less emphasis on menstruation, so that more research can be included about cultural identity among Latinas and Muslim American

adolescents, as well as current research about lesbian relationships among Asian American and Latina adolescents.

- **Chapter 5** examines several new studies about gender similarities in a variety of cognitive areas, such as so-called "learning styles" and mathematics performance, as well as gender comparisons in students' definitions of success.
- **Chapter 6** includes recent research on gender comparisons in the content of language samples, attitudes about social justice, and leadership.
- **Chapter 7** emphasizes Eagly and Carli's new research on the labyrinth metaphor, recent studies on employment in traditionally female occupations, and new information about nonmaternal child care.
- **Chapter 8** now includes recent research about ideal partners, arranged marriages, and Diamond's (2009) new dynamical systems approach to sexual orientation.
- **Chapter 9** has been reorganized, with separate sections on sexual attitudes and sexual behavior; the discussion of sexual disorders is substantially reduced, and new information is included about alternatives to abortion.
- **Chapter 10** includes new information about ethnicity and smoking during pregnancy, the cesarean-section problem, and research about lesbian mothers.
- **Chapter 11** provides more information about social class and North American women's health, women's health in developing countries, and the Gardasil vaccine for the human papillomavirus.
- **Chapter 12** features a discussion of therapists' diagnostic biases, a reorganized section on eating disorders, so that information about cultural attitudes now precedes the description of the disorders, as well as the information about psychotherapy with people of color.
- **Chapter 13** examines sexual harassment and sexual assault of women in the military, current research about police responses to rape reports, and new information about the abuse of women in Asia, Latin America, and Africa.
- **Chapter 14** features new information on gender differences in post-retirement income, reorganized sections on family relationships and elderly women of color, and current research about successful aging.
- **Chapter 15** provides updated information about women of color and the feminist movement, new examples about the men's movement, and new options for becoming an activist.

ANCILLARIES FOR THIS BOOK

Most instructors believe that the most important ancillary for a textbook is the Test Bank. Accordingly, I spend numerous hours creating and revising multiple-choice questions. I specifically design some questions to test straightforward information. However, most questions focus on conceptual information that requires students to make inferences or to understand an overview of the research.

In preparing the Test Bank for *Psychology of Women* (7th ed.), I carefully examined each multiple-choice question from the sixth edition, to be

sure that the answer is still correct. Furthermore, I inspected each of the three other potential answers. Because the textbook has been revised so extensively, I needed to be certain that the incorrect "lures" from the previous edition were still incorrect in the current edition! In addition, I created about 150 new questions for the Test Item File. Most of these items focus on new material in the 7th edition, but two or three new questions in each chapter address important material from the previous edition. Professors who have used previous editions tell me that they appreciate the thoughtful quality of the Test Bank for this textbook.

I'm fortunate to have the expertise of another psychologist in preparing the Test Bank. Dr. Lucinda DeWitt continues to work with me in developing all the ancillaries for *Psychology of Women* (7th ed.). For instance, Lucinda carefully reads each new edition of this textbook, and she creates a list of new topics that would merit a new multiple-choice question. She also notes topics that are not included in the new edition, as well as lures that are no longer appropriate for specific multiple-choice questions. Fortunately, Lucinda also reads each chapter carefully, and she identifies updated information on relevant topics, as well as potentially ambiguous descriptions. Therefore, she actually serves as an expert proofreader. Lucinda and I recently calculated that we have worked together on *eight* Test Banks for three different textbooks!

For the current edition of *Psychology of Women*, Lucinda has also created a set of Chapter Outlines and PowerPoint Presentations. These ancillaries should be useful for both professors and students. Clearly, Lucinda is an invaluable expert, who contributes to all aspects of this textbook project!

ACKNOWLEDGMENTS

I especially enjoy writing the acknowledgments section of a book because it gives me the opportunity to thank the people who have provided ideas, references, perspectives, and encouragement.

My continuing thanks go to the reviewers of the first six editions: Alice Alexander, Cheryl Anagnopoulos, Harriet Amster, Linda Anderson, Julianne Arbuckle, Illeana Arias, Carole Beal, Cheryl Bereziuk, Nancy Betts, Beverly Birns, Janine Buckner, Krisanne Bursik, Joyce Carbonel, Wendy C. Chambers, Joan Chrisler, Gloria Cowan, Mary Crawford, Kay Deaux, Darlene DeFour, Lucinda DeWitt, Sheri Chapman De Bro, Nancy DeCourville, Mary Ellen Dello Stritto, Amanda Diekman, Claire Etaugh, Joan Fimbel DiGiovanni, Elaine Donelson, Gilla Family, Sandy R. Fiske, Susan K. Fuhr, Grace Galliano, Margaret Gittis, Sharon Golub, Beverly Goodwin, Gloria Hamilton, Michele Hoffnung, Chris Jazwinski, Patricia Kaminski, Linda Lavine, Liz Leonard, Beth Lux, Kim MacLean, Laura Madson, Melanie Maggard, Wendy Martyna, Peggy Moody, Nina Nabors, Agnes O'Connell, Maureen O'Neill, Michele A. Paludi, Letitia Anne Peplau, Jean Poppei, Wendy M. Pullin, Rebecca Reviere, Carla Reyes, Zoa Rockstein, Janis Sanchez-Hucles, Barbara Sholley, Linda Skinner, Myra Okazaki Smith, Natalie Smoak, Susan Snelling, Hannah

Throughout my academic training, I was fortunate to be guided by three inspirational individuals. Harry K. Wong was my first mentor; in high school, he encouraged me to try my first research project. During my undergraduate years at Stanford University, Leonard M. Horowitz inspired me with his superb classroom lectures. He also kindled my enthusiasm for psychology research. Robert B. Zajonc, my dissertation advisor at the University of Michigan, was an ideal role model because of his impressive breadth of knowledge about social and cognitive psychology.

Finally, I thank the most important people in my life for their help, suggestions, love, and enthusiasm. My parents—a photo of whom you will see on page 244—provided an ideal home for raising three strong daughters. My mother, Helen Severance White, taught me to value learning and to love the English language. My father, Donald E. White, provided a model of a scientist who cared deeply about his profession in geochemistry research. Dad also taught me the phrase *terminal velocity,* clearly a useful concept for a textbook author! I was preparing the final draft of the fifth edition of *Psychology of Women* when Dad died, on November 20, 2002. How different the world would be if all women could have such supportive parents!

I was fortunate to marry a feminist before "feminism" was a word in my daily vocabulary; Arnie Matlin and I have been married for 44 years. Arnie's suggestions, encouragement, optimism, and humor continue to support and inspire me when I encounter roadblocks. Our daughters now live on opposite coasts of the United States. Beth Matlin-Heiger, her husband Neil Matlin-Heiger, and their sons Jacob Matlin-Heiger and Joshua Matlin-Heiger live in Boston, Massachusetts. (The photo on page 318 shows Beth and Jacob, holding Joshua, one day after he was born.) Sally Matlin currently lives in San Mateo, California, where she has worked as the bilingual staff member for organizations that focus on preventing domestic violence. She and her husband, Jay Laefer, are both active with the American Civil Liberties Union, specifically working for marriage equality. My family members' appreciation for my work continue to make writing textbooks a joyous occupation!

Margaret W. Matlin
Geneseo, New York

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1   Introduction

True or False?

_____ 1. If a corporation refuses to consider hiring a male for a receptionist position, then this corporation is practicing sexism.

_____ 2. If you believe that women should be highly regarded as human beings, then you are a feminist.

_____ 3. Feminists agree that men and women are very different from each other.

_____ 4. The most prominent female psychologists in the early 1900s conducted research designed to demonstrate that men are more intellectually competent than women.

_____ 5. If a box of crayons has one crayon labeled "flesh" and that color is light pink, this is an example of the White-as-normative concept.

_____ 6. In the current decade, Asian American women are much more likely than European American women to graduate from college.

_____ 7. Native Americans in the United States have more than 250 different tribal languages.

_____ 8. An important problem in research on gender is that researchers' expectations can influence the results of the study.

_____ 9. In general, popular magazines emphasize gender differences, rather than gender similarities.

_____10. Gender differences are larger when researchers observe people in real-life situations, rather than in a laboratory setting.

In the current decade, we can find many examples of women's success in the news, but other reports are often grim. Sometimes, we read about good news and bad news in the same article. For example, when I was updating this chapter, my favorite electronic news source reported that a Connecticut woman was running for the U.S. Senate. Initially, this looked like good news. However, she and her husband had made their fortune on a company that features violent entertainment. For example, one video shows her husband ordering a female wrestler to take off her clothes, get down on her knees, and bark like a dog (Harrop, 2010).

Another article was featured in the *Chronicle of Higher Education*, a newspaper that focuses on colleges and universities. A recent issue described the American University of Afghanistan, where women constitute 20% of the students. Initially, this information seemed to be good news; in recent years in Afghanistan, few women could pursue a college education. However, the article then explained that female students could not be pictured in the media, for fear of reprisals from religious extremists (Kelderman, 2010).

In many ways, women's lives are improving. However, even in the twenty-first century, women are frequently treated in a biased fashion. This biased treatment is often relatively subtle, but it can also be life threatening.

Furthermore, the popular media and the academic community frequently neglect women and issues important to them. For example, I searched for topics related to women in the index of a recent introductory psychology textbook. Pregnancy isn't mentioned, even though pregnancy is an important part of most women's lives. The topic of rape is also missing from the index.

However, the listings under the letter *R* do include receptor sensitivity curves, as well as multiple references to reflexes and to rapid eye movements.

This book explores a variety of psychological issues that specifically concern women. For example, women have several unique experiences that are not relevant for men. These include menstruation, pregnancy, childbirth, and menopause. Other experiences are more likely for women than for men. These include rape, domestic violence, and sexual harassment. In addition, when we study the psychology of women, we can focus on women's experiences in areas that usually emphasize the male point of view. These areas include achievement, work, sexuality, and retirement.

Still other important topics compare females and males. Are boys and girls *treated* differently? Do women and men differ substantially in their intellectual abilities or their social interactions? These topics, which are neglected in most psychology courses, will be an important focus throughout this book.

In this chapter, our exploration of the psychology of women begins with some key concepts in the discipline. Next, we'll briefly consider the history of the psychology of women. The third section of this chapter provides a background about women of color, to give you a context for the discussion of ethnicity in later chapters. Then we'll explore some of the problems and biases that researchers often face when they study the psychology of women. In the final section, we'll describe the themes of this book, as well as several features that can help you learn more effectively.

CENTRAL CONCEPTS IN THE PSYCHOLOGY OF WOMEN

Let's first consider two related terms, *sex* and *gender*, that are crucial to the psychology of women. Other central concepts that we'll examine include several forms of bias, various approaches to feminism, and two psychological viewpoints on gender similarities and differences.

Sex and Gender

The terms *sex* and *gender* have provoked considerable controversy (e.g., Caplan & Caplan, 2009; Kimball, 2003; LaFrance et al., 2004). **Sex** is a relatively narrow term that typically refers only to those inborn biological characteristics relating to reproduction, such as *sex chromosomes* or *sex organs* (Kimball, 2003).

In contrast, *gender* is a broader term. **Gender** refers to the psychological characteristics and social categories that human culture creates (Golden, 2008). For example, a friend showed me a photo of her 7-month-old son, whom the photographer had posed with a football. This photographer is providing gender messages for the infant, his mother, and everyone who sees the photo. These gender messages tell us that this small infant needs to learn know how to run fast, knock down other people, and become a hero. In contrast, visualize an infant girl you know. It's probably challenging to create a mental image of her accompanied by a football.

This textbook focuses on psychology, rather than on biology. As a result, you'll see the word *gender* more often than the word *sex*. For example, you'll read about gender comparisons, gender roles, and gender stereotypes.

Unfortunately, psychology articles and books often fail to maintain the distinction between sex and gender (Kimball, 2003). In fact, a highly regarded scholarly journal is called *Sex Roles*, although a more appropriate title would be *Gender Roles*.

A useful related phrase is *doing gender* (Golden, 2008; Lorber, 2005b; C. West & Zimmerman, 1998a). According to the concept of **doing gender**, you express your gender when you interact with other people; you also perceive gender in these other people, such as an infant posed with a football. For example, you provide gender messages to other people by your appearance, your tone of voice, and your conversational style. At the same time, you perceive the gender of your conversational partner, and you probably respond differently to a male than to a female.

The phrase *doing gender* emphasizes that gender is an active, dynamic process rather than something that is stable and rigid. In addition, it's virtually impossible to stop doing gender because it's part of our actual identity (Lorber, 2005b). In fact, the next time you are speaking with another person, see whether you can stop expressing your own gender and perceiving the gender of this other person.

The Extent of Social Biases

An important term throughout this book is *sexism* (which probably should be renamed *genderism*). **Sexism** is bias against people on the basis of their gender. A person who believes that women cannot be competent lawyers is sexist. A person who believes that men cannot be competent nursery school teachers is also sexist. Sexism can reveal itself in many forms, such as social behavior, media representations of women and men, and job discrimination.

Sexism can be blatant. For example, a student in my psychology of women course was attending a recruitment session for prospective high school teachers. She was dressed in a suit that was similar to the suit of a male student standing behind her in line. The interviewer greeted her by saying, "Hi, kid, how are you doin'?" The same interviewer greeted the young man by saying, "Hi, good to meet you," and then he extended his arm for a handshake. However, sexism can also be more subtle: some people use the word *girl* when talking about a 40-year-old woman. Would they use the word *boy* when talking about a 40-year-old man?

In this book, we will emphasize sexism. However, numerous other biases permeate our social relationships. In each case, one social category is considered normative or standard, whereas the other categories are considered deficient (Canetto et al., 2003). For example, **racism** is bias against people on the basis of racial or ethnic groups. Research suggests that White preschoolers tend to choose other White children as their friends, even when the classroom includes many Black children (Katz, 2003).

As we'll see throughout this book, sexism and racism combine in complex ways. For instance, the experiences of women of color may be quite different from the experiences of European American men (Brabeck & Ting, 2000; Kirk & Okazawa-Rey, 2001).

Let's consider another social bias in which a person's category membership can influence his or her social position. **Classism** is a bias that is based

on social class. Social class is defined by such factors as income, occupation, and education. As with sexism and racism, classism provides special privileges to some people, based on their social category. In contrast, U.S. residents who live below the poverty level do not have enough money to pay for their basic needs, such as food, housing, transportation, and medical care.

Surprisingly, psychologists have paid little attention to social class, even though this factor has a major impact on people's psychological experiences (Fine & Burns, 2003; Lott & Bullock, 2010; Ocampo et al., 2003). In the United States, for instance, the chief executive officers of corporations earn approximately 431 times as much as their lowest-paid employees (Belle, 2008). Executives and entry-level employees certainly have different experiences, as we will see in Chapter 7. Unfortunately, psychologists typically assume that they can leave social class to sociologists (Ostrove & Cole, 2003). However, Chapter 11 shows that social class clearly affects people's physical health, and Chapter 12 shows that social class clearly affects people's psychological well-being (Belle, 2008).

An additional problem is called **ableism**, or bias against people with disabilities (Olkin, 2008; Weinstock, 2003). Just as psychologists ignore social class, they also ignore disability issues—even though disabilities have a major impact on people's lives (Asch & McCarthy, 2003). In Chapter 11, we'll see how ableism can create inequalities for people with disabilities, both in the workplace and in personal relationships (Olkin, 2008).

Another important problem is **heterosexism** (also called **sexual prejudice**), which refers to a bias against anyone who is not exclusively heterosexual. Heterosexism therefore harms lesbians, gay males, and bisexuals. Heterosexism appears in the behaviors of individuals and in the policies of institutions, such as the legal system (Garnets, 2008; Herek, 2009).

Heterosexism encourages many people to believe that male-female romantic relationships should be considered normative, and therefore people in same-gender relationships do not have the same rights and privileges (Lorber, 2005b; Garnets, 2008). In Chapters 2 and 8, we will explore heterosexism in detail, and in Chapters 4, 8, 9, 10, and 12, we will also discuss the life experiences of lesbians and bisexual women.

In Chapter 14, we will emphasize **ageism**, or bias based on chronological age. Ageism is typically directed toward elderly people (Schneider, 2004; Whitbourne, 2005). Individuals can reveal ageism in terms of biased beliefs, attitudes, and behaviors. For example, a teenager may avoid sitting next to an elderly person. Institutions can also exhibit ageism, for instance, when an older adult applies for a job.

Feminist Approaches

A central term throughout this book is **feminism**, the principle that values women's experiences and ideas; feminism also emphasizes that women and men should be socially, economically, and legally equal (Anderson, 2010; Pollitt, 2004). As Rozee and her colleagues (2008) point out, "Feminism is a life philosophy, a worldview, a blueprint for justice" (p. ix).

We need to emphasize several additional points about feminists. First, reread the definition of feminism, and notice that it does *not* exclude men. In fact, men as well as women can be feminists. Many current books and

articles discuss men who are feminists (e.g., Kilmartin, 2007; Lorber, 2005b; A. J. Lott, 2003). Think about this: You probably know some men who advocate feminist principles more than some of the women you know. We'll discuss male feminists and the growing discipline of men's studies in the final chapter of this book.

Second, many of your friends would qualify as feminists, even though they may be reluctant to call themselves feminists (Cohen, 2008; Dube, 2004; Pollitt, 2004). You have probably heard someone say, "I'm not a feminist, but I think men and women should be treated the same." This person may mistakenly assume that a feminist must be a person who hates men. However, remember that the defining feature of feminism is a high regard for women, not antagonism toward men.

Third, feminism encompasses a variety of ideas and perspectives, not just one feminist viewpoint (Dube, 2004; Rozee et al., 2008). Let's consider four different theoretical approaches to feminism: liberal feminism, cultural feminism, radical feminism, and women-of-color feminism.

1. **Liberal feminism** emphasizes the goal of gender equality, giving women and men the same rights and opportunities. Liberal feminists argue that people can achieve this goal by passing laws that guarantee equal rights for women and men (Chrisler & Smith, 2004; Enns & Sinacore, 2001).

   Liberal feminists emphasize that biological factors have relatively little effect on gender differences. In addition, these gender differences are relatively small, and they would be even smaller if women had the same opportunities as men (Enns, 2004a; Lorber, 2005b). Women and men who are liberal feminists believe that everyone benefits if we can reduce our culture's rigid gender roles (Goldrick-Jones, 2002).

2. **Cultural feminism** emphasizes the positive qualities that are presumed to be stronger in women than in men—qualities such as nurturing and caretaking. Cultural feminism therefore focuses on gender differences that value women, rather than on the gender similarities of liberal feminism (Chrisler & Smith, 2004; Enns, 2004a; Lorber, 2005b). In addition, cultural feminists often argue that society should be restructured to emphasize cooperation rather than aggression (Enns & Sinacore, 2001; Kimball, 1995).

3. **Radical feminism** argues that the basic cause of women's oppression lies deep in the entire sex and gender system, rather than in some superficial laws and policies. Radical feminists emphasize that sexism permeates our society, from the personal level in male-female relationships to the national and international levels (Chrisler & Smith, 2004). Radical feminists often argue that our society needs to dramatically change its policies on sexuality and on violence against women (Enns, 2004a; Goldrick-Jones, 2002).

4. **Women-of-color feminism** points out that the other three types of feminism overemphasize gender. Women-of-color feminists emphasize that feminism must pay attention to other human dimensions such as ethnicity and social class (Baca Zinn et al., 2001; Chrisler & Smith, 2004; Lorber, 2005b).

   According to this perspective, we cannot achieve a genuinely feminist approach by making a few minor adjustments to liberal feminism, cultural feminism, or radical feminism (Enns, 2004a). For example, the life

of a Black lesbian woman is substantially different from the life of a European American lesbian (Lorde, 2001). If we want to understand the experiences of a Black lesbian, we must begin with her perspective, rather than initially focusing on European American lesbians and then "adding difference and stirring" (Baca Zinn et al., 2001).

In Chapter 15, we'll further explore perspectives on feminism and women's studies. A central point, however, is that feminism isn't simply one unified point of view. Instead, feminists have created a variety of perspectives on gender relationships and on the ideal pathways for achieving better lives for women. To clarify the four feminist approaches discussed in this section, try Demonstration 1.1 on this page.

DEMONSTRATION 1.1

Differentiating Among the Four Approaches to Feminism

Imagine that, in a discussion group, each of these eight individuals makes a statement about feminism. Read each statement and write down whether the approach represents liberal feminism, cultural feminism, radical feminism, or women-of-color feminism. The answers are on page 34.

1. Cora: "The way marriage is currently designed, women are basically servants who spend most of their energy improving the lives of other people." _____
2. Marta: "Too many feminists think that White women are at the center of feminism, and the rest of us are out at the edges of the feminist circle." _____
3. Nereyda: "Laws must be made to guarantee women the right to be educated the same as men; women need to reach their full potential, just like men do." _____
4. Sylvia: "My goal as a feminist is to value the kind of strengths that have traditionally been assigned to women, so that women can help society learn to be more cooperative." _____
5. María: "Society needs to change in a major way so that we can get rid of the oppression of women." _____
6. Michelle: "I consider myself a feminist. However, I think that many feminists just don't pay enough attention to factors such as social class and ethnicity." _____
7. Stuart: "I think women should be given exactly the same opportunities as men with respect to promotion in the workplace." _____
8. Terry: "Because women are naturally more peaceful than men, I think women need to organize and work together to build a peaceful society." _____

Source: Based on Enns (2004a).

Psychological Approaches to Gender Similarity and Difference

When psychologists examine gender issues, they usually favor either a similarities perspective or a differences perspective. Let's explore these two approaches. Before you read further, however, be sure to try Demonstration 1.2.

DEMONSTRATION 1.2	### Reading a Paragraph

Chris was really angry today! Enough was enough. Chris put on the gray suit, marched into work, and went into the main boss's office and yelled, "I've brought in more money for this company than anybody else and everybody gets promoted but me!" … The boss saw Chris's fist slam down on the desk. There was an angry look on Chris's face. They tried to talk but it was useless. Chris just stormed out of the office in anger.

Source: Based on Beall 1993, p. 127.

The Similarities Perspective

Psychologists who emphasize the **similarities perspective** believe that men and women are generally similar in their intellectual and social skills (Hyde, 2005a). These psychologists argue that social forces may create some temporary differences. For example, women may be more submissive than men in the workplace because women typically hold less power in that setting (Kimball, 1995; B. Lott, 1996). Supporters of the similarities perspective also tend to favor liberal feminism. By de-emphasizing gender roles and strengthening equal rights laws, they say, gender similarities will increase still further.

If the similarities perspective is correct, then why do women and men often *seem* so different? Take a moment to consider how you interpreted Demonstration 1.2. Most people conclude that Chris is a man, although this paragraph does not mention Chris's gender. Instead, readers construct someone's gender, based on their cultural knowledge about gender. Look at that paragraph again. What phrases influenced your conclusions?

Social constructionism provides a useful perspective for understanding gender. According to **social constructionism**, individuals and cultures construct or invent their own versions of reality, based on prior experiences, social interactions, and beliefs (Gergen & Gergen, 2004; Lorber, 2005b; Marecek et al., 2004). A young woman develops a female identity, for example, by learning about gender through her social interactions in her culture. As we discussed on page 4, she is continually "doing gender."

Social constructionists argue that we can never objectively discover reality because our belief system always influences our observations (Marecek et al., 2004; Yoder & Kahn, 2003). Our current North American culture considers women to be different from men. As a result, we tend to perceive, remember, and think about gender in a way that exaggerates the differences between women and men. The views in this textbook (and most other current psychology of women textbooks) support both the similarities perspective and the social constructionist view.

The Differences Perspective

In contrast to the similarities perspective, other psychologists interested in women's studies emphasize the differences perspective. The **differences perspective** argues that men and women are generally different in their intellectual and social abilities. Feminist psychologists who support the differences perspective usually emphasize women's positive characteristics that have been undervalued, primarily because they are associated with women (Lorber, 2005b). These psychologists might emphasize that women are more likely than men to be concerned with human relationships and caregiving. As you might guess, those who favor the differences perspective also tend to be cultural feminists. Critics of this perspective point out a potential problem: If we emphasize gender differences, we will simply strengthen people's stereotypes about gender (Clinchy & Norem, 1998).

People who endorse the differences perspective typically believe that essentialism can explain gender differences. **Essentialism** argues that gender is a basic, unchangeable characteristic that resides *within* an individual. The essentialists emphasize that women are more concerned than men with caregiving because of their own inborn nature, not because society currently assigns women the task of taking care of children (Hare-Mustin & Marecek, 1994; Kimball, 1995).

According to the essentialist perspective, all women share the same psychological characteristics, which are very different from the psychological characteristics that all men share. Essentialism also emphasizes that women's psychological characteristics are universal and occur in every culture. This proposal is not consistent with women-of-color feminism. This proposal is also not consistent with the findings from cross-cultural research (Chrisler & Smith, 2004; Lonner, 2003; Wade & Tavris, 1999). We'll explore the similarities and differences perspectives in more detail in Chapter 6.

SECTION SUMMARY

Central Concepts in the Psychology of Women

1. *Sex* refers only to biological characteristics related to reproduction (e.g., sex chromosomes); in contrast, *gender* refers to psychological characteristics (e.g., gender roles). The term *doing gender* means that we display gender in our social interactions and we perceive gender in other people during those interactions.
2. This book explores several kinds of social biases, such as sexism, racism, classism, ableism, heterosexism, and ageism.
3. Feminism emphasizes that women and men should be socially, economically, and legally equal. Women and men who hold these beliefs are feminists; however, many people believe in feminist principles, even if they do not identify themselves as feminists.
4. Four feminist perspectives discussed in this section are liberal feminism, cultural feminism, radical feminism, and women-of-color feminism.
5. Psychologists typically favor either a gender similarities perspective (often combined with social constructionism) or a gender differences perspective (often combined with essentialism).

A BRIEF HISTORY OF THE PSYCHOLOGY OF WOMEN

Psychology's early views about women were generally negative (Kimball, 2003). Consider the perspective of G. Stanley Hall, who founded the American Psychological Association and pioneered the field of adolescent psychology. Unfortunately, however, he opposed college education for young women because he believed that academic work would "be developed at the expense of reproductive power" (G. S. Hall, 1906, p. 592; Minton, 2000). As you might imagine, views like Hall's helped to encourage biased research about gender. Let's briefly examine some of this early work, then trace the emergence of the psychology of women, and finally outline the discipline's current status.

Early Studies of Gender Comparisons

During the late 1800s and the early 1900s, most of the early researchers in psychology were men. The early research on gender typically focused on gender comparisons, and it was often influenced by sexist biases (Bem, 2008; Caplan & Caplan, 2009; Milar, 2000). It's important to remember that women could not vote in the United States until 1920. The justification for this position was that women had inferior intelligence and reasoning skills (Benjamin, 2007).

During that early era, a few women made valiant attempts to contribute to the discipline of psychology (Furumoto, 2003; Pyke, 1998; Scarborough & Furumoto, 1987). For instance, psychologist Helen Thompson Woolley (1910) claimed that this early research on gender was permeated with "flagrant personal bias, … unfounded assertions, and even sentimental rot and drivel" (p. 340). Her own research demonstrated that men and women had similar intellectual abilities. Furthermore, women actually earned higher scores on some memory and thinking tasks (Benjamin, 2007; H. B. Thompson, 1903).

Leta Stetter Hollingworth (1914) also studied gender bias. For example, she demonstrated that women's menstrual cycles had little effect on their intellectual abilities, a conclusion that contradicted a popular belief (Benjamin, 2007; Klein, 2002). This first generation of female psychologists used their research findings to argue that women and men should have equal access to a college education (LaFrance et al., 2004; Milar, 2000).

The Emergence of the Psychology of Women as a Discipline

Research on the the psychology of women did not advance significantly until the 1970s (Walsh, 1987). By that point, the number of women in psychology had increased. Feminism and the women's movement gained recognition on college campuses, and colleges added numerous courses in women's studies (Howe, 2001a; Marecek et al., 2003; Rosen, 2000). This rapidly growing interest in women had an impact on the field of psychology. For example, the Association for Women in Psychology was founded in 1969. In 1973, a group of American psychologists established an organization that is now called the Society for the Psychology of Women; it is currently one of the

largest divisions within the American Psychological Association (Chrisler & Smith, 2004; Denmark et al., 2008).

In 1972, a group of Canadian psychologists submitted a proposal for a symposium—called "On Women, By Women"—to the Canadian Psychological Association. When this organization rejected their proposal, they cleverly decided to hold this symposium at a nearby hotel. Shortly afterward, these feminist leaders formed the Canadian Psychological Association Task Force on the Status of Women in Canadian Psychology (Pyke, 2001). In both the United States and Canada, the psychology of women or the psychology of gender has become a standard course on many college campuses (Marecek et al., 2003).

Begining in the 1970s, the research on the psychology of women also expanded dramatically. Researchers began to explore topics such as women's achievement motivation, domestic violence, sexual harassment, and other topics that had previously been ignored (Kimball, 2003; LaFrance et al., 2004).

However, the work done in the 1970s typically had two problems. First, feminist scholars did not realize that the issue of gender was extremely complicated. For example, most of us optimistically thought that just a handful of factors could explain why so few women held top management positions. As you'll see in Chapter 7, the explanation encompasses numerous factors.

A second problem with the 1970s framework was that people sometimes blamed women for their own low status. For instance, in trying to determine why women were scarce in management positions, researchers from this era typically constructed two answers: (1) Women were not assertive enough, and (2) they were afraid of success. Researchers ignored an alternative idea: The *situation* might be faulty because of biased institutional policies and stereotypes (LaFrance et al., 2004; Marecek et al., 2003). Gradually, however, many researchers became less interested in gender differences. Instead, they began to examine gender discrimination and sexism (Unger, 1997).

The Current Status of the Psychology of Women

In the current decade, we emphasize that questions about the psychology of women are likely to require complex answers. Furthermore, research in this area continues to increase rapidly. For example, I conducted an Internet search of an online library resource called PsycINFO for January, 2005, to December, 2010. This search revealed that 90,200 scholarly articles mention the topics of women, gender, or feminism. Four journals that are especially likely to publish relevant articles are *Psychology of Women Quarterly, Sex Roles, Feminism & Psychology*, and *Canadian Woman Studies/Les cahiers de la femme.*

A related development is that psychologists are increasingly aware of how factors such as ethnicity, social class, and sexual orientation interact in complex ways with gender. As you'll see throughout this book, we typically cannot make statements that apply to *all* women. Contrary to the essentialist approach, women are definitely not a homogeneous group!

The current field of the psychology of women is also interdisciplinary. In preparing all seven editions of this book, I have consulted resources in areas as varied as biology, medicine, sociology, anthropology, history, philosophy, religion, media studies, political science, economics, business, education, and linguistics. For this current edition, I accumulated a stack of reprints that was literally more than 7 feet tall, in addition to more than 450 relevant books—all published in the past four years! Current research in the psychology of women is especially lively because women now earn the majority of psychology Ph.D. degrees—for example, 72% in 2007 in the United States and 77% in Canada in 2008 (Statistics Canada, 2009 and Student Demographics, 2010).

Still, research on the psychology of women is relatively young, and many important issues are not yet clear. At several points throughout this textbook, you will read a sentence such as, "We don't have enough information to draw conclusions." My students tell me that these disclaimers irritate them: "Why can't you just tell us what the answer is?" In reality, however, the conflicting research findings often cannot be summarized in a clear-cut statement.

Another issue is that our knowledge base continues to change rapidly. New research often requires us to revise a previous generalization. As a result, this current edition of your textbook is substantially different from the six earlier editions. For example, the coverage of gender comparisons in cognitive abilities bears little resemblance to the material on that topic in the first edition. Other topics that have changed dramatically include women and work, women's physical health, and older women.

The field of psychology of women is especially challenging because both women and men continue to change as we move further into the current century. You'll see, for example, that the number of women working outside the home has changed dramatically. On many different dimensions, women in the current decade are psychologically different from women in earlier decades. It is fascinating to contemplate the future of the psychology of women toward the end of the twenty-first century.

SECTION SUMMARY

A Brief History of the Psychology of Women

1. Most early research on gender examined gender differences and emphasized female inferiority; however, Helen Thompson Woolley and Leta Stetter Hollingsworth conducted research that was not biased against women.
2. Gender research was largely ignored until the 1970s, when the psychology of women became an emerging field in both the United States and Canada. However, researchers in that era underestimated the complexity of the issues; in addition, women were often blamed for their own low status.
3. Current research on gender is widespread and interdisciplinary; the knowledge base continues to change as a result of this research.

WOMEN AND ETHNICITY

Earlier in this chapter, we introduced the term *racism*, or bias against certain ethnic groups. In this section, we'll specifically focus on ethnicity to provide a framework for future discussions. When we consider the psychology of women, we need to examine ethnic diversity so that we can establish an accurate picture of women's lives, rather than simply the lives of White women.[1] We also need to appreciate how women construct or make sense of their own ethnic identity (Madden & Hyde, 1998).

Let's begin by exploring a concept called "White privilege" and then consider some information about ethnic groups. Our final topic is U.S.-centered nationalism, a kind of bias in which U.S. residents believe that the United States holds a special status that is superior to other countries.

The White-Privilege Concept

According to Peggy McIntosh (2001), our culture in the United States and Canada is based on a hidden assumption that White individuals have a special status. According to the **White-privilege concept**, White people have certain privileges, based on their skin color (Chisholm & Greene, 2008). Furthermore, White people often take these privileges for granted. In contrast, people from other ethnic groups often lack this special status. For example, if a White woman is late for a meeting, people do not conclude, "She is late because she's White." In contrast, if a Latina woman is late, White people often assume that her behavior is typical of Latina individuals. Similarly, a White woman can use a credit card and not arouse suspicions. In contrast, when a Black woman uses a credit card, some White people may wonder if she stole the card (McIntosh, 2001; Wise, 2008).

However, psychologists point out that White people seldom realize the advantages of having white skin (Corcoran & Thompson, 2004; Ostenson, 2008; Rose, 2008). They may protest that they have never been treated better than people of color. Some White people may insist that they are "color blind." However, White people who ignore someone's ethnicity are neglecting an important part of that person's identity (Blais, 2006; Rose, 2008).

A concept related to White privilege can be called the **White-as-normative concept**, which points out that being White is the normal standard in our culture (Lorber, 2005b). I recall observing a sociology class in which students from different ethnic groups were discussing their ethnic identity. A White woman said, "I don't have an ethnic identity; I'm just normal."

White individuals often think that Blacks, Latinas/os, Asian Americans, and Native Americans belong to ethnic groups—but that European Americans do not (Peplau, Veniegas et al., 1999; Weedon, 1999). In fact, each of us has an ethnic heritage.

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[1] At present, our terminology for this dominant ethnic group is in flux. I will use the terms *White* or *European American* to refer to people who do *not* consider themselves to be Latina/Latino, Asian American, or Native American.

Let's return to the central concept of White privilege. McIntosh (2001) reports that, as a White woman, she knows that her children will be taught material that focuses on their ethnic group. In contrast, a child from any other ethnic background has no such guarantee. For instance, Aurora Orozco (1999) was born in Mexico and came to California as a child. She recalls a song the students sang in her new U.S. school:

> The Pilgrims came from overseas
> To make a home for you and me.
> Thanksgiving Day, Thanksgiving Day
> We clap our hands, we are so glad. (Orozco 1999, p. 110)

Orozco felt as though her own ethnic heritage was invisible in a classroom where children were supposed to clap their hands in celebration of their Pilgrim ancestors. Keep in mind the White-privilege concept and the White-as-normative concept, as we consider women who are Latina, Black, Asian American, and Native American (First Nation).

Women of Color

Figure 1.1 shows the estimated number of U.S. residents in the major ethnic groups, as of 2004. Figure 1.2 indicates the ethnic origins of people who live in Canada. Let's briefly consider each of four groups, so that you have a context for future discussions about ethnicity.
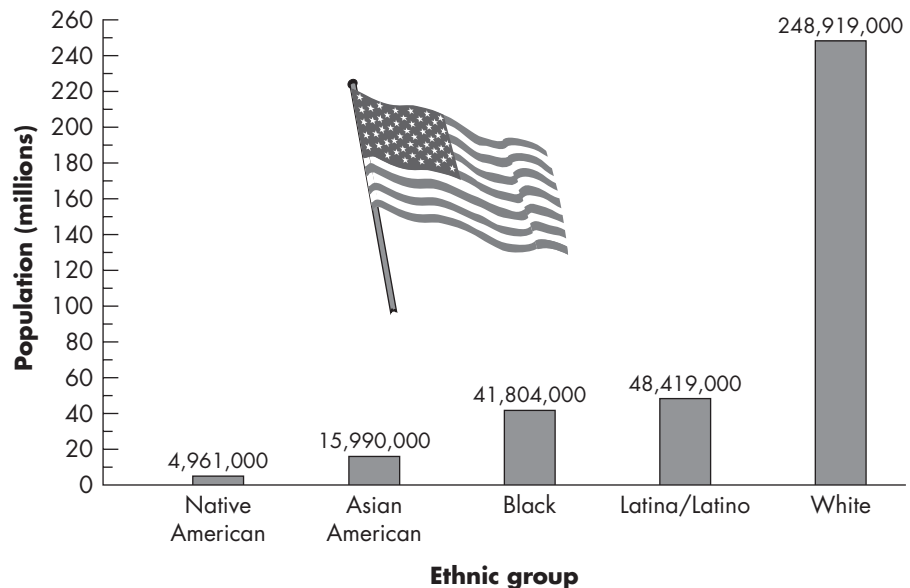
FIGURE **1.1** Estimated U.S. Population in 2009, by ethnic group.

Note: Some individuals listed two or more races, and so they are tallied for each applicable category.

Source: Adapted from Statistics Canada (2006). Reprinted with Permission.
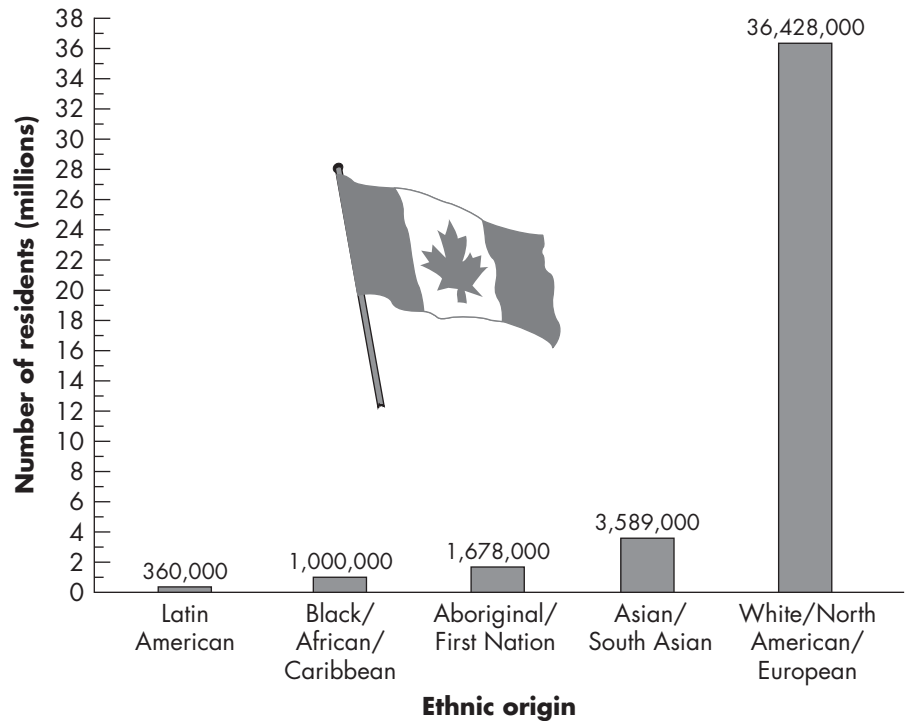
FIGURE **1.2** Self-Reported Ethnic Orgins of Canadian Residents, based on 2006 data.

Source: Statistics Canada (2006).

Latina Women

As Figure 1.1 reveals, Latinas/Latinos are currently the second-largest ethnic group in the United States. At present, most individuals in this ethnic group prefer this term rather than *Hispanic*, the term often used by governmental agencies (Castañeda, 2008; Fears, 2003). One problem is that *Hispanic* focuses on Spanish origins rather than on Latin American identity. Unfortunately, though, the term *Latinos* has an -os (masculine) ending that renders women invisible when speaking about both males and females. I will follow the current policy of using *Latinas* to refer to women of Latin American origin and *Latinas/os* to refer to both genders (Castañeda, 2008). Incidentally, Latin American feminists have created a nonsexist alternative that incorporates both the -*as* and the -*os* endings; it is written *Latin@s*.

Mexican Americans constitute about 60% of the Latina/o population in the United States (Pulera, 2002). Incidentally, Mexican Americans often refer to themselves as *Chicanas* or *Chicanos*, especially if they feel a strong political commitment to their Mexican heritage (Castañeda, 2008).

Any exploration of ethnicity must emphasize the wide diversity of characteristics and experiences within every ethnic group (Castañeda, 2008; Sy & Romero, 2008). For example, Latinas/os share a language and many similar values and customs. However, a Chicana girl growing up in a farming community in central California has different experiences from a Puerto Rican girl growing up in New York City. Furthermore, a Latina woman whose family has lived in Iowa for three generations has different experiences from a Latina woman who recently left her Central American birthplace because her family had been receiving death threats (Martin, 2004).

Donna Castañeda (2008) described how she and other Latinas need to navigate two cultures, frequently crossing borders between their Latina heritage and the European American culture in which they now live. As she writes:

> The notion of border crossing has a deep resonance for me each time I go home to visit my family. In a family of seven children, I have been the only person to go to college, and on top of that I went on to get a Ph.D. Each homecoming is like moving from one world into another, from one self to another. The transitions are now much smoother for me than in earlier years, but only after a process of coming to understand that at any point in time I am more than one person, one dimension. (Castaneda 2008, p. 264)

Black Women

If you re-examine the U.S. data in Figure 1.1, you'll see that Blacks constitute the third-largest ethnic group in the United States. Some Blacks may have arrived recently from Africa or the Caribbean, whereas the families of others may have lived in North America since the 1700s. In Canada, Blacks are likely to have emigrated from the Caribbean, Africa, or Great Britain. However, about half of Black residents were born in Canada (Knight, 2004).

Every non-White ethnic group has encountered racism, and this book will provide many examples of racial bias. In the United States, however, Black people's experiences with racism have been especially well documented (Rose, 2008; Schneider, 2004). For example, Bernestine Singley (2004) is a Black lawyer in her 50s who dresses conservatively. Still, as she writes, every time she flies out of the Dallas–Fort Worth Airport, "A security agent pulls me aside, removes my carry on bags, searches them and me, then hooks up my bags to a monitor and chemically analyzes them to ensure I don't board the plane with illegal drugs or bombs. This is all done in full public view" (Singley 2004, p. 13).

People often use the terms *Black* and *African American* interchangeably. In general, I'll use the term *Black* because it is more inclusive (Boot, 1999). *African American* seems to ignore many U.S. residents who feel a strong connection to their Caribbean roots (for example, Jamaica, Trinidad, or Haiti), as well as Blacks who live in Canada. As the Black poet Gwendolyn Brooks, former U.S. Poet Laureate, said in an interview, she likes to think of Blacks as family who happen to live in countries throughout the world. She feels that *Black* is a welcoming term, like an open umbrella (B. D. Hawkins, 1994).

Asian American Women

As with Latinas/os, Asian Americans come from many different countries. Asian Americans include Chinese, Filipinos, Japanese, Vietnamese, Koreans, South Asians (for example, people from India, Pakistan, and Bangladesh), and more than 30 other ethnic-cultural groups (Chan, 2008). Consider a Laotian woman who is one of the 10,000 Hmong refugees who now live in Minnesota (Vang, 2008). She may have little in common with a Taiwanese woman living in Toronto's Chinatown or a South Asian woman who is a physician in New Jersey. Many Asian American women have professional careers. However, women who are Filipino, Korean, and Chinese garment workers often experience some of the most stressful labor conditions in North America (Võ & Scichitano, 2004).

Asian Americans are often stereotyped as the ideal minority group, and in fact they are often academically successful (Nance, 2007; Schneider, 2004). For example, 64% of college-age Asian American women in the United States have earned at least a bachelor's degree, in contrast to 41% of European American women ("Student Demographics," 2010). However, some colleges report that a significant number of their Asian American students have low grade-point averages (Nance, 2007).

Throughout this book, we'll see that women from an Asian background sometimes face discrimination (Chan, 2008; Lorber, 2005b). For instance, Dr. Madhulika Khandelwal describes her experiences as a professor at the University of Massachusetts, Boston: "Stereotypically [Asians] are presumed to have had limited access to English before arriving in America. They are considered followers rather than leaders. And the women are seen as either downtrodden or sexual 'exotics'" (Khandelwal, Collision, 2000, p. 21). Dr. Khandelwal also reported that people often praise her for her excellent mastery of English, even though English is her first language.

Native American and First Nations Women

Native Americans and First Nations people[2] may share a common geographic origin and a common history of being invaded, dispossessed, and regulated by White North Americans. However, their languages, values, and current lifestyles may have little in common (Hall & Barongan, 2002; James, 2006; McLeod, 2003). In the United States, for example, Native Americans have more than 250 different tribal languages and about 560 separate native backgrounds (Smithsonian Institute, 2007; Trimble, 2003).

Many Native American women struggle as they try to integrate their personal aspirations with the values of their culture. For example, a Native American teenager explained this conflict: "As a young woman, I should

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[2] In referring to people whose ancestors lived in Canada before the arrival of European Americans, most Canadians use either of two terms, *First Nations* or *Aboriginal* (James, 2006; Smithsonian Institute, 2007). The two terms are used somewhat interchangeably, although some people limit the term *First Nations* to descendents of the original inhabitants of Saskatchewan and Manitoba (McLeod, 2003).

have been starting a family. When Grandma told them I was going to college, they'd look away. But in my eyes, going to college wasn't going to make me less Indian or forget where I came from" (Garrod et al., 1992, p. 86).

Further Perspectives on Ethnicity

We have seen that each ethnic group consists of many different subgroups. Even if we focus on one specific subgroup—perhaps Chinese Americans—the variability *within* that one subgroup is always large (American Psychological Association, 2003; Chan, 2008). Whenever we examine whether ethnic groups differ from one another, keep in mind the substantial diversity within each group.

The within-group diversity is increased still further because millions of people in the United States and Canada are biracial or multiracial. The topic of biracial individuals is currently prominent in the United States, because the current U.S. president is biracial.

Unfortunately, however, psychologists have not conducted much systematic research about biracial or multiracial individuals (Gillem, 2008). Furthermore, some of the research shows that multiracial individuals may experience challenges. However, other research shows that multiracial individuals often experience benefits, because they have access to a greater number of cultural communities (Shih & Sanchez, 2005).

Let's return to a very important point about racism: We need to continually examine the perspective that routinely considers European Americans to be normative. In the United States and Canada, most European American students have learned a perspective in which the "normal human" is male, White, middle class, not disabled, heterosexual, and not elderly (Cushner, 2003). When students enroll in a course about the psychology of women and gender, they often report that they needed to rethink their assumptions about social categories.

We also need consider another issue related to ethnicity, called "intersectionality." The concept of **intersectionality** emphasizes that each person belongs to multiple social groups, based on categories such as ethnicity, gender, sexual orientation, and social class (Cole, 2009). For instance, a White lesbian may experience a disadvantage because she differs from the heterosexual "standard." However, compared to lesbians who are not White, she experiences a racial privilege (Shields, 2008).

Intersectionality points out that we cannot simply add a person's social categories together and come up with a clear-cut social identity. For instance, a Black woman may sometimes emphasize her ethnicity, and she may sometimes emphasize her gender (Bowleg, 2008). Furthermore, a person who experiences discrimination in one dimension may experience privilege in another dimension, as in the case of a White woman (Cole, 2009). Page 11 of this chapter emphasized that the psychology of women is is an extremely complex topic. The concept of intersectionality certainly increases the complexity of the important issues. You'll read more about intersectionality throughout this book.

U.S.-Centered Nationalism

So far, we have applied the "normative" concept to gender and several other social categories. Now let's focus on a related bias, in which residents of the United States consider their country to be normative.

According to the principle of **U.S.-centered nationalism**, the United States is dominant over all other countries in the world, which are believed to have lower status. U.S.-centered nationalism reveals itself in many ways that may be invisible to U.S. residents (Hase, 2001). For example, my colleagues in Canada have e-mail addresses that end in "ca." The e-mail address for Japanese residents ends in "jp," and those in Greece end in "gr." This pattern is standard in most countries. However, residents of the United States do not need to add any extra letters to their e-mail addresses, because our country occupies a position of privilege.

In other words, U. S. residents are "normal," whereas the other countries have "second-class status." If you are a U.S. resident, and this point doesn't seem accurate, how would you feel if Japan were the normative country, and every U.S. e-mail address required the "us" ending?

To illustrate U.S.-centered nationalism, suppose that you looked at a newspaper tomorrow and discovered that soldiers in another country (say, Italy or France) had been torturing political prisoners who are citizens of the United States. Some of these prisoners have been held for more than a year in solitary confinement, without any trial. Others have been stripped naked and forced to sodomize one another. Still others have been beaten and had their heads forced down a toilet. All of these tortures have been forbidden by the international laws specified by the Geneva Conventions. How would you respond? Would you be outraged that anyone would treat U.S. citizens so cruelly?

Now, switch countries, so that U.S. soldiers are the torturers, and the people from the other nation are being tortured. Does the torture seem more justified, because of U.S.-centered nationalism? During the summer of 2004, the world learned that U.S. soldiers had in fact been using these specific kinds of torture on citizens from Iraq and from several European countries who were being held in prisons in Iraq and Cuba.

U.S.-centered nationalism is a challenging topic to discuss in the United States (Hase, 2001). It's difficult for us to hear our own country criticized. This attitude is often strengthened by students' educational experiences. If you grew up in the United States, for example, students at your high school were probably encouraged to respect and value people from ethnic groups other than their own. However, were you taught to value other countries equally—or did everyone simply assume that the United States had a special, privileged status compared with the rest of the world? Try searching for examples of U.S.-centered nationalism in the news, in academic settings, and in people's conversations.

Throughout this book, we will explore biases such as sexism, racism, and ageism—situations in which one group has a more powerful position than other groups. We need to keep in mind that U.S.-centered nationalism creates similar problems of inequality on an international level, rather than on the interpersonal or intergroup level.

SECTION SUMMARY

Women and Ethnicity

1. In U.S. and Canadian culture, being White is normative; as a result, White individuals may mistakenly believe that they do not belong to any ethnic group.
2. Latinas/os share a language with one another as well as many values and customs. However, their other characteristics vary tremendously. Latinas often comment that they must frequently cross boundaries between Latina culture and European American culture.
3. Blacks constitute the third-largest ethnic group in the United States. Blacks in the United States and Canada differ from one another with respect to their family's history.
4. Asian Americans also come from diverse backgrounds. Although they are considered the ideal minority, they often experience discrimination and stressful work conditions.
5. Native Americans and Canadian Aboriginals share a common geographic origin and history. However, they represent numerous different native backgrounds.
6. The variability within any ethnic group—or subgroup—is always large.
7. The limited research about multiracial individuals does not show consistent disadvantages or advantages.
8. An important concept called *intersectionality* emphasizes that each person belongs to many social groups, based on categories such as ethnicity, gender, sexual orientation, and social class. This complexity makes it difficult to study individual differences in psychology.
9. Another form of bias that is related to ethnic bias is U.S.-centered nationalism, in which U.S. residents believe that their nation has higher status than other countries. For example, many in the U.S. government believe that our country has the right to break international laws.

POTENTIAL PROBLEMS AND BIASES IN CURRENT RESEARCH

Earlier in this chapter, we noted the biased research that characterized the early history of the psychology of women. Let's now explore the kinds of problems that sometimes arise when contemporary researchers conduct studies on the psychology of women and gender.

Researchers in all areas of psychology face the problem of potential biases. However, take a moment to consider why biases could raise even more problems in research on the psychology of women. After all, researchers are likely to have strong pre-existing emotions, values, and opinions about the topics being investigated (Caplan & Caplan, 2009; LaFrance et al., 2004). In contrast, consider people who conduct research in the area of visual shape perception. As they were growing up, they probably did not acquire strong emotional reactions to topics such as the retina and the visual cortex. Gender is certainly more controversial! Pre-existing emotions about gender

issues seem to be especially strong in connection with research on women who do not conform to the traditional feminine stereotypes, such as unmarried women or lesbian mothers.

Figure 1.3 shows how biases and inappropriate procedures can influence each step of research. Psychologists are trained to carefully consider each phase of research to eliminate these problems. Fortunately, most current studies avoid obvious flaws, but students must still learn how to evaluate psychological research. However, this psychology course can raise your awareness about biases in research. Let's look at each phase of this research in more detail, and then we'll consider the more general issue of critical thinking in psychology.

I. Formulating the hypothesis

    A. Using a biased theory
    B. Formulating a hypothesis on the basis of unrelated research
    C. Asking questions only from certain content areas

II. Designing the study

    A. Selecting the operational definitions
    B. Choosing the participants
    C. Choosing the researcher
    D. Including confounding variables

III. Performing the study

    A. Influencing the outcome through researcher expectancy
    B. Influencing the outcome through participants' expectancies

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IV. Interpreting the data

    A. Emphasizing statistical significance rather than practical significance
    B. Ignoring alternate explanations
    C. Misinterpreting correlational data
    D. Making inappropriate generalizations

V. Communicating the findings

    A. Leaving out analyses that show gender similarities
    B. Choosing a title that focuses on gender differences
    C. Journal editors rejecting studies that show gender similarities
    D. Secondary sources emphasizing gender differences instead of gender similarities

FIGURE **1.3** How bias can influence research during five different stages.

Formulating the Hypothesis

Researchers are often strongly committed to a certain psychological theory. If this theory is biased against women, then the researchers may expect to find biased results, even before they even begin to conduct their study (Caplan & Caplan, 2009; McHugh & Cosgrove, 1998). For example, Sigmund Freud argued that women actually enjoy suffering. Notice that psychologists who endorse that perspective would be biased if they conduct research about women who have been emotionally or physically abused.

A second problem is that psychologists may formulate a hypothesis based on previous research that is unrelated to the topic they want to study. Several decades ago, for example, researchers wanted to determine whether children were psychologically harmed when their mothers worked outside the home. Psychologists' own biases against employed mothers led them to locate studies showing that children raised in low-quality orphanages often developed psychological problems. A child whose mother works outside the home for 40 hours a week has a very different life compared to a child raised in an institution without a mother or father. Still, those early researchers argued that the children of employed mothers would develop similar psychological disorders.

The final way that biases can influence hypothesis formulation concerns the nature of researchers' questions. For example, researchers studying Native American women typically examine issues such as alcoholism or suicide (Hall & Barongan, 2002). If researchers have a biased attitude that these women are somehow deficient, they will not ask questions that can reveal the strengths of these women. For example, do women with extensive tribal experience have more positive attitudes about growing old?

So far, we have reviewed several ways in which biases can operate in the early stages of hypothesis formulation. Specifically, biases can influence the psychologists' theoretical orientation, the previous research they consider relevant, and the topics they investigate.

Designing the Study

An important early step in designing a research study is selecting the operational definitions. An **operational definition** describes exactly how researchers will measure a **variable** (or characteristic) in a study. Consider a study investigating gender comparisons in empathy. **Empathy** is your ability to experience the same emotion that someone else is feeling. For our operational definition, we might decide to use people's answers to a question such as "When your best friend is feeling sad, do you also feel sad?" In other words, we will measure empathy in terms of self-report.

This operational definition of empathy may look perfectly innocent until we realize that it contains a potential bias. Women and men may really be similar in their personal thoughts about empathy. However, men may be more hesitant to *report* that they feel empathic. After all, gender stereotypes emphasize that men should not be overly sensitive.

Imagine, instead, that we measure empathy by observing people's facial expression while they watch a sad movie. Then we might have reached a different conclusion about gender comparisons in empathy. Ideally, researchers

should test a hypothesis with several different operational definitions to provide a richer perspective on the research question.

The second source of bias in research design is the choice of participants. Psychologists typically conduct research with participants who are college students, who are primarily European Americans from middle-class homes. As a result, we know relatively little about people of color and people who are economically poor (B. Lott, 2002; Saris & Johnston-Robledo, 2000). The selection of research topics can also influence the choice of participants. Studies about low-income mothers and about female criminal behavior have typically focused on Black and Latina women. In contrast, studies on body image or salary equity have usually been limited to European Americans.

A third source of bias in designing a study is the choice of the person who will actually conduct the study. For example, think how the gender of the researcher may make a difference (e.g., F. Levine & Le De Simone, 1991; Sechzer & Rabinowitz, 2008). Let's imagine that a researcher wants to compare women's and men's interest in babies by interviewing the participants. If the researcher is a man, some male participants may be embarrassed to demonstrate a strong interest in babies; gender differences may be large. The same study conducted by a female researcher could produce minimal gender differences.

In research design, a final source of bias is the problem of confounding variables. A **confounding variable** is any characteristic, other than the central variable being studied, that is not equivalent under all conditions; this confounding variable has the potential to influence the study's results. In studies that compare women and men, a confounding variable is some variable—other than gender—that is different for the two groups of participants.

Suppose, for example, that we want to compare the spatial ability of college men and women. A potential confounding variable might be the amount of time they have spent on video games and other activities that emphasize spatial ability. College men are more likely that women to have more experience with these activities. Therefore, any gender difference in spatial ability might be traceable to the discrepancy in the amount of spatial *experience*, rather than to a true difference in the actual spatial *ability* of college women and men.

The reason we must be concerned about confounding variables is that we need to compare two groups that are as similar as possible in all relevant characteristics except the central variable we are studying. Careless researchers may fail to take appropriate precautions.

For example, suppose that a group of researchers want to study whether sexual orientation influences psychological adjustment, and they decide to compare married heterosexual women with women who are lesbians. The two groups would not be a fair comparison. For example, some of the lesbians may not currently be in a committed relationship. Depending on the goals of the researchers, a more appropriate study might compare single heterosexual women in a committed relationship and single lesbians in a committed relationship.

Each of these problems in designing a study may lead us to draw the wrong conclusions. The choice of participants in some research—for example, college students are a common choice for researchers—means that we know

much more about them than about other groups of people. Furthermore, the operational definitions, the gender of the researcher, and confounding variables may all influence the nature of the conclusions (Caplan & Caplan, 2009).

Performing the Study

Psychologists may run into further problems when they actually perform the study. One potential bias at this point is called researcher expectancy (Caplan & Caplan, 2009; Rosenthal, 1993). According to the concept of **researcher expectancy**, the biases that researchers bring to the study can influence the outcome. If researchers expect males to perform better than females on a test of mathematics ability, they may somehow treat the two groups differently. As a result, males and females may respond differently (Halpern, 2000). Any researcher—male or female—who has different expectations for males and females can produce these expectancy effects.

Researchers in other areas of psychology also have expectations about the outcome of their research, but those expectations may be subtle. In gender research, however, the investigators can't help noticing which participants are female and which are male. Suppose that researchers are rating female and male adolescents on their degree of independence in working on a difficult task. Notice that the researchers' ratings may reflect their expectations and stereotypes about female and male behavior. These researchers may rate male adolescents higher than female adolescents on a scale of independence, even though they might not find gender differences if they objectively tallied the adolescents' actual behavior. As we noted on page 22, researchers must choose their operational definitions carefully, to minimize the impact of potential biases.

Furthermore, the participants—as well as the researchers—have typically absorbed expectations and stereotypes about their own behavior (Jaffee et al., 1999). For example, popular culture says that women are expected to be moody and irritable just before their menstrual periods. Suppose that a woman is told that she is participating in a study on how the menstrual cycle affects mood. Wouldn't you predict that she would supply more negative ratings during the premenstrual phase of the cycle? In contrast, if she had been unaware of the purpose of the study, she might have responded differently. When you read about a study that uses self-report, keep this potential problem in mind.

In summary, the expectations of both the researchers and the participants may bias the results and distort the conclusions. As a result, the conclusions will not be accurate.

Interpreting the Data

When researchers study the psychology of women and gender, they can misinterpret the data in many ways. For example, some researchers confuse statistical significance and practical significance. As we'll discuss in Chapter 5, a difference between male and female performance on a math test may be *statistically* significant. **Statistical significance** means that the results are not likely to occur by chance alone. In the mathematical formulas used in calculating statistical significance, the sample size has a major influence on statistical significance.

Imagine that a standardized geometry test was given to 10,000 males and 10,000 females. A statistical analysis of the data reveals that the males scored significantly higher than the females. However, suppose that a close inspection reveals that the males received an average score of 40.5, in contrast to the females' average score of 40.0. Even though the difference might be statistically significant, this difference has little *practical* significance. **Practical significance,** as the name implies, means that the results have some meaningful and useful implications for the real world (Halpern, 2000). A half-point difference in these hypothetical geometry scores would have no imaginable implications for how males and females should be treated with respect to teaching geometry. Unfortunately, researchers often discuss only statistical significance, when they should also discuss whether a gender difference has practical significance.

When researchers interpret the data they have gathered, a second potential problem is that they may ignore alternative explanations. Suppose that females score higher than males on a test that measures anxiety. This difference might really be caused by males' reluctance to *report* any anxiety that they might feel, rather than by any gender differences in true anxiety. In interpreting this study, researchers must consider alternative explanations.

A third problem when researchers try to interpret the findings is that they may misinterpret correlational data. Consider this hypothetical study: Suppose that some researchers find that there is a positive correlation between the number of years of education that a woman has completed and her score on a test of feminist attitudes. That is, a woman with many years of education is likely to have a high score on on this test of feminist attitudes.

Let's explore this third problem in more detail. Suppose that the researchers conclude that the years of education *cause* women to become more feminist. As you may know, the problem with this conclusion is that correlation is not necessarily causation. Yes, an advanced education may provide information that encourages women to adopt feminist beliefs. However, it's also likely that women who are feminists are more eager to pursue additional years of education. Yet another explanation could be that it is some third variable (such as the feminist beliefs of a woman's parents) that encourages her to pursue an advanced education and also to hold feminist beliefs. In summary, the third problem with misinterpreting the research results is that researchers may reach an incorrect interpretation of correlational data.

A fourth and final problem in data interpretation occurs when researchers make inappropriate generalizations (Caplan & Caplan, 2009). For example, researchers may sample unusual populations and draw conclusions from them about the psychological characteristics of more typical populations. Suppose that you are investigating infants who had been exposed to abnormally high levels of male hormones before they were born. Unfortunately, researchers may overgeneralize and draw conclusions about the way that male hormones influence *normal* infants (Halpern, 2000). Other researchers

might examine a sample of European American female and male college students and then assume that their findings apply to all people, including people of color and people who have not attended college.

In summary, the interpretation phase of research contains several additional possibilities for distorting reality. Researchers have been known to ignore practical significance, bypass alternative explanations, misinterpret correlations, and overgeneralize their findings.

Communicating the Findings

After researchers conduct their studies and perform the related analyses, they usually want to report their findings in writing. Other sources of bias may now enter. Psychologists continue to be preoccupied with gender differences, and a gender similarity is seldom considered startling psychological news (Bohan, 2002; Caplan & Caplan, 2009; LaFrance et al., 2004). Therefore, when researchers summarize the results of a study, they may leave out a particular analysis showing that females and males had similar scores. However, they are likely to report any gender *difference* that was discovered. As you can imagine, this kind of selective reporting will underrepresent the gender similarities found in research, and it will overrepresent the gender differences.

Biases are even likely to influence the choice of a title for a research report. For instance, a study examining aggression might be titled "Gender Differences in Aggression," even if it reported one statistically significant gender difference and five comparisons that showed gender similarities! The term *gender differences* focuses on dissimilarities, and it suggests that we need to search for differences. Accordingly, I prefer to use the more neutral term *gender comparisons*.

After researchers have written a report of their findings, they send their report to journal editors, who must decide whether it deserves publication. Journal editors, along with the researchers themselves, may be more excited about gender differences than about gender similarities (Halpern, 2000). This selective-publication bias can therefore overrepresent gender differences still further, so that gender similarities receive relatively little attention.

Even further distortion occurs when the published journal articles are discussed by secondary sources, such as textbooks, newspapers, and magazines. For example, an introductory psychology textbook might discuss one study in which men are found to be more aggressive than women and ignore several other studies that report gender similarities in aggression.

The popular press is especially likely to distort the research. For instance, a local newspaper featured an article titled, "He thinks, she thinks." The article included a sketch of the brain, with one hemisphere in pink and the other in blue.

In an attempt to entice their audience, the media may even misrepresent the species population. For example, a magazine article on stress during pregnancy emphasized the research conducted with rats (Dingfelder, 2004). However, the article included a large photo of a distressed-looking pregnant woman. Many readers might conclude from the misleading article that a

mother's prenatal stress clearly causes disorders in human babies. When you have the opportunity, try Demonstration 1.3 to see whether you find similar media biases.

<table>
<tr><td>**DEMONSTRATION 1.3**</td><td>

Analyzing Media Reports About Gender Comparisons

Locate a magazine or a newspaper that you normally read. Look for any reports on gender comparisons or the psychology of women. Check Figure 1.3 as you read each article. Can you discover any potential biases?

In addition, can you find any areas in which the summary does not include enough information to make a judgment (e.g., the operational definition for the relevant variables)?
</td></tr>
</table>

Critical Thinking and the Psychology of Women

As we have discussed, people must be cautious when they encounter information about gender. They need to carefully inspect published material for a variety of potential biases. This vigilance is part of a more general approach called critical thinking. **Critical thinking** consists of the following three components:

1. Ask thoughtful questions about what you see or hear.
2. Look for potential biases at each step of the research process, as outlined in Figure 1.3 (page 21).
3. Determine whether the conclusions are supported by the evidence that has been presented.
4. Suggest alternative interpretations of the evidence.

One of the most important skills you can acquire in a course on the psychology of women and gender is the ability to think critically about the issues. As Elizabeth Loftus (2004) emphasizes, "Science is not just a giant bowl of facts to remember, but rather a way of thinking.... An idea may *seem* to be true, but this has nothing to do with whether it actually is true" (p. 8).

Unfortunately, the popular culture does not encourage critical thinking (Halpern, 2004b). We are often asked to believe the messages that we see or hear without asking thoughtful questions, determining whether the evidence supports the conclusions, or suggesting other interpretations. As a result, people may consider emotional-sounding evidence to be more important than research-based statements (Scarr, 1997).

Because accuracy is an important aim of research, we must identify and eliminate the sources of bias that can distort accuracy and misrepresent women. We must also use critical thinking skills to examine the research evidence (Halpern, 2004b). Only then can we have a clear understanding about women and gender.

SECTION SUMMARY

Potential Problems and Biases in Current Research

1. When researchers formulate their hypotheses, biases can influence their theoretical orientation, the research they consider relevant, and the topics they choose to investigate.
2. When researchers design their studies, biases can influence how they choose their operational definitions, participants, and the people who conduct the research; another bias is the inclusion of confounding variables.
3. When researchers perform their studies, biases may include researcher expectancy as well as the participants' expectations.
4. When researchers interpret their results, biases may include ignoring practical significance, overlooking alternative explanations, misinterpreting correlational data, and overgeneralizing the findings.
5. When researchers communicate their findings, gender differences may be overreported; the title of the paper may emphasize gender differences; journal editors may prefer articles that demonstrate gender differences; and the popular media may distort the research.
6. An important part of critical thinking is being alert for potential biases; critical thinking requires you to ask thoughtful questions, determine whether the evidence supports the conclusions, and propose alternative interpretations for the evidence.

ABOUT THIS TEXTBOOK

The psychology of women is an extremely important topic. Therefore, I've made every effort to create a textbook that can help you understand and remember concepts about the psychology of women. Let's first consider the four themes of the book, and then we'll examine some features that can help you learn more effectively.

Themes of the Book

The subject of the psychology of women is impressively complex. Furthermore, the discipline is relatively young, and we cannot yet identify a large number of general principles that summarize this diverse field. Nevertheless, you'll find several important themes woven throughout this textbook. I've also listed the themes inside the front cover so that you can easily learn them. Let's discuss the themes now, to provide a framework for a variety of topics you will encounter in your textbook.

THEME 1: Psychological Gender Differences Are Typically Small and Inconsistent. The earlier section on research biases noted that published studies may exaggerate the gender differences as being relatively large. However, even the *published* literature in psychology shows that gender similarities are usually

more impressive than gender differences. In terms of permanent, internal psychological characteristics, women and men simply are not that different (Basow, 2001; Bem, 2008; Hyde, 2005a). In gender research, one study may demonstrate a gender difference, but a second study—apparently similar to the first—may demonstrate a gender similarity. Gender differences often have a "now you see them, now you don't" quality (Unger, 1998; Yoder & Kahn, 2003).

You'll recognize that Theme 1 is consistent with the similarities perspective that we discussed on page 8. Theme 1 also specifically rejects the notion of essentialism. As we noted earlier, essentialism argues that gender is a basic, stable characteristic that resides within an individual.

Let's clarify two points, however. First, I am emphasizing that men and women are *psychologically* similar; obviously, their sex organs make them anatomically different. Second, men and women acquire some different skills and characteristics in our current culture because they occupy different social roles (Eagly, 2001; Yoder & Kahn, 2003). Men are more likely than women to be chief executives, and women are more likely than men to be receptionists. However, if men and women could have similar social roles in a culture, then those gender differences might be almost nonexistent.

Throughout this book, we will see that gender differences may appear in some social contexts, but not in others. Gender differences are most likely to occur in the following three contexts (Basow, 2001; Unger, 1998; Yoder & Kahn, 2003):

1. When people evaluate themselves, rather than when a researcher records behavior objectively.
2. When people are observed in real-life situations (where men typically have more power), rather than in a laboratory setting (where men and women are fairly similar in power).
3. When people are aware that other people are evaluating them.

In these three kinds of situations, people drift toward stereotypical behavior. Women tend to respond the way they think women are supposed to respond; men tend to respond the way they think men are supposed to respond.

Theme 1 focuses on **gender as a subject variable**, or a characteristic within a person that influences the way she or he acts. This book will show that the gender of the participant or the subject (that is, the person who is being studied) typically has little impact on behavior.

THEME 2: People React Differently to Men and Women. We just pointed out that gender as a subject variable is usually not important. In contrast, gender as a *stimulus variable* is important (Bem, 2004). When we refer to **gender as a stimulus variable**, we mean a characteristic of a person to which other people react. When psychologists study gender as a stimulus variable, they might ask, "Do people react differently to individuals who are female than to individuals who are male?" Gender is an extremely important social category. To illustrate this point, try ignoring the gender of the next person you see!

Throughout the book, we will emphasize that gender is an important stimulus variable. In general, we will see that males are often more valued than females

(Lorber, 2005a). For example, many parents prefer a boy rather than a girl for their firstborn child. In Chapter 2, we will also discuss how males are represented more positively in religion and mythology, as well as in current language and the media. In addition, men are typically more valued in the workplace.

When people react differently to men and women, they are demonstrating that they believe in gender differences. We could call this phenomenon "the illusion of gender differences." As you will see, both men and women tend to exaggerate these gender differences.

THEME 3: Women Are Less Visible Than Men in Many Important Areas. Men are typically featured more prominently than women in areas that our culture considers important. A quick skim through your daily newspaper will convince you that males and "masculine" topics receive more emphasis (Berkman, 2004).

In Chapter 2, we will discuss the research on all forms of media, confirming that men are seen and heard more than women are. Another example is that girls and women are relatively invisible in the classroom, because teachers tend to pay more attention to males than to females (Sadker & Sadker, 1994). Females may also be relatively invisible in the English language. In many respects, our language has traditionally demonstrated **androcentrism**: The male experience is treated as the norm (Basow, 2001; Bem, 2008, Rozee et al., 2008). Instead of *humans* and *humankind*, many people still use words such as *man* and *mankind* to refer to both women and men.

Psychologists have helped to keep some important topics invisible. For example, psychology researchers seldom study major biological events in women's lives, such as menstruation, pregnancy, childbirth, and breast feeding. Women *are* visible in areas such as women's magazines, the costume committee for the school play, and low-paying jobs. However, these are all areas that our culture does not consider important or prestigious.

As we noted in a previous section, women of color are even less visible than White women. Until recently, women of color were also relatively invisible in the psychology research (Guthrie, 1998; Holliday & Holmes, 2003; Winston, 2003). In Chapter 2, we will emphasize how women of color are absent in the media. Some Black women have now achieved visibility in the media. However, when was the last time you saw a newspaper article or movie about women who are Asian American, Latina, or Native American? Can you recall any television show that examines the lives of low-income women?

THEME 4: Women Differ Widely from One Another. In this textbook, we will explore how women differ from one another in their psychological characteristics, their life choices, and their responses to biological events. In fact, individual women show so much variability that we often cannot draw any conclusions about women in general (Kimball, 2003). Notice that Theme 4 contradicts the essentialism perspective, which argues that all women share the same psychological characteristics and that these are very different from men's psychological characteristics.

Think about the variability among women you know. They probably differ dramatically in their aggressiveness or in their sensitivity to other people's

emotions. Women also vary widely in their choices in terms of careers, marital status, sexual orientation, desire to have children, and so forth. Furthermore, women differ in their responses to biological events. Some women have problems with menstruation, pregnancy, childbirth, and menopause; others find these experiences neutral, somewhat positive, or even wonderful!

In the previous section, we discussed ethnicity, and we noted that the diversity within each ethnic group is remarkable. Throughout this book, when we examine the lives of women in countries outside North America, we will gather further evidence that women vary widely from one another.

We have emphasized that women show wide variation. As you might imagine, men show a similarly wide variation among themselves. These within-gender variabilities bring us full circle to Theme 1 of this book. Whenever variability *within* each of two groups is large, we probably will not find a statistically significant difference *between* those two groups. In the case of gender, we seldom find a large difference between the average score for females and the average score for males. In Chapter 5, we will discuss this statistical issue in more detail. The important point to remember now is that women show wide within-group variability, and men also show wide within-group variability.

How to Use This Book Effectively

I designed several features of this textbook to help you learn the material more effectively. Read this section carefully to make the best use of these features.

Each chapter in this book begins with an outline. When you start a new chapter, be sure to read through the outline to acquaint yourself with the scope of the chapter.

The second feature in each chapter is a box with 10 true-false statements. The answers appear at the end of each chapter, together with the page number where each item is discussed. These quizzes will encourage you to think about some of the controversial and surprising findings you'll encounter in the chapter.

The chapters contain a number of demonstrations, such as Demonstrations 1.1 (page 7) and 1.2 (page 8). Try them yourself, or invite your friends to try them.[3] Each demonstration is simple and requires little or no equipment. The purpose of the demonstrations is to make the material more concrete and personal. According to research about human memory, material is easier to remember if it is concrete and is related to personal experience (Matlin, 2009; T. B. Rogers et al., 1977).

In the text, key terms appear in boldface type (e.g., **gender**) and they are defined in the same sentence. I have also included some phonetic pronunciations, with the accented syllable in italics. (My students say they feel more comfortable about using a word in discussion if they know that their pronunciation is correct.) Concentrate on these definitions, because an important part of any discipline is its terminology.

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[3] Some colleges and universities have a policy that students—as well as faculty members—cannot ask other people to complete a survey unless their Institutional Review Board has approved the project. Your course instructor can tell you whether your institution requires this procedure.

Many textbooks include summaries at the end of each chapter, but I prefer summaries at the end of each major section. For example, Chapter 1 contains five section summaries. This feature can help you review the material more frequently, so that you can feel confident about mastering small, manageable portions of the textbook before you move on to new material. At the end of each section, you can test yourself to see whether you can recall the important points. Then check the section summary to see whether you were accurate. Incidentally, some students have mentioned that they learn the material more effectively if they read one section at a time, then take a break, and review that section summary before reading the next portion.

A set of 10 chapter review questions appears at the end of each chapter. Some questions test your specific recall, some ask you to draw on information from several parts of the chapter, and some ask you to apply your knowledge to everyday situations.

At the end of each chapter is a list of the key (boldface) terms, in the order in which they appear in the chapter. You should test yourself to see whether you can define each term. This list of terms also includes page numbers, so that you can check on the terms you find difficult. Furthermore, each term appears in the subject index at the end of the book.

A final feature, also at the end of each chapter, is a list of several recommended readings. These are important articles, books, or special issues of journals that are particularly relevant to that chapter. These readings should be useful if you are writing a paper on one of the relevant topics or if you find an area that is personally interesting to you. I hope you'll want to go beyond the information in the textbook and learn on your own about the psychology of women.

SECTION SUMMARY

About This Textbook

1. Theme 1 states that psychological gender differences are typically small and inconsistent; gender differences are more likely (a) when people evaluate themselves, (b) in real-life situations, and (c) when people are aware that others are evaluating them.
2. Theme 2 states that people react differently to men and women; for example, males are typically considered more valuable than females.
3. Theme 3 states that women are less visible than men in many important areas; for instance, our language is androcentric.
4. Theme 4 states that women vary widely from one another; for example, they vary in their psychological characteristics, life choices, and responses to biological processes.
5. Features of this book that can help you learn more effectively include chapter outlines, true-false statements, demonstrations, boldfaced key terms, section summaries, chapter review questions, lists of key terms, and recommended readings.

CHAPTER REVIEW QUESTIONS

1. Define the terms *sex* and *gender*. Then decide which of the two terms you should use in discussing each of the following topics: (a) how boys learn "masculine" body postures and girls learn "feminine" body postures; (b) how hormones influence female and male fetuses prior to birth; (c) a comparison of self-confidence in elderly males and females; (d) the development during puberty of body characteristics such as pubic hair and breasts in females.

2. Apply the two terms *feminism* and *sexism* to your own experience. Do you consider yourself a feminist? Can you identify examples of sexism you have observed during the past week? How do the terms *feminism* and *sexism*—as used in this chapter—differ from their popular use in the media?

3. Define each of the following terms, and then give an example: racism, classism, hetero-sexism, ableism, ageism, White privilege, the White-as-normative concept, and U.S.-centered nationalism.

4. Describe the four kinds of feminism discussed in this chapter. How are the similarities perspective and the differences perspective (with respect to gender comparisons) related to those four kinds of feminism? How are social constructionism and essentialism related to these two perspectives?

5. Describe the early research related to gender and the psychology of women. In the section on problems in research, we discuss biases that arise in formulating hypotheses. How might these problems be relevant in explaining some of this early research?

6. Turn back to Figures 1.1 and 1.2. Does the information about the diversity of racial and ethnic groups match the diversity at your own college or university? If not, what are the differences? How does the information on ethnicity relate to two of the themes of this book?

7. Imagine that you would like to examine gender comparisons in leadership ability. Describe at least four biases that might influence your research.

8. Suppose that you read an article in a news magazine that concludes, "Women are more emotional than men." From a critical-thinking perspective, what questions would you ask to uncover potential biases and problems with the study? (Check Figure 1.3 to see whether your answers to Questions 7 and 8 are complete.)

9. Describe each of the four themes of this book, and provide an example for each them, based on your own experiences. Do any of the themes contradict your previous ideas about women and gender? If so, how?

10. What is the difference between gender as a subject variable and gender as a stimulus variable? Suppose that you read a study comparing the aggressiveness of men and women. Is gender a subject variable or a stimulus variable? Suppose that another study examines how people judge aggressive men versus aggressive women. Is gender a subject variable or a stimulus variable?

KEY TERMS

sex (p. 3)
gender (p. 3)
doing gender (p. 4)
sexism (p. 4)
racism (p. 4)
classism (p. 4)

ableism (p. 5)
heterosexism (p. 5)
sexual prejudice (p. 5)
ageism (p. 5)
feminism (p. 5)
liberal feminism (p. 6)

cultural feminism (p. 6)
radical feminism (p. 6)
women-of-color feminism (p. 6)

similarities perspective (p. 8)
social constructionism (p. 8)
differences perspective (p. 9)

essentialism
(p. 9)

White-privilege
concept (p. 13)

White-as-normative
concept (p. 13)

intersectionality
(p. 18)

U.S.-centered national-
ism (p. 19)

operational definition
(p. 22)

variable (p. 22)

empathy (p. 22)

confounding variable
(p. 23)

researcher expectancy
(p. 24)

statistical significance
(p. 24)

practical significance
(p. 25)

critical thinking (p. 27)

gender as a subject
variable (p. 29)

gender as a stimulus
variable (p. 29)

androcentrism (p. 30)

RECOMMENDED READINGS

Caplan, P. J., & Caplan, J. B. (2009). *Thinking criti-cally about research on sex and gender* (3rd ed.). Boston: Pearson. Paula Caplan is a well-known psychologist whose work on the psychology of women is discussed throughout this textbook. She and her son Jeremy—a memory-cognitive neuro-scientist at the University of Alberta—wrote this excellent book on applying critical-thinking princi-ples to the research on gender.

Chrisler, J. C., Golden, C., & Rozee, P. D. (Eds.). (2008). *Lectures on the psychology of women* (4th ed.). Boston: McGraw-Hill. This excellent book features 24 chapters written by prominent researchers in the psychology of women; the topics include poverty, body weight, and sexual harassment.

Enns, C. Z. (2004a). *Feminist theories and feminist psychotherapies* (2nd ed.). New York: Haworth. I strongly recommend this book, especially because of its clear descriptions of different approaches to feminism and its excellent overview of feminist therapy, a topic we'll discuss in Chapter 12.

Scarborough, E., & Furumoto, L. (1987). *Untold lives: The first generation of American women psychol-ogists*. New York: Columbia University Press. If you are searching for interesting women in the early history of psychology, this book is ideal. It focuses not only on these important women but also on the forces that shaped their lives.

ANSWERS TO THE DEMONSTRATIONS

Demonstration 1.1: 1. radical feminism; 2. women-of-color feminism; 3. liberal feminism; 4. cultural feminism; 5. radical feminism; 6. women-of-color feminism; 7. liberal feminism; 8. cultural feminism

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. True (p. 4); 2. True (p. 5); 3. False (p. 6); 4. False (p. 10); 5. True (p. 13); 6. True (p. 17); 7. True (p. 17); 8. True (p. 24); 9. True (p. 26); 10. True (p. 29).

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2 Gender Stereotypes and Other Gender Biases

True or False?

_____ 1. Historians and archeologists have typically paid great attention to men's lives, whereas they often ignore contributions made by women.

_____ 2. When people hear a sentence such as "Each student took his pencil," they typically think of a male student, rather than a female student.

_____ 3. Today, women constitute about 40% of all TV sportscasters.

_____ 4. Black women and men are fairly well represented on prime-time television, but Latinas/os, Asians, and Native Americans are rarely seen.

_____ 5. Men typically have more traditional stereotypes about gender than women do.

_____ 6. When people complete a standard questionnaire about stereotypes, their gender stereotypes are stronger than when their stereotypes are measured without their awareness.

_____ 7. People are most likely to be biased against a woman's competence when she is acting in a stereotypically masculine fashion.

_____ 8. Research shows that approximately half of adult lesbians and gay males report that they have been verbally harassed about their sexual orientation.

_____ 9. When parents are asked to explain why their daughter gets high grades in mathematics, they tend to attribute her success to hard work. In contrast, parents tend to attribute their son's high grades to his mathematical ability.

_____10. When college students make judgments about the personality characteristics that they consider most important for themselves, females and males tend to prefer similar items.

We each live in a sea of stereotypes. Some stereotypes are obvious, such as ethnicity, country of origin, family income, age, and—of course—gender. Other stereotypes are less prominent, but many people are persuaded that they are completely valid. These include stereotypes about a person's birth order, amount of education, and political beliefs. Some stereotypes are unique to a particular population. For instance, at my college in Upstate New York, many students from New York City and Long Island are convinced that the Upstate students are not very sophisticated. Furthermore, many students from Upstate New York believe that the students from "the city" are not especially friendly.

Stereotypes are the beliefs and assumptions that we associate with particular groups of people. For example, a series of studies showed that students at Yale University tended to associate the word "America" with the word "White" (Devos & Banaji, 2005). Throughout this book, we will consider a variety of stereotypes, for instance, about ethnicity, disabilities, and age. However, we will primarily focus on gender stereotypes.

Gender stereotypes are the beliefs that we associate with females and males (Fiske, 2004; Kite et al., 2008; D. J. Schneider, 2004). In other words, stereotypes refer to our thoughts about a social group; these thoughts may not correspond to reality (Whitley & Kite, 2010).

Some gender stereotypes may be partly accurate (Kite et al., 2008). For example, men may be less likely than women to ask for directions to a destination. However, this stereotype does not apply to every man; after all, many

TABLE **2.1**

Comparing Three Kinds of Gender Bias About Women

Term	Brief Definition	Example
Stereotype	Belief and assumptions about women's characteristics	Chris believes that women aren't very smart.
Prejudice	Emotional reactions or attitudes toward women	Chris doesn't like female lawyers.
Discrimination	Biased behavior toward women	Chris won't hire women for a particular job.

men have no hesitation about asking for directions. Furthermore, I know some women who would wander for an hour, rather than ask for directions. Theme 4 emphasizes that people differ widely from one another, no matter which psychological characteristic you are considering. No stereotype can accurately describe every woman, or every man (Eagly & Koenig, 2008; Kite et al., 2008). However, we all hold gender stereotypes—even psychologists who study stereotypes!

Several additional terms are related to stereotypes. For example, **prejudice** is an emotional reaction or attitude toward a particular group of people (Eagly & Koenig, 2008; Ostenson, 2008; Whitley & Kite, 2010). The term "prejudice" usually refers to a negative attitude, but it can also refer to a positive attitude. For instance, in many situations, people have a positive attitude toward women because they consider women to be warm and friendly (Eagly & Koenig, 2008).

Another term, **discrimination** refers to biased treatment of a particular group of people (Crosby, 2008; Glaser, 2005; Whitley & Kite, 2010). For example, the chief executive of a corporation may have prejudiced attitudes about women's leadership ability. This executive can discriminate against women by refusing to promote them to the executive level.

Table 2.1 contrasts the three major terms. The most general term, **gender bias,** includes all three issues: gender stereotypes, gender prejudice, and gender discrimination.

Let's begin our examination of gender stereotypes by noting how women have been represented in history, philosophy, and religion and how they are currently represented in language and the media. In the second section of this chapter, we focus on the content of contemporary stereotypes: What are the current stereotypes? The third section explores how these stereotypes can influence our thinking, our behavior, and even our own identity.

BIASED REPRESENTATIONS OF WOMEN AND MEN

A systematic pattern emerges when we examine how women and men are portrayed. As we'll see in this section, women are the "second sex" (de Beauvoir, 1961). Consistent with Theme 2, women are often represented as being inferior to men. In addition, consistent with Theme 3, women are frequently

invisible. As you read about gender biases in history, religion, language, and the media, think about how they may have shaped your own beliefs about women and men.

Gender Biases Throughout History

A few pages of background discussion cannot do justice to a topic as broad as our legacy of gender bias. However, we need to consider several topics to appreciate the origin of current views about women.

The Invisibility of Women in Historical Accounts

Prior to the 1960s, the field of "women's history" did not exist (Kessler-Harris, 2007). In recent decades, scholars point out that we know little about how half of humanity has fared throughout history (Brubaker & Smith, 2004; Erler & Kowaleski, 2003; Roberts, 2008). Archeologists interested in prehistoric humans typically focused on tools associated with hunting, which was most often men's activity. They ignored the fact that women provided most of the diet by gathering vegetables and grains (Stephenson, 2000). In Europe during the 1600s, women often raised crops, cared for the farm animals, and brought products to the market (Wiesner, 2000).

Occasionally, however, current researchers have made surprising discoveries. For example, in the early Middle Ages (300–900 A.D.), women apparently fought in some battles, because women's bodies have been found on battlefields. In some areas, women have been buried with their weapons (Pohl, 2004).

However, women are often missing from the history books because their work was typically confined to home and family. Women artists often expressed themselves in music, dance, embroidered tapestries, and quilting. These relatively fragile and anonymous art forms were less likely to be preserved than men's artistic efforts in painting, sculpture, and architecture. Women rarely had the opportunity or encouragement to become artists (Wiesner, 2000).

In recent years, however, feminist historians have examined women's contributions beyond the home and family (Erler & Kowaleski, 2003; Kessler-Harris, 2007). During the sixteenth century, for instance, Lavinia Fontana painted portraits in Bologna, Italy (C. P. Murphy, 2003; Pomeroy, 2007). Furthermore, Artemesia Gentileschi was an active artist who lived in Rome and Florence during the seventeenth century (Pomeroy, 2007). Gentileschi's life has inspired a movie, a historical novel (Vreeland, 2002), and a comprehensive exhibit of her paintings (e.g., "Orazio and Artemisia Gentileschi," 2002). To learn about women artists, consult this website: http://www.nmwa.org/clara/.

In addition, many of women's accomplishments have been forgotten. Did you know that women often presided over monasteries before the ninth century (Hafter, 1979)? Did your history book tell you that the Continental Congress chose Mary Katherine Goddard to print the official copy of the Declaration of Independence in 1776? Traditional historians—whether consciously or unconsciously—have ensured women's invisibility in most history courses (Bolden, 2002; Frenette, 2008).

Fortunately, scholars interested in women's history continue to uncover information about women's numerous accomplishments. Many college history and art courses now focus on women's experiences, making women central rather than peripheral (Djen, 2007). You can locate more information about women's history at http://www.nps.gov/wori/index.htm and at http://www.nwhp.org/.

Philosophers' Representation of Women

Philosophers throughout the centuries have typically depicted women as inferior to men. For example, the Greek philosopher Aristotle (384–322 B.C.) believed that women could not develop fully as rational beings. Aristotle also believed that women are more likely than men to be envious and to tell lies (Stephenson, 2000).

More recent philosophers have often adopted the same framework. For instance, Jean-Jacques Rousseau (1712–1778) argued that the function of women was to please men and to be useful to them (Hunter College Women's Studies Collective, 1995). In other words, this prominent Enlightenment philosopher was definitely not enlightened about the roles of women! Rousseau's views were echoed by political figures. For example, the French emperor Napoléon Bonaparte (1769–1821) wrote: "Nature intended women to be our slaves…. They are our property…. Women are nothing but machines for producing children" (cited in Mackie, 1991, p. 26).

Before the twentieth century, perhaps the only well-known philosopher whose views would be acceptable to current feminists was John Stuart Mill (1806–1873). Mill was a British philosopher whose viewpoint was strongly influenced by his wife, Harriet Taylor Mill (1807–1858). John Stuart Mill argued that women should have equal rights and equal opportunities. They should be able to own property, to vote, to be educated, and to choose a profession. John Stuart Mill is prominently featured in philosophy textbooks, but these textbooks have often omitted his views on women (Hunter College Women's Studies Collective, 1995).

Gender Biases in Religion and Mythology

We've seen that history and philosophy have not been kind to women. In addition, women are often treated differently from men in traditional religion and in mythology. Women are typically less visible than men. Furthermore, women are frequently portrayed with negative characteristics, although every religion includes some positive characteristics.

Consider the difference between Adam and Eve in the story shared by Jews and Christians. First, God created man "in His own image." Later, God made Eve, constructing her from Adam's rib. In other words, women are made from men, and women are therefore secondary in the great scheme of things (Bem, 2008). In addition, Eve gives in to temptation and leads Adam into sin.

In Judaism, further evidence of the position of women appears in the traditional prayer for men, "Blessed art Thou, O Lord our God, King of the

Universe, that I was not born a woman." Women are also relatively invisible in the Torah (Ruth, 2001; R. J. Siegel et al., 1995).

For Christians, many parts of the New Testament treat men and women differently (Sawyer, 1996). For example, a letter of St. Paul notes that "the women should keep silence in the churches. For they are not permitted to speak, but should be subordinate, as even the law says" (1 Corinthians 14:34, Revised Standard Version).

As we move into the twenty-first century, Jewish women have become rabbis and scholars, and many ceremonies designed for males have been adapted for females (P. D. Young, 2005). Women have also assumed leadership responsibilities in Protestant religions. For instance, in 2006, the Episcopal Church USA elected a woman—Katharine Jefferts Schori—as its national presiding bishop. Within the Catholic church, some women serve as lay leaders, although women cannot hold higher positions within the church (P. D. Young, 2005).

Other religions have also promoted negative views of women. Consider the yin and yang in traditional Chinese beliefs. The feminine yin represents darkness, ignorance, and evil. The yang, the masculine side, represents light, intellect, and goodness (Levering, 1994; Pauwels, 1998).

The Islamic religion is based on the teachings of Muhammad as written in the Quran (Koran). Scholars point out that Muhammad and the Quran emphasize the equal treatment of women and men (Ali, 2007; Sechzer, 2004; Useem, 2005). However, Muhammad's successors devised more restrictions. In the current era, Islamic cultures vary widely in their treatment of women (Ali, 2007; El-Safty, 2004).

In Hinduism, a woman is typically defined in terms of her husband. As a consequence, an unmarried woman or a widow often has no personal identity (Siegel et al., 1995). Kali is an especially powerful Hindu goddess, a monster with fangs, crossed eyes, and bloodstained tongue, face, and breasts. Hindus believe that she emerges from the bodies of admirable deities, destroys her enemies, and drinks their blood (Wangu, 2003).

When we combine views of women from various religions and from traditional Greco-Roman mythology, we can derive several conflicting views of women:

1. *Women are evil*. Women can bring harm to men, as Eve did to Adam. Women may even be bloodthirsty, like the goddess Kali.
2. *Women are terrifying sorceresses*. Women can cast spells, like the wicked witches and evil stepmothers in fairy tales. Scylla, in Greek mythology, was a six-headed sea monster who squeezed men's bones together and ate them.
3. *Women are virtuous*. Women can also be virtuous and saintly, especially when they nurture men and small children. For example, the Virgin Mary represents the essence of caring and self-sacrifice. Mary also demonstrates that women should never demand anything for themselves. In addition, mythology sometimes represents women as "earth mothers" who are fertile and close to nature (Mackie, 1991; Sered, 1998).

Notice that these images are sometimes negative and sometimes positive. However, each image emphasizes how women are *different* from men. These

traditions illustrate **androcentrism** or the **normative-male problem:** Men are the standard of comparison, whereas women are "the second sex."

Gender Biases in Language

Language—as well as religion—frequently encourages a second-class status for women. Specifically, people often use either subordinate or negative terms to refer to women. We'll also see that women are often invisible in language, for example, when the term *he* is used in reference to both men and women (Weatherall, 2002). Incidentally, in Chapter 6, we'll consider a related topic, comparing how women and men use language.

Terms Used for Women

In many situations, people use different terms to refer to men and women, and the two terms are not parallel (Adams & Ware, 2000; Gibbon, 1999). For example, people call John Jones, M.D., a doctor, whereas they may call Jane Jones, M.D., a *lady* doctor. This usage implies that being a male doctor is "normal" and that a female doctor is an exception.

Sometimes, the female member of a pair of words has a much more negative, sexualized, or trivial connotation than the male member does. Think about the positive connotations of the word *bachelor*—a happy-go-lucky person, perhaps with many romantic partners. How about *spinster?* Here the connotation is much more negative. She is single because no man wanted to marry her. Similarly, compare *master* with *mistress, major* with *majorette, sculptor* with *sculptress*, and *wizard* with *witch* (Adams & Ware, 2000; Gibbon, 1999; Weatherall, 2002).

Language may also infantilize women. For example, people often refer to adult women as *girls* or *gals* in situations where adult men would not be called *boys*. Words really do matter! According to the research, when a newspaper article uses these biased terms to describe a woman, people judge her to be less competent than when she is described in gender-neutral terms (Dayhoff, 1983).

The Masculine Generic

Suppose that you are reading an anthropology book, and it says, "Man has often shown a tendency to paint animals in his artistic representations." Be honest: Did you imagine a woman painting an animal?

The example of *man* illustrates a problem called the *masculine generic*. The **masculine generic** (sometimes called the **androcentric generic**) is the use of masculine nouns and pronouns to refer to all human beings—both males and females—instead of males alone (Wodak, 2005).

Table 2.2 shows some of these masculine generic terms. A teacher may have told you that *his* actually includes *her*, as in the sentence, "Each student took his pencil." Essentially, you were supposed to consider *his* in this sentence as gender neutral, even though any female content is invisible (Adams & Ware, 2000; Romaine, 1999; Wayne, 2005; Weatherall, 2002).

We have clear research evidence that these masculine generic terms are not actually gender neutral. Approximately 50 studies have demonstrated that terms such as *man* and *he* produce more thoughts about males, instead of

TABLE **2.2**
Examples of Masculine Generic Terms

businessman	patronize
manpower	he/his/him (to refer to both genders)
chairman	salesman
master of ceremonies	mankind
forefather	workmanship
Neanderthal man	man-made
fraternal twins	

Source: American Psychological Association (2010) and Doyle (1995).

thoughts about both genders (e.g., M. Crawford, 2001; Lambdin et al., 2003; Madson & Shoda, 2006; Rozee et al., 2008; Weatherall, 2002). The issue is no longer simply a grammatical one; it is also both political and practical.

Demonstration 2.1 illustrates part of a classic study, conducted by John Gastil (1990). Gastil presented a number of sentences that used a masculine generic pronoun (e.g., "The average American believes he watches too much TV"). Other sentences used a gender-neutral pronoun (e.g., "Pedestrians must be careful when they cross the street"). Gastil asked participants to describe the mental image that each sentence evoked.

DEMONSTRATION 2.1	**Imagery For Masculine Generic and Gender-Neutral Pronouns** Ask a friend to listen as you read sentence 1 aloud. Then ask the friend to describe any image that comes to mind. Repeat the process with the remaining sentences. For each of the target (T) sentences, note whether your friend's image represents a male, a female, or some other answer.

  1. Fire hydrants should be opened on hot days.
(T) 2. The average American believes he watches too much TV.
  3. The tropical rain forests of Brazil are a natural wonder.
(T) 4. Pedestrians must be careful when they cross the street.
  5. The apartment building was always a mess.
(T) 6. After a patient eats, he needs to rest.
  7. In the corner sat a box of worn-out shoes.
(T) 8. Teenagers often daydream while they do chores.

Did your friend supply more male images for sentences 2 and 6 than for sentences 4 and 8? To obtain a broader sample of replies, have several friends respond to this demonstration, or combine data with other classmates.

As Figure 2.1 shows, female participants reported four times as many male images as female images when they responded to sentences containing *he*. In contrast, females reported an equal number of male and female images (i.e., a 1:1 ratio) when they responded to sentences containing *they*. Figure 2.1 also shows that males, in responding to the *he* sentences, reported an astonishing 13:1 ratio of male images to female images, but only a 4:1 ratio in response to the *they* sentences. In short, masculine generic terms produce more thoughts about males than do gender-neutral terms.

The masculine generic issue also has important implications for people's career choices. For example, Briere and Lanktree (1983) presented students with different versions of a paragraph describing careers in psychology. Students who had seen the gender-neutral version rated psychology as a more appealing career for women than did those who had seen the masculine generic version. Furthermore, college students rate psychology counselors more positively if the counselors use gender-neutral language rather than masculine-generic language (M. E. Johnson & Dowling-Guyer, 1996).

People have clearly increased their use of gender-neutral language. For example, most writers now use the term *people* rather than the masculine generic term *man*. In addition, most college students prefer to read gender-neutral language (Parks & Roberton, 1998a, 1998b, 2000). People who have low scores on a test of gender bias are especially likely to prefer this gender-neutral language (Swim et al., 2004). Furthermore, Parks and Roberton
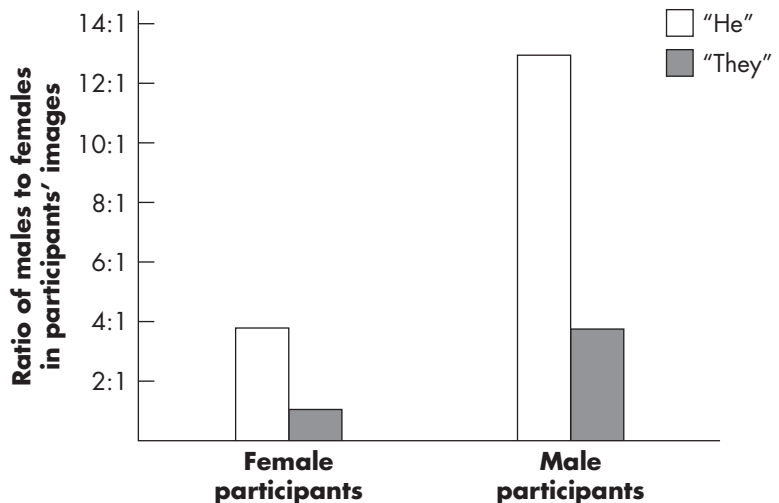

FIGURE **2.1** Ratio of male images to female images, as a function of the pronoun condition and the gender of the participant.

Source: Based on Gastil (1990).

(1998a) discovered that some male students make positive comments about gender-neutral terms. For example, a male college student reported:

> Being a male myself, it's easy to think that people are making mountains out of molehills…. But I think that if the roles were reversed, I would want change…. It wouldn't be fair if I was part of womankind, so it shouldn't be fair for women to be part of mankind. We should all be part of humankind. (Parks and Roberton 1998a, p. 451)

Organizations such as the American Psychological Association (2010) strongly caution against gender-biased language. Unfortunately, some suggestions are not helpful. For example, a study showed that readers disliked written passages in which the author used "he" in one paragraph and "she" in the next paragraph (Madson & Shoda, 2006). Table 2.3 offers some appropriate suggestions for gender-neutral language.

Gender Biases in the Media

An advertisement for shoes in an upscale U. S. magazine shows a woman sprawled in an awkward position on a living-room floor, as if she were a murder victim. Another ad shows a woman about age 20 applying anti-wrinkle cream; the text says to use this cream *before* your first wrinkle. Can you imagine switching the genders—using a corpselike male model to advertise men's shoes or running an ad to encourage 20-year-old men to purchase an anti-wrinkle cream? If you want to see whether an advertisement is sexist, here's a test that is usually helpful: Switch the genders and note whether the revision seems bizarre.

In Chapter 3, we'll consider media directed toward children. Here, let's first examine gender stereotypes found in media directed toward adults, and then we'll discuss the effects of these stereotyped representations.

Stereotyped Representations

Hundreds of studies have examined how women are represented in the media. You may find an occasional example of nurturant dads and intellectual moms. However, the research generally demonstrates the following eight

TABLE **2.3**
Suggestions for Nonsexist Language

1. Use the plural form. "Students can monitor their progress" can replace "A student can monitor his progress."

2. Use "you." The sentence "Suppose that you have difficulty recalling your Social Security number" is less sexist—and also more engaging—than "Suppose that a person has difficulty recalling his Social Security number."

3. Use "his or her" or "her or his," as in the sentence "A student can monitor her or his progress." The order of these pronouns may sound awkward, but females do not always need to appear second.

4. Eliminate the pronoun. "The student is typically the best judge of the program" can replace "The student is usually the best judge of his program."

Source: Based on American Psychological Association (2010).

conclusions about the media. These conclusions support both Theme 2 (differential treatment of women) and Theme 3 (invisibility of women).

1. *Women are relatively invisible.* The research shows that women are underrepresented in the media. For example, in five major U.S. newspapers and magazines, women constituted just 10% to 28% of the opinion columnists (Ashkinaze, 2005).

   In addition, men dominate entertainment. For example, about 60 to 70% of the actors in prime-time television are male (Lauzen & Dozier, 2002; Perse, 2001; Ziegler, 2008). In addition, we rarely see women athletes on TV. Television coverage of women's sports is only 6% of the total sports coverage, and female sportscasters are equally rare (R. L. Hall, 2008). Compared to women, men are also more likely to appear in films and TV advertisements (Ganahl et al., 2003; A. G. Johnson, 2001).

   Other forms of technology also emphasize males. For instance, only 35% of computer clip-art images are female (Milburn et al., 2001). In addition, women are seldom featured in video games, partly because fewer than 10% of video-game designers are female (Burgess et al., 2007; "Online," 2004).

2. *Women are relatively inaudible.* Women are not seen much, and they are *heard* even less (Perse, 2001). Try to recall a typical TV ad. Whose voice of authority is praising the product's virtues? Usually, it is a man's voice. The percentage of males in these voice-overs has remained fairly constant in recent years. Studies in the United States report that 70–90% of voice-overs are male. Similar data are reported in Australia, Denmark, France, Great Britain, Japan, Saudi Arabia, Spain, and Turkey (Arima, 2003; Bartsch et al., 2000; Furnham & Mak, 1999; Hurtz & Durkin, 1997, 2004; Nassif & Gunter, 2008; Uray & Burnaz, 2003; Valls-Fernández & Martínez-Vicente, 2007).

3. *Women are seldom shown working outside the home.* For example, television advertisements, popular magazines, and newspaper comic strips are much more likely to show men—rather than women—in an employment setting (Arima, 2003; Glascock & Preston-Schreck, 2004; Morrison & Shaffer, 2003; D. J. Schneider, 2004). Researchers have confirmed this same pattern in both Korea and Spain (Kim & Lowry, 2005; Valls-Fernández & Martínez-Vicente, 2007).

   Seventeen and other magazines aimed at adolescent females also tend to minimize the importance of pursuing a career (Schlenker et al., 1998; Willemsen, 1998). The articles on physical appearance and finding a boyfriend consistently outweigh the articles about career planning and independence.

4. *Women are shown doing housework.* Here, unfortunately, the percentages probably capture reality accurately. Television and radio commercials seldom show men taking care of children or performing household chores, whether the sample is gathered in North America, Europe, the Middle East, Asia, or Africa (Arima, 2003; Bartsch et al., 2000; Furnham & Mak, 1999; Furnham et al., 2000; Ibroscheva, 2007; G. Kaufman, 1999; Kim & Lowry, 2005; Mwangi, 1996; Nassif & Gunter, 2008; Perse, 2001;

Royo-Vela et al., 2006; Royo-Vela et al., 2007; Vigorito & Curry, 1998). When men actually do household chores, they tend to be humorously incompetent.

5. *Women and men are represented differently*. The media are likely to treat men more seriously than women. For example, when a woman runs for elected office, it's difficult to find a newspaper article that does not mention her hairstyle, her "figure flaws," or her clothing choices (Pozner, 2001). Interestingly, the only categories of TV ads in which women appear more often than men are for beauty products and clothing (Ganahl et al., 2003). In addition, sports commentators refer to male athletes as "men," whereas the female athletes are called "girls," consistent with the biased language we discussed earlier in this section (R. L. Hall, 2008).

6. *Women's bodies are used differently from men's bodies*. Magazines and television rarely show images of overweight women, except in weight-loss ads (Bennett, 2007; Greenwood & Pietromonaco, 2004). In action comic books, videogames, and animated cartoons, the women have exaggerated bodies, with enormous breasts and tiny waists (Burgess et al., 2007; Ziegler, 2008).

   Furthermore, if you glance at advertisements, you'll notice that the women are more likely than the men to serve a decorative function. Women recline in seductive clothes, caressing a liquor bottle, or they drape themselves coyly on the nearest male. In contrast, the men are strong and muscular, and they typically adopt a rigid, dignified body posture (Stankiewicz & Rosselli, 2008). Advertisements in countries as different as Bulgaria and Korea also feature these stereotyped representations (Ibroscheva, 2007; Nelson & Paek, 2005).

   Physical attractiveness is definitely more important for women than for men. On prime-time television, for instance, 65% of the compliments about appearance are directed toward women, even though they represent only 40% of the actors (Lauzen & Dozier, 2002).

7. *Women of color are underrepresented, and they are often shown in a particularly biased way*. In North America, Black individuals are now represented in a reasonable number of TV programs and fashion magazines (Millard & Grant, 2006). However, they are seldom shown in romantic relationships (Perse, 2001).

   Other women of color—Latinas, Asians, and Native Americans—are virtually invisible in the media (Boston et al., 2001; Millard & Grant, 2006; Molinary, 2007; Perse, 2001). Hovland and her colleagues (2005) conducted an interesting media analysis on Korean and U.S. women's magazines. They discovered that 30% of the women depicted in Korean women's magazines were White. In contrast, only 2% of women in comparable U.S. women's magazines appeared to be Korean or members of any other Asian ethnic group.

   In the earlier discussion of women and religion, we noted that religions represent women as either saints or sinners. The same polarized

representation is often true for women of color in the media. Most women of color are either "good girls" or "bad girls"—either asexual or sexpots. The characters are seldom well enough developed to reveal the interesting combination of traits depicted in the media for European American individuals (Coltrane & Messineo, 2000; Vargas, 1999). In summary, women of color are both underrepresented and misrepresented by the media.

8. *Lower-social-class women are underrepresented, and they are often shown in a particularly biased way*. In Chapter 1, we noted that psychologists have paid remarkably little attention to social class. Media researchers also ignore social class. However, some research shows that prime-time television and other media primarily feature middle-class or wealthy individuals (Mantsios, 2001). If you are looking for low-income women on television, you'll need to watch the talk shows, such as *The Jerry Springer Show*. After all, it's considered acceptable to include low-income women if they are promiscuous or if they come from dysfunctional families (Lott & Bullock, 2010; Mantsios, 2001).

In newspapers or magazines, you'll rarely find any article about low-income women unless it describes a mother receiving public assistance. These articles seldom capture the difficulty of raising a family under these conditions (Bullock et al., 2001). Furthermore, about half of the lower-income women featured in magazine articles are Black—a much higher percentage than in the real world (D. J. Schneider, 2004).

Now that you are familiar with some of the representations of women in the media, try Demonstration 2.2. You can also analyze magazine advertisements to assess stereotyped representations. Pay particular attention to any nontraditional advertisements. Does the female physician in the advertisement look both confident and competent? How about the father changing the baby's diaper?

DEMONSTRATION 2.2	**The Representation of Women and Men on Television** Keep a pad of paper next to you during the next five television programs you watch so that you can monitor how women and men are represented. Use one column for women and one for men, and record the activity of each individual who appears on screen for more than a few seconds. Use simple codes to indicate what each person is doing, such as working at a job (W), doing housework (H), or performing some activity for other family members (F). In addition, record the number of female and male voice-overs in the advertisements. Can you detect any other patterns in the representations of women and men, aside from those mentioned in the text? How are social class and ethnicity represented on these shows? Can you identify any nonstereotypical examples?

You may want to share your views with the advertisers, using addresses from the World Wide Web. Sponsors are often sensitive to public opinion. For example, I once wrote to the chief executive of a hotel after seeing its extremely sexist ad in *Toronto Life*. He replied that the advertisement had already been discontinued as a result of complaints from the public. Also, be sure to write complimentary letters to the companies that feature nonstereotyped ads.

The Effects of Stereotyped Representations

Does the biased representation of women in the media simply *reflect* reality, or does it actually *influence* reality? Although the topic has not been extensively studied, we have evidence for both options (Kite et al., 2008; D. J. Schneider, 2004):

1. *Yes, the media do reflect reality.* For instance, the media often reflect the realities that women are often unseen and unheard and that they are more likely than men to do housework. The media also reflect the reality that people often believe that women should be decorative. However, the ads certainly do *not* reflect reality in other respects. For example, do you have any female friends who obsess about a nearly invisible age spot or who invite neighbors in to smell their toilet bowl?
2. *Yes, the media can actually influence reality by changing some people's attitudes and cognitive performance.* For example, research has shown that after viewing stereotyped ads, both men and women held less feminist attitudes (MacKay & Covell, 1997). Furthermore, after watching stereotyped ads, women were less interested in leadership roles (Davies et al., 2005).

However, a carefully conducted recent study by Janice Yoder and her colleagues (2008) compared college women who had seen traditional, stereotyped television advertisements versus college women who had seen nontraditional, nonstereotyped TV ads. Surprisingly, these two groups reported similar career goals and focus on achieving success. It's possible that stereotyped and nonstereotyped advertisements might have different effects for women who have not attended college.

The media can also influence our attitudes toward other people (M. J. Levesque & Lowe, 1999). For example, J. L. Knight and Giuliano (2001) asked students to read an article about a female athlete and rate her on a number of dimensions. If the article emphasized her athletic skills rather than her attractiveness, the students rated her higher in talent, aggressiveness, and heroism.

The media can influence people's cognitive performance. For instance, Wilhelm Hurtz and Devin Durkin (2004) asked a group of community residents to listen to popular songs, interspersed with radio advertisements that were either gender neutral or gender stereotyped. Next they saw a list of gender-stereotyped personality characteristics. Finally, they were asked to recall those personality characteristics. The people who had heard the gender-stereotyped ads—rather than gender-neutral ads—actually remembered a greater number of those stereotyped personality characteristics.

SECTION SUMMARY

Biased Representations of Women and Men

1. "Gender stereotype" is a term that refers to the beliefs and assumptions that we associate with females and males. Prejudice applies to emotional reactions, and discrimination indicates biased behavior.
2. We have little information about women's activities throughout history, although feminist researchers have discovered some nontraditional accomplishments. In general, philosophers have emphasized women's inferiority.
3. Judaism and Christianity both depict women's inferiority; traditional Chinese beliefs, the Islamic religion, and Hinduism also tend to portray negative images of women. Various religions and ancient myths have often represented women as either evil people and sorceresses, or as virtuous mothers.
4. The linguistic terms used for women often emphasize their secondary status; many of these terms are negative or infantilizing.
5. Numerous studies have demonstrated that the masculine generic encourages people to think about males more often than females; gender-neutral terms can be easily substituted.
6. The media frequently represent women in a stereotyped fashion. Women are seen and heard less than men are. They are seldom shown working outside the home; more often, they are shown doing housework. The media treat men more seriously; women's bodies are also represented differently.
7. Women of color and low-income women are particularly likely to be underrepresented or to be represented in a stereotypical fashion.
8. The media's stereotyped representations of women reflect cultural values. Furthermore, the media can sometimes influence people's gender roles, their attitudes toward others, and their cognitive performance.

PEOPLE'S BELIEFS ABOUT WOMEN AND MEN

In the first section of this chapter, we looked at how women and men are represented in history, philosophy, religion, mythology, language, and the media. These representations certainly help to shape people's beliefs about gender. Let's now turn to the man and woman on the street—or, more likely, on the college campus. What is the nature of their gender stereotypes? How can we assess these stereotypes? Why is sexism such a complex topic? What kinds of thinking produce these stereotypes and keep them powerful? How can gender stereotypes influence people's social interactions? Finally, how do strong gender stereotypes contribute to heterosexism?

The Content of Stereotypes

Gender stereotypes are so pervasive that they extend to a wide range of human behaviors (Barnett & Rivers, 2004; Kite et al., 2008). For example,

most people believe that males earn higher grades than females in math classes, although we'll see in Chapter 5 that females' grades are usually better. Most people also assume that male leaders are more effective than female leaders, although we'll refute that stereotype in Chapter 6. In addition, most people believe that men are more likely than women to have a heart attack, yet we'll see in Chapter 11 that this stereotype is inaccurate.

In this section, however, we'll focus primarily on people's stereotypes about women's and men's personality characteristics. Before you read any further, look at Demonstration 2.3. Rather than assess your own stereotypes or beliefs about men and women, try to guess what *most people* think. You will probably find that most of your answers are accurate.

DEMONSTRATION 2.3

Stereotypes About Women and Men

For this demonstration, you will guess what most people think about women and men. Put a W in front of those characteristics that you believe most people associate with women more than with men. Put an M in front of those characteristics associated with men more than with women.

_____ self-confident	_____ emotional
_____ fickle	_____ talkative
_____ gentle	_____ loud
_____ greedy	_____ show-off
_____ kind	_____ compassionate
_____ warm	_____ patient
_____ competitive	_____ modest
_____ nervous	_____ courageous
_____ active	_____ inventive
_____ capable	_____ powerful

The answers at the end of the chapter are based on responses obtained by several researchers (Cota et al., 1991; Street, Kimmel, & Kromrey, 1995; J. E. Williams & Best, 1990; J. E. Williams et al., 1999).

If you check the list of personality characteristics associated with women and with men, you'll see that those two lists are somewhat different. According to theorists, the term **communion** emphasizes a concern for your relationship with other people. Terms associated with communion (such as *gentle* and *warm*) are usually stereotypically feminine. In contrast, the term **agency** describes a concern with your own self-interests. Terms associated with agency (such as *self-confident* and *competitive*) are usually stereotypically masculine (Rudman & Glick, 2008).

Interestingly, however, women's agency scores have been increasing during the past 20 years (Kite et al., 2008). Furthermore, when college students in the United States, Germany, Chile, and Brazil were asked to consider

gender roles in the year 2050, they estimated that women would demonstrate more agency than they do now. However, men were not expected to demonstrate more communion (Diekman & Goodfriend, 2006; Diekman et al., 2005; Wilde & Diekman, 2005).

Let's now look at the stereotypes about men and women from various ethnic groups. Then we'll consider whether several subject variables influence our stereotypes.

Stereotypes About Women and Men from Different Ethnic Groups

In addition to simple stereotypes about women's and men's personality, people also create stereotypes about women and men from different ethnic groups (Deaux, 1995; D. J. Schneider, 2004). For example, Yolanda Niemann and her colleagues (1994) asked college students from four ethnic groups to list the first 10 adjectives that came to mind when they thought of particular categories of people. These target categories included males and females from four different ethnic groups, so that each rater provided adjectives for a total of eight groups.

Table 2.4 combines the data from all participants and shows the three most commonly listed terms for each target group. As you can see, people do

TABLE **2.4**

The Three Most Frequently Supplied Adjectives for Females and Males from Four Different Ethnic Groups

European American Females	European American Males
Attractive	Intelligent
Intelligent	Egotistical
Egotistical	Upper-class
African American Females	**African American Males**
Speak loudly	Athletic
Dark skin	Antagonistic
Antagonistic	Dark skin
Asian American Females	**Asian American Males**
Intelligent	Intelligent
Speak softly	Short
Pleasant/friendly	Achievement-oriented
Mexican American Females	**Mexican American Males**
Black/brown/dark hair	Lower-class
Attractive	Hard workers
Pleasant/friendly	Antagonistic

Source: Based on Niemann et al. (1994).

not have one unified gender stereotype when they judge women and men in all four ethnic groups. Instead, people combine information about the gender and ethnicity of the target, so that they create a variety of gender stereotypes.

Furthermore, we apparently create subtypes within each of these gender-ethnicity categories. For example, the stereotypes often distinguish between the "good women" and the "bad women" in each ethnic group.

Scholars who study ethnicity note that Black women are stereotyped as either warm but sexless "Mammies"—a stereotype preserved since the slavery era—or sexually promiscuous females (C. M. West, 2008). Latinas are portrayed, with similar polarization, as either chaste, self-sacrificing virgins or sexually promiscuous women (Baldwin & DeSouza, 2001; Peña, 1998). Asian American females are seen as either shy, submissive young women or as threatening and manipulative "dragon ladies" (LeEspiritu, 2001; Matsumoto & Juang, 2004). Unfortunately, however, researchers haven't systematically studied people's stereotypes about Native American or First Nation women (Russell-Brown, 2004).

The research on ethnic subtypes within gender stereotypes illustrates the complexity of these stereotypes. No simple, unified stereotype represents all women. Instead, we have created subtypes to reflect ethnicity, social class, and other characteristics of the group that we are judging (Lott & Saxon, 2002). Notice that this perspective is consistent with the concept of intersectionality that we considered in Chapter 1. Specifically, the concept of **intersectionality** emphasizes that each person belongs to many social groups, based on characteristics such as gender, ethnicity, sexual orientation, and social class (Cole, 2009). As a result, we cannot consider just one dimension of a person's identity, such as gender. A woman who is Black has a different experience from a woman who is White.

Subject Variables That Could Influence Stereotypes

We've just seen that various characteristics of the target—the person we are judging—can influence our stereotypes. For example, ethnicity as a *stimulus* variable can affect these stereotypes. Now let's switch topics and examine characteristics of the *subjects*—the people who hold these stereotypes. Subject variables are sometimes important in research about gender. (You may want to review the distinction between stimulus variables and subject variables on page 29.)

Are stereotypes influenced by subject variables such as gender, ethnicity, and the culture in which we are raised? Alternatively, do we all share the same gender stereotypes, no matter what our own background may be? The answer seems to be somewhere between these two possibilities.

Consider the influence of the respondents' gender. Typically, men and women hold similar gender stereotypes, but men's stereotypes are somewhat more traditional (e.g., Baber & Tucker, 2006; Bryant, 2003; Frieze et al., 2003; D. J. Schneider, 2004). Within each gender, however, there are substantial individual differences in the strength of these stereotypes (Monteith & Voils, 2001). Consistent with Theme 4, some women hold strong gender stereotypes; other women believe that men and women are quite similar. Men also show this pattern of individual differences.

In contrast, the respondents' ethnicity does not have a consistent influence on gender stereotypes (R. J. Harris & Firestone, 1998; Levant et al., 1998). Furthermore, there is no consistent relationship between a person's country of residence and the overall strength of his or her stereotypes (Best & Thomas, 2004; Désert & Leyens, 2006; Frieze et al., 2003; J. E. Williams & Best, 1990; J. E. Williams et al., 1999). Instead, the research shows that people in many different cultures share similar gender stereotypes (Rudman & Glick, 2008). For instance, people typically believe that men are more outgoing and ambitious. In contrast, people typically believe that women are more dependent and agreeable (Best & Thomas, 2004; Matsumoto & Juang, 2004).

In summary, then, people do have different stereotypes about women than about men. Furthermore, gender as a subject variable is somewhat important; men have somewhat stronger stereotypes than women do. However, it is difficult to see any consistent effect for the other two subject variables, ethnicity and culture. Finally, there are large individual differences within any group of individuals. Now try Demonstration 2.4 before you read further.

DEMONSTRATION 2.4	**Using the Implicit Association Test to Assess Implicit Attitudes Toward Social Groups** Log onto the Internet and visit a site called "Project Implicit": https://implicit.harvard.edu/implicit/demo. You can examine your own attitudes about gender, ethnicity, sexual orientation, people with disability, and older adults. Be certain to follow the caution to make your responses as quickly as possible. More leisurely responses might assess explicit attitudes, rather than implicit attitudes.

Implicit Gender Stereotypes

So far, we have focused on **explicit gender stereotypes,** the kind you supply when you are aware that you are being tested. For instance, suppose that a researcher asks some students, "Do you believe that math is more strongly associated with males than with females?" Most socially aware students would answer "No." An explicit question like this implies that it's not appropriate to hold rigid stereotypes. As a result, students typically supply a socially desirable response, rather than an honest "Yes" (Fazio & Olson, 2003; Kite et al., 2008; Klonis et al., 2005). Notice, then, that these traditional explicit measures may underestimate the strength of people's gender stereotypes.

Since the late 1990s, psychologists have conducted numerous studies using different techniques. **Implicit gender stereotypes** are the automatic stereotypes you reveal when you are not aware that your gender stereotypes are being assessed (Rudman & Glick, 2008). This research typically uses

the Implicit Association Test (IAT), which you tried in Demonstration 2.4. The IAT is based on the principle that people can mentally pair words together very rapidly if they are related. However, they take significantly more time to pair unrelated words (Greenwald & Nosek, 2001; Greenwald et al., 1998; Whitley & Kite, 2010). For example, White Americans respond quickly when White people are paired with positive words, but they respond relatively slowly when Black people are paired with positive words (Lane et al., 2007).

Consider the research that Nosek and his colleagues (2002) conducted, using the Implicit Association Test (IAT). The participant sits in front of a computer screen that presents a series of words. On a typical trial—in which the pairings were *consistent* with gender stereotypes—the participant would be told to press the key on the left if the word was related to math (e.g., *calculus* or *numbers*) and also if the word was related to males (e.g., *uncle* or *son*). This same participant would press the key on the right if the word was related to the arts (e.g., *poetry* or *dance*) and also if the word was related to females (e.g., *aunt* or *daughter*). Notice that these pairings should be easy if people hold a gender stereotype that the math terms are related to males and the art terms are related to females.

Then the instructions shifted so that the pairings are *inconsistent* with gender stereotypes. Now, on a typical trial, the participant should press the left key for a word related to math and also for a word related to females. This same participant should press the right key for a word related to the arts and also for a word related to males. In all cases, the researchers instruct the participants to respond as quickly as possible; the researchers do not want the participants to consciously consider their responses.

The results of this research typically show that the participants respond significantly faster to the stereotype-consistent pairings than to the stereotype-inconsistent pairings (Nosek et al., 2002; Nosek et al., 2007; Whitley & Kite, 2010). In other words, math and males seem to go together, whereas the arts and females seem to go together. The research therefore suggests that people reveal strong gender stereotypes using an implicit measure, although they might deny these stereotypes if they were concerned about providing socially desirable responses on an explicit measure (Glick & Fiske, 2007; Hewstone et al., 2002).

Several researchers have used different methods for assessing implicit gender stereotypes. These studies confirm that we do have different stereotypes about women, as compared to men (Cacciari & Padovani, 2007; Duffy & Keir, 2004; Osterhout et al., 1997).

The Complexity of Contemporary Sexism

At the beginning of this chapter, we introduced three intertwined concepts: stereotypes, prejudice, and discrimination. In the previous discussion, we focused on stereotypes. Now we'll consider prejudice (biased attitudes), and we'll also explore the complexity of current sexism.

In 1989, a Texas state senator remarked, "Do you know why God created women? Because sheep can't type" (Kenneth Armbrister, cited in Starr,

1991, p. 41). That quotation is clearly sexist—no doubt about it! In contrast, present-day sexism is typically less obvious and more subtle, elusive, and complex. Let's examine three components of prejudice: (1) attitudes toward women's competence, (2) attitudes toward women's "pleasantness," and (3) a related topic, a recent scale designed to test the complicated ambivalent sexism that is now fairly common. Finally, we'll consider several studies that focus on discrimination against women in interpersonal interactions.

Attitudes Toward Women's Competence

Many studies in the past 40 years have focused on people's attitudes about women's competence (e.g., Beyer, 1999b; Goldberg, 1968; Haley, 2001; Swim et al., 1989). In some studies, students are asked to make judgments—under well-controlled circumstances—about either a male or a female.

Consider, for example, a study by Abel and Meltzer (2007), who asked undergraduate students to evaluate a written essay about work opportunities. Everyone received the same essay, but they were randomly assigned to one of two groups. Half of the students were told that the author who wrote the essay was Dr. Michael Smith, and half were told that the author was Dr. Mary Smith. After reading the essay, the students rated it on a variety of dimensions. For example, they provided a rating of the overall quality of the essay, using a scale in which 1 equaled poor and 7 equaled excellent. Those who thought that the professor was a male gave the lecture an average rating of 5.3, whereas those who thought that the professor was a female gave the lecture an average rating of 4.8. This difference was statistically significant.

Other research by Susan Fiske and her coauthors (2002) and Peter Glick and his coauthors (2004) asked students and nonstudents from 16 different countries to rate categories of people, such as men and women. The participants rated men as being significantly more likely than women to be associated with status and power.

We should note that some of the research has failed to find negative attitudes about women's competence. In contrast, here are the circumstances in which women's competence is most likely to be devalued:

1. Males are more likely than females to downgrade women, especially if the participants have traditional attitudes (Abel & Meltzer, 2007; Eagly & Mladinic, 1994; Frieze et al., 2003; Haley, 2001).
2. People are more likely to rate women less favorably than men when they don't have much information about the person's qualifications (Swim et al., 1989).
3. Bias against women may be strongest when a woman is acting in a stereotypically masculine fashion (Eagly et al., 1992; Eagly & Mladinic, 1994; Fiske & Stevens, 1993; Fiske et al., 1993).

Notice that this bias against strong, competent women presents a double bind for women. On the one hand, if these women act stereotypically feminine, then they are not likely to be persuasive. On the other hand, if women act masculine and assertive, then people often give them negative evaluations.

Attitudes Toward Women's Pleasantness

People don't think that women are especially competent, but they *do* think that women are generally pleasant and nice. As we noted on page 37, prejudice is an attitude that can be positive, as well as negative (Eagly & Koenig, 2008). A series of studies was conducted by Alice Eagly, whose work on gender comparisons forms the core of Chapter 6. In this research, college students were asked to rate the category "men" and the category "women" on scales with labels such as "pleasant–unpleasant," "good–bad," and "nice–awful" (Eagly, 2001, 2004; Eagly & Mladinic, 1994).

Compared to men, women typically receive more positive ratings on these "pleasantness" scales. For example, the subtype "macho men" receives the lowest rating; these men are rated as much less pleasant than the somewhat comparable female subtype "sexy women." Additional studies confirm that people give women more positive ratings than they give men, and they also consider women to be warmer than men (Fiske et al., 2002; Glick et al., 2004; Whitley & Kite, 2006).

We also know that people are not equally positive about all kinds of women. For example, W. D. Pierce and his colleagues (2003) asked Canadian university students to rate their attitude toward three types of people: "man," "woman," and "feminist." Figure 2.2 shows their responses on a scale where −2 was the most negative rating, 0 was neutral, and +2 was the most positive rating. As you can see, people gave much higher ratings to "woman" than to "man." However, they gave the lowest ratings to "feminist," consistent with other research (Anderson, 2010). Before you read any further, look at Demonstration 2.5 on page 57.
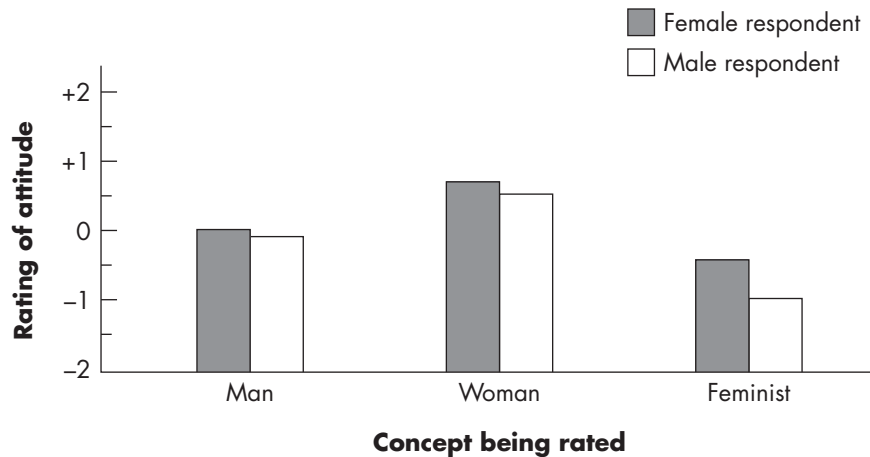

FIGURE **2.2** Attitudes toward the concepts "man," "woman," and "feminist," as a function of respondents' gender. (Note: +2 = extremely favorable; −2 = extremely unfavorable.)

Source: Based on Pierce et al. (2003).

DEMONSTRATION 2.5	## The Ambivalent Sexism Inventory

The following items are selected from Glick and Fiske's (1996) Ambivalent Sexism Inventory. For each item, indicate the degree to which you agree or disagree with each statement, using the following scale:

0	1	2	3	4	5
disagree strongly	disagree somewhat	disagree slightly	agree slightly	agree somewhat	agree strongly

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

————— 2. Women should be cherished and protected by men.

————— 3. Most women fail to appreciate fully all that men do for them.

————— 4. Many women have a quality of purity that few men possess.

————— 5. A good woman should be set on a pedestal by her man.

————— 6. Most women interpret innocent remarks or acts as being sexist.

————— 7. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.

————— 8. In a disaster, women should be rescued before men.

————— 9. Women seek to gain power by getting control over men.

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

When you have finished this test, check the scoring instructions at the end of the chapter on page 73. You may also want to ask friends to take the test to see whether these friend show the same gender differences that Glick and Fiske found.

Note: The complete test includes 22 items, some of which are worded so that a highly sexist person would disagree with them. This textbook's shortened version of the Ambivalent Sexism Inventory has not been validated. Anyone who is interested in using the scale for research or assessment purposes should refer to Glick and Fiske (1996).

Ambivalent Sexism

We have seen that contemporary sexism is complicated. People may think that women are not very competent, but they *are* fairly nice—unless they happen to be feminists.

Peter Glick and Susan Fiske (1996, 2001a, 2001b) have examined the complexity of sexism with a scale they call the Ambivalent Sexism Inventory. They argue that sexism is a prejudice based on a deep ambivalence toward

women rather than on a uniform dislike of women. This scale contains items that tap two kinds of sexism: hostile sexism and benevolent sexism.

Hostile sexism, the more blatant kind of sexism, is based on the idea that women should be subservient to men and should "know their place." Hostile sexism is primarily directed toward nontraditional women, such as female professionals and feminists.

Benevolent sexism is a more subtle kind of sexism that argues for women's special niceness and purity. Benevolent sexism is primarily directed toward traditional women, such as homemakers (Fiske, 2004; Fiske et al., 2002). In general, people believe that hostile sexism is worse than benevolent sexism (Swim et al., 2005). Furthermore, deeply religious students tend to be higher than other students in benevolent sexism, but these religious students are not higher in hostile sexism (Burn & Busso, 2005). You may initially think that benevolent sexism cannot be harmful. However, it still emphasizes that women are *different* from men and that they are also weaker.

Notice that these two different kinds of sexism are consistent with the two different representations of women in religion and mythology (pages 39 to 41) as well as with the mixture of negative and positive attitudes toward women that we have just discussed (pages 54 to 58). All of these general tendencies reflect an ambivalence toward women. **Ambivalent sexism** therefore combines both hostile sexism and benevolent sexism.

Demonstration 2.5 on page 57 is a short version of Glick and Fiske's (1996) Ambivalent Sexism Inventory. In the United States, many studies with this inventory have shown that male participants typically score somewhat higher than female participants on the benevolent sexism subscale. However, males score much higher than females on the hostile sexism subscale (Glick & Fiske, 1996, 2001b).

The Ambivalent Sexism Inventory has also been tested with 15,000 men and women in 19 countries throughout the world (Glick et al., 2000; Glick et al., 2004). The researchers found both hostile sexism and benevolent sexism in all of these countries. The studies also confirmed that gender differences are larger on the hostile sexism subscale than on the benevolent sexism subscale. In addition, Glick and his colleagues obtained data from the United Nations about gender equality in each of these 19 countries. Gender equality was based on measures such as women's share of the earned income and the percentage of high governmental positions held by women.

Let's consider the results for countries with low gender equality. These respondents tended to be high in both hostile sexism and benevolent sexism. This finding makes sense for hostile sexism: When people believe that women should be subservient to men, women will probably receive low salaries and hold few government positions. The relationship between gender equality and benevolent sexism is more puzzling. However, benevolent sexism also helps to justify gender inequality. It assumes women are pleasant, helpless people whom men must protect from having too much responsibility in the workplace (Glick & Fiske, 2001a, 2001b).

In short, the research on the Ambivalent Sexism Inventory highlights both the subtlety and the complexity of contemporary sexism. It also illustrates that the two different kinds of sexism are widespread throughout the world.

These Afghan women were begging for money for food because the Taliban prohibited women from paid employment outside the home. (Note that the women are wearing burqas, which allow only a limited view of the world.)

Gender Discrimination in Interpersonal Interactions

So far in this section, we've looked at the nature of stereotypes and prejudice. We'll now explore gender discrimination. As you'll see, people in North America behave differently toward men and women, both in laboratory research and in real life. In countries such as Afghanistan, gender discrimination may even have serious consequences.

Discrimination in North America

Bernice Lott conducted the classic laboratory research in the United States. Specifically, she observed pairs of unacquainted students from behind a one-way mirror while they worked together to build a structure (Lott, 1987; Lott & Maluso, 1995). This research showed that the women seldom responded negatively to their partners (either male or female). However, the men made many more negative comments to their female partners than to their male partners.

The conclusions from these laboratory studies are echoed in research on real-life gender discrimination (e.g., Anthis, 2002; Landrine & Klonoff, 1997; Nielsen, 2002; Wessler & De Andrade, 2006). For example, Janet Swim and her colleagues (2001) found that undergraduate women reported an average of one or two nontrivial sexist remarks and behaviors every week. One category of sexist remarks emphasized traditional gender-stereotyped remarks (e.g., "You're a woman, so fold my laundry"). Another category involved demeaning comments and behaviors (e.g., a woman who was talking with friends was told by a man, "Yo, bitch, get me some beer!"). A third category included sexual comments and behaviors, such as a remark about a woman's breasts.

Other researchers have confirmed that sexist comments and behaviors occur fairly often for African American female students and for female students from several different ethnic backgrounds (Matteson & Moradi, 2005; DeBlaere & Moradi, 2008). This section on gender discrimination in North America provides abundant evidence for Theme 2: Women are often treated differently from the way men are treated.

In Chapter 7, we will explore other forms of interpersonal discrimination when we look at sexism in the workplace. In Chapter 12, we'll see that interpersonal discrimination may contribute to the relatively high rate of depression in women (Matteson & Moradi, 2005; Schmitt et al., 2002; Swim et al., 2001). The interpersonal discrimination that women experience does not evaporate quickly. Instead, these gender-biased experiences often reduce the overall quality of women's lives.

Discrimination in Other Cultures

Most of the research discussed in this textbook focuses on the United States, Canada, and other English-speaking cultures. In many countries, however, the kind of discrimination we've just discussed would be considered relatively minor.

On the other end of the spectrum, women in Scandinavian countries experience less discrimination than women in the United States. For example, the percentage of women in Parliament (the highest government assembly in these countries) ranges from 24% in Iceland to 39% in Finland and Norway (Solheim, 2000). The current percentage of women in the U.S. Senate is only 17%. The U.S.-normative perspective encourages U.S. citizens to assume that women are especially well treated in our society. In many cases, this perspective is true. Sadly, however, this textbook will identify many exceptions to this assumption.

Heterosexism

Our earlier discussion of contemporary sexism emphasized that people make a major distinction between men and women. People may be hostile toward women or they may be benevolent toward women, but an important conclusion is that they think women are psychologically *different* from men. As we also emphasized in our discussion of Theme 2, people react differently to men and women. We'll see throughout this chapter that people tend to divide the world into two categories, male and female.

Our culture's emphasis on strict gender categorization has an important implication for love relationships (Garnets, 2008). Specifically, gender categories encourage people to believe that a person from the category "male" must fall in love with a person from the other category, "female." Many people are troubled by same-gender love relationships (Anderson, 2010).

A **lesbian** is a woman who is psychologically, emotionally, and sexually attracted to other women. A **gay male** is a man who is psychologically, emotionally, and sexually attracted to other men. A **bisexual** is someone who is psychologically, emotionally, and sexually attracted to both women and men. Chapter 4 examines how adolescent women begin to explore their sexual orientation. In Chapter 8, we will discuss potential explanations for sexual orientation as well as the love relationships of women who are lesbians and bisexuals. Chapter 9 focuses on sexuality issues for lesbians, Chapter 10 discusses lesbian mothers, and Chapter 14 looks at the love relationships of elderly lesbians.

In this section, however, let's focus on heterosexism. As Chapter 1 notes, **heterosexism** is a belief system that devalues lesbians, gay males, and bisexuals—or any group that is not exclusively heterosexual (Garnets, 2008; Herek, 2007; Whitley & Kite, 2010). A related term, **sexual prejudice**, is a negative attitude that individuals hold against someone because of her or his sexual orientation (Garnets, 2008; Herek, 2004).

Researchers have measured attitudes toward both heterosexual and gay individuals, using the Implicit Association Test (IAT), as discussed on pages 53 to 54. The IAT results typically show more positive attitudes toward heterosexuals (Dasgupta & Rivera, 2006a). However, people who know many lesbians and gay men are less likely to demonstrate heterosexism (Dasgupta & Rivera, 2006b).

We have emphasized that sexism places men in the center and women on the periphery. Similarly, heterosexism places heterosexuals in the center and everybody else on the periphery. Let's examine some examples of heterosexism.

Examples of Heterosexism

Many different types of heterosexism reveal that our culture values people who love someone from the other gender category, rather than someone from the same gender category. For instance, many lesbians and gay males report that their partners are not welcome at family celebrations. Furthermore, more than half of high school lesbians and gay males have been verbally harassed about their sexual orientation (D'Augelli et al., 2002; Wessler & De Andrade, 2006).

Gregory Herek (2007) conducted a survey throughout the United States of adults who had identified themselves as lesbians, gay males, or bisexuals. About half of the respondents reported that they had experienced verbal abuse. Furthermore, about 20% said that they had been physically attacked or their property had been damaged.

Consider an example provided by a woman who described how she and some women friends were walking in a public park when three men threatened them. Even though the women said they did not want to fight, the men attacked them. One woman had her nose broken, another was knocked unconscious, another had a gash on her cheek, and another was severely bruised (Herek et al., 2002).

We've seen that gays and lesbians frequently experience interpersonal discrimination—heterosexist biases, verbal harassment, and physical assault—because of their sexual orientation. They also face institutional discrimination; that is, the government, corporations, and other institutions discriminate against gays, lesbians, and bisexuals. For example, most insurance companies deny benefits to same-gender partners. I recall a friend discussing with irony that her insurance benefits could not cover her lesbian partner, with whom she had lived for 20 years. In contrast, a male colleague's wife could receive benefits even though the couple had been married less than 3 years and were now separated.

Factors Correlated with Heterosexism

Attitudes toward lesbians, gays, and bisexuals are complex. In general, men are more negative than women in their attitudes toward gays and lesbians (Dasgupta & Rivera, 2006a; Herek, 2002a; Whitley & Kite, 2010). Men are also much more likely than women to commit anti-gay hate crimes (Herek et al., 2002). Furthermore, people generally have more negative attitudes

toward gay men than toward lesbian women (Dasgupta & Rivera, 2006b; Herek, 2002a). To assess your own attitudes toward lesbians and gay men, try Demonstration 2.6.

DEMONSTRATION 2.6

Attitudes Toward Lesbians and Gay Men

Answer each of the following items either yes or no. (Please note that the original questionnaire was designed for heterosexuals, so some items may seem inappropriate for lesbian, bisexual, and gay male respondents.)

1. I would not mind having gay friends.
2. I would look for a new place to live if I found out that my roommate was gay.
3. I would vote for a gay person in an election for a public office.
4. Two adults of the same gender holding hands in public is disgusting.
5. Homosexuality, as far as I'm concerned, is not sinful.
6. I would mind being employed by a gay person.
7. I would decline membership in an organization if it had gay members.
8. I would not be afraid for my child to have a gay teacher.
9. Gay people are more likely than heterosexuals to commit deviant sexual acts, such as child molestation.
10. I see the gay movement as a positive thing.

To obtain a rough idea about your attitudes, add the number of "yes" answers you provided for items 1, 3, 5, 8, and 10. Next, add together the number of "no" answers you gave for items 2, 4, 6, 7, and 9. Then, combine these two subtotals; scores close to 10 indicate positive attitudes toward gay people.

Source: Based on Kite and Deaux (1986).

In addition, people with traditional gender roles are more likely than nontraditional people to express sexual prejudice (Basow & Johnson, 2000; Whitley & Ægisdóttir, 2000; Whitley & Kite, 2010). Also, people with heterosexist attitudes tend to be politically conservative, religiously conservative, and racist (Horvath & Ryan, 2003; Kite & Whitley, 2002). However, students often become more tolerant and less heterosexist as they go through college (Hewitt & Moore, 2002).

Sometimes a group of committed activists can transform their community's social biases. For example, Antigonish is a town of 5,000 people in a rural region of Nova Scotia, Canada. A group at St. Francis Xavier University worked together with the Antigonish Women's Resource Center on a variety of programs related to gender and sexual diversity (Marple & Latchmore, 2005). This coalition held a fundraiser that was attended by 200 community members. In addition, high school students gained permission for their school to support a Gay–Straight Alliance at their school.

SECTION SUMMARY

People's Beliefs About Women and Men

1. People believe that men and women differ substantially on a number of personality characteristics. They consider women to be higher in communion and men to be higher in agency.
2. During the past 20 years, people have supplied increasingly higher scores when they rate women's agency.
3. People have different stereotypes about women and men from different ethnic groups. For each ethnic group, however, there are stereotypes about women that emphasize both "good women" and "bad women."
4. Men tend to have more traditional stereotypes than women do, but ethnicity and country of residence do not have a consistent effect on stereotype strength.
5. Psychologists have developed the Implicit Association Test (IAT), which assesses the strength of stereotypes in terms of response speed. The IAT typically reveals stronger gender stereotypes than rating-scale measures of stereotypes.
6. Women's competence is likely to be downgraded when (a) evaluators are male, rather than female, (b) little other information is available, and (c) women act in a stereotypically masculine fashion.
7. People typically rate women higher than men on scales assessing pleasantness; however, feminists receive relatively low ratings.
8. Men typically earn higher scores than women on both the benevolent sexism and the hostile sexism subscales of the Ambivalent Sexism Inventory.
9. Research in North America shows evidence of gender discrimination in interpersonal interactions (e.g., negative statements about women and sexist comments). Sexism in cultures such as Afghanistan has more serious consequences than it does in North America.
10. Heterosexism is encouraged by strict gender categorization. Lesbians and gay males frequently experience harassment, and many are physically assaulted. Men are more likely than women to show sexual prejudice. People with traditional gender roles are also more likely to show sexual prejudice.
11. Students often become less heterosexist as they go through college. Activists can also encourage their communities to become more supportive of sexual diversity.

THE PERSONAL CONSEQUENCES OF GENDER STEREOTYPES

So far, we have examined many stereotypes related to gender, and we have discussed gender prejudice and gender discrimination. However, gender stereotypes can also have an important effect on our own cognitive processes, behavior, and gender identity (Eagly & Koenig, 2008; Schaller & Conway, 2001; Whitley & Kite, 2010). Let's now explore these three areas.

Gender Stereotypes and Cognitive Errors

One personal consequence of gender stereotypes is that they encourage us to make cognitive errors—that is, errors in our thought processes. The social cognitive approach explains how these errors arise. This approach also provides a useful theoretical explanation for gender stereotypes and stereotypes based on categories such as ethnicity, sexual orientation, social class, disability status, and age. According to the **social cognitive approach**, stereotypes are belief systems that guide and simplify the way we process information, including information about gender (Schaller & Conway, 2001; Sherman, 2001; Whitley & Kite, 2010).

One cognitive process that seems nearly inevitable is our tendency to divide the people we meet into social groups (Brehm et al., 2005; Macrae & Bodenhausen, 2000; D. J. Schneider, 2004). We categorize people as females or males, White people or people of color, people with high occupational status or people with low occupational status, and so forth.

The social cognitive approach argues that stereotypes help us simplify and organize the world by creating categories. The major way we categorize people is on the basis of their gender (Harper & Schoeman, 2003; Kunda, 1999; D. J. Schneider, 2004). This process of categorizing others on the basis of gender is habitual and automatic (Rudman & Glick, 2008).

The problem, however, is that this process of categorizing and stereotyping often encourages us to make errors in our thinking. These errors, in turn, produce further errors. Specifically, because we have a stereotype, we tend to perceive women and men differently, and this perception adds further "evidence" to our stereotype. A strengthened stereotype leads to an even greater tendency to perceive the two genders differently. As a result, stereotypes are especially resistant to change (Macrae & Bodenhausen, 2000; Rudman & Glick, 2008).

As you read this section on cognitive errors, keep in mind that we don't always think in terms of stereotypes. For example, the social setting can modify our thinking (Glick & Fiske, 2007). However, let's look at several ways that gender stereotypes may encourage cognitive errors:

1. People tend to exaggerate the contrast between women and men.
2. People tend to see the male as normative and the female as nonstandard.
3. People tend to make biased judgments on the basis of stereotypes.
4. People tend to selectively remember information that is consistent with gender stereotypes.

Exaggerating the Contrast Between Women and Men

We tend to exaggerate the similarities within a group and exaggerate the contrast between groups (T. L. Stewart et al., 2000; Van Rooy et al., 2003). When we divide the world into two groups—male and female—we tend to see all males as being similar, all females as being similar, and the two gender categories as being different from each other; this tendency is called **gender**

polarization (Bem, 1993, 2008). Gender polarization encourages people to downgrade individuals who deviate from this rigid role definition. For example, we saw on page 56 that many people have a positive attitude toward women in general, but they have a negative attitude toward feminists.

As we will emphasize throughout this textbook, the characteristics of women and men tend to overlap. Unfortunately, however, gender polarization often creates an artificial gap between women and men. People tend to believe that gender differences in psychological characteristics are larger than they really are (J. A. Hall & Carter, 1999). Human cognitive processes seem to favor clear-cut distinctions, not the blurry differences that are more common in everyday life (Van Rooy et al., 2003).

The Normative Male

As we discussed earlier in this chapter, the normative male concept (or androcentrism) means that the male experience is considered the norm—that is, the neutral standard for the species as a whole. In contrast, the female experience is a deviation from that supposedly universal standard (Basow, 2001; Bem, 1993, 2008).

One example of the normative-male principle is that, when we hear the word *person,* we tend to believe that this individual is a male rather than a female (M. C. Hamilton, 1991; Merritt & Kok, 1995; Miller et al., 1991). For example, Merritt and Harrison (2006) tested 192 college students by describing a person named "Chris" in a completely gender-neutral situation. The students thought that Chris was male 69% of the time and female only 31% of the time. Furthermore, all 192 students reported that they did indeed assign a gender to Chris. Here's another example of the normative-male principle: Both adults and children usually refer to a stuffed animal as "he," unless this toy has clearly feminine clothing (Lambdin et al., 2003).

We have already seen evidence of androcentrism in Chapter 1; the early history of the psychology of gender assumed that the male is normative. Our discussions of masculine generic language and the representation of gender in the media also reflect androcentrism. In addition, androcentrism is apparent in the workplace, family life, and medical care (Basow, 2001; Bem, 2008), as we will see in later chapters of this book.

Making Biased Judgments About Females and Males

Many stereotypes are based on grains of truth, so these stereotypes may be at least partly accurate (Schaller & Conway, 2001). However, our stereotypes may also lead us to interpret certain behaviors in a biased manner (Blair, 2001). For example, people often provide stereotyped interpretations when they judge men's and women's emotional reactions (M. D. Robinson & Johnson, 1997).

Chingching Chang and Jacqueline Hitchon (2004) conducted a representative study about biased judgments. They gave U.S. undergraduate students an advertisement for either a male political candidate or a female political candidate. Let's focus on the condition in which the ads did not mention the candidate's knowledge about certain gender-stereotyped areas of expertise. After reading the

advertisement, the students were instructed to rate the candidate's competence in these areas. Even though the students had no relevant information, they judged that female candidates would be more competent than the males in "women's issues," such as children and health-care. Furthermore, they judged that the male candidates would be more competent than the females in "men's issues," such as the economy and national security. When we make judgments—and we lack relevant information—we fall back on gender stereotypes.

Naturally, several variables influence our tendency to make stereotyped judgments. For example, we are especially likely to use a stereotype if we are busy working on another task at the same time (Macrae & Bodenhausen, 2000; D. J. Schneider, 2004). In contrast, specific information about individuals can sometimes be so persuasive that it overrides a stereotype (Kunda & Sherman-Williams, 1993). For example, a woman may be so well qualified for a job that her strengths outweigh the "problem" that she is female.

Many studies have been conducted on a particular kind of judgment called attributions. **Attributions** are explanations about the causes of a person's behavior. Chapter 5 discusses how people make attributions about *their own* behavior. In this current chapter, we'll discuss how people make stereotypical attributions about the behavior of *other individuals*.

The research on attributions shows that people often think a woman's success on a particular task can be explained by effort—she tried hard (D. J. Schneider, 2004; Swim & Sanna, 1996; Yarkin et al., 1982). For example, researchers have examined parents' attributions for their children's success in mathematics. When a daughter does well in math, parents often attribute her success to hard work. In contrast, they often attribute their son's math success to his high ability (Eccles, 1987). Notice the implications of this research: People think that females need to try harder to achieve the same level of success as males.

Let's review what we know so far about the social cognitive approach to gender stereotypes. We know that stereotypes often simplify and bias the way we think about people who belong to the social categories "female" and "male." Because of gender stereotypes, we often exaggerate the contrast between women and men. In addition, we may consider the male experience to be standard, whereas the female experience is a deviation from that standard. In addition, we sometimes make biased judgments about females and males, for instance, when we assess their expertise about stereotypically masculine or feminine topics. Research in social cognition also emphasizes one final component of stereotypes: people's memory for gender-stereotyped characteristics.

Memory for Personal Characteristics

In many cases, people recall gender-consistent information more accurately than gender-inconsistent information (e.g., Cann, 1993; D. F. Halpern, 1985; T. L. Stewart & Vassar, 2000). For instance, Dunning and Sherman (1997) asked participants to read a sentence such as "The women at the office liked to talk around the water cooler." During a later memory test, the researchers presented a series of sentences and asked the participants to decide whether each sentence was old (that is, exactly the same as a sentence presented earlier) or new.

The most interesting results in this study concerned people's judgments about new sentences that were consistent with the gender stereotype implied by a sentence presented earlier (e.g., "The women at the office liked to gossip around the water cooler"). People erroneously judged that 29% of these sentences were old. In contrast, other new sentences were *inconsistent* with a gender stereotype (e.g., "The women at the office liked to talk sports around the water cooler"). In this inconsistent condition, people erroneously judged that only 18% of these sentences were old.

Apparently, when the participants in this study saw the original sentence about women talking around the water cooler, they sometimes made gender-consistent inferences (e.g., that the women must be gossiping). As a result, when they later saw a sentence that explicitly mentioned gossiping, that sentence seemed familiar. In contrast, the sentences about sports were less likely to seem familiar.

The research in social cognition shows that we are especially likely to recall stereotype-consistent material when we have other tasks to do at the same time, such as remembering other information, and when we have a strong, well-developed stereotype (Hilton & von Hippel, 1996; Ottati et al., 2005; Sherman, 2001). When we are undistracted and when the stereotype is weak, we may sometimes remember material inconsistent with our stereotypes.

Gender Stereotypes and Behavior

We began the previous section by discussing the content of gender stereotypes and the complex nature of contemporary sexism. We've just examined the social cognitive approach, which helps us to understand how errors in our thinking can arise. However, if we focus entirely on our thought processes, we may forget an extremely important point: Stereotypes can influence people's behavior. That is, stereotypes can affect actions and choices, in other people and in ourselves.

Stereotypes can influence behavior through a **self-fulfilling prophecy:** Your expectations about someone may lead him or her to act in ways that confirm your original expectation (Rosenthal, 1993; Skrypnek & Snyder, 1982; Smith, 2004). For example, if parents expect that their daughter will not do well in mathematics, she may become pessimistic about her ability in that area. As a result, her math performance may drop (Eccles et al., 1990; Jussim et al., 2000).

A related problem is called stereotype threat. Imagine you belong to a group that is hindered by a negative stereotype, and someone reminds you that this group performs poorly on a particular task. When you work on this specific task, you may experience **stereotype threat**; your performance may suffer (K. L. Dion, 2003; Marx & Stapel, 2006a, 2006b; Smith, 2004; C. M. Steele et al., 2002).

Consider a classic study by Shih and her colleagues (1999), in which all the participants were Asian American college women. In North America, one stereotype is that Asian Americans are "good at math" (compared to other ethnic groups). In contrast, another stereotype is that women are "bad at math" (compared to men).

One group of Asian American women in this study were asked to indicate their ethnicity and then answer several questions about their ethnic identity; afterward, they took a challenging math test. These women answered 54% of the questions correctly. A second group of Asian American women did not answer any questions beforehand; they simply took the same math test. The women in this control group answered 49% of the questions correctly. A third group began by indicating their gender and then answering several questions about their gender identity; afterward, they took the same math test. These women answered only 43% of the questions correctly.

Apparently, when Asian American women are reminded of their ethnicity, they perform relatively well. However, when Asian American women are reminded of their gender, they experience stereotype threat and they perform relatively poorly (Shih et al., 1999).

Additional research shows that Latina college women are more vulnerable to stereotype threat than European American college women are (Gonzalez et al., 2002). Other research focuses on knowledge about politics. In general, women score lower than men on surveys of political knowledge. However, women performed as well as men when they were tested by a female researcher who said that no gender differences had been detected on this particular test of political knowledge (McGlone et al., 2006).

However, people are not always at the mercy of gender stereotypes (Fiske, 1993; Jussim et al., 2000). We are not marionettes, with other people pulling our strings. Our own self-concepts and abilities are usually stronger determinants of behavior than are the expectations of other people. Still, we should be concerned about the potentially powerful effects of gender stereotypes because these stereotypes help to maintain important gender inequities (Jussim et al., 2000; Smith et al., 2007).

Applying Gender Stereotypes to Ourselves

In this chapter we have explored these topics: (1) the representation of gender stereotypes in religion, language, and the media; (2) the nature of people's current gender stereotypes; and (3) the influence of gender stereotypes on our thinking and our behavior. However, stereotypes not only describe our perceptions about the typical characteristics of women and men. They also describe how women and men *ought* to behave (Eagly, 2001). According to the traditional view, women should try to be "feminine" and men should try to be "masculine." Do people actually internalize these stereotypes, so that women and men have extremely different standards about the person they should be? As you'll soon see, the answer to this question is complicated (Guimond et al., 2006; Wood & Eagly, 2010).

Assessing Self-Concepts About Gender

Researchers have developed several different scales to assess people's ideas about their own gender-related characteristics. By far the most popular scale has been the Bem Sex-Role Inventory (BSRI). Sandra Bem designed this test

to assess how people rate themselves on a variety of psychological characteristics (Bem, 1974, 1977).

The BSRI provides one score on a femininity scale and one score on a masculinity scale. A person who scores high on both scales would be classified as **androgynous** (pronounced an-*draw*-jih-nuss). In the 1970s, psychologists often urged both women and men to develop more androgynous characteristics.

Hundreds of studies have been conducted to try to discover whether androgynous individuals might possess any unusual advantages (Oswald & Lindstedt, 2006). However, most contemporary psychologists have become disenchanted with androgyny. They argue that the concept of androgyny has several problems. For example, the research shows that androgynous people are *not* more psychologically healthy than other people.

Also—according to critics—androgyny tempts us to believe that the solution to gender bias lies in changing the individual. The critics emphasize that we should try instead to reduce institutional sexism and discrimination against women. Interestingly, Sandra Bem herself argued against the concept of androgyny (Bem, 1983). She urged psychologists to turn their attention to a different question explored throughout this textbook: Why does our culture place such a strong emphasis on gender?

Internalizing Gender Stereotypes

Contemporary researchers continue to explore how people internalize gender stereotypes into their own self-concepts. For example, your own gender concept actually consists of a wide variety of different gender-related characteristics (Oswald & Lindstedt, 2006). Some of these characteristics are based on personality traits, but others are based on characteristics such as your interests and your view of yourself in close relationships (Wood & Eagly, 2010).

In addition, a person's identity typically depends on several social categories. For example, Settles (2006) studied Black women who were undergraduate and graduate students at a variety of U.S. universities. These women considered their identity as a Black woman to be more important than either their identity as a woman or their identity as a Black person. Notice how these results support the concept of intersectionality. In fact, these women locate their identity in the intersection between their ethnicity and their gender.

Furthermore, the research demonstrates that social context clearly matters. For instance, many women say that they would act stereotypically feminine if they were in a social situation where most people were strangers (C. J. Smith et al., 1999).

Another example of social context is the comparison group that people use when rating themselves (Guimond et al., 2007). For example, Guimond and his colleagues (2006) asked French high school and college students to rate their personal characteristics in comparison to people of the *other* gender. In this context, the gender differences in self-rating were large. In another condition, the researchers asked students to rate their personal characteristics in comparison to people of the *same* gender. In this context, the gender differences in self-rating were small.

In summary, people do not have a simple, consistent gender identity. Instead, this identity is complex, and it depends on factors such as ethnicity and social context.

Are Gender Stereotypes Personally Important?

So far, we've seen that people tend to incorporate gender stereotypes into their own self-concepts, at least in some situations. But do they believe that these gender stereotypes are crucial aspects of their own personality? Auster and Ohm (2000) asked U.S. undergraduates to rate each characteristic on the BSRI according to how important they felt it would be to have this characteristic. Table 2.5 lists the 10 characteristics that each gender judged to be most important. As you can see, the lists are remarkably similar. In fact, seven items appear on both the women's and the men's lists.

Conclusions About Applying Gender Stereotypes

In this discussion, we've seen that people tend to adopt flexible self-concepts about gender. We should not oversimplify the conclusions in our current discussion about applying gender stereotypes to ourselves. In fact, women and men often have similar views about their gender-related characteristics. Consistent with Theme 1, gender differences in psychological characteristics are usually small. As we'll emphasize throughout this textbook, women and men do not live on different psychological planets with respect to their beliefs, abilities, and personal characteristics.

As one final exercise for this chapter, try Demonstration 2.7, to discover some potential stereotypes that you may have about gender, ethnicity, and a wide variety of other social categories.

TABLE **2.5**

Top 10 Traits that Female and Male U.S. Students Consider Most Important for Themselves

Female Students	Male Students
1. Loyal	1. Loyal
2. Independent	2. Defends own beliefs
3. Individualistic	3. Willing to take a stand
4. Defends own beliefs	4. Understanding
5. Self-sufficient	5. Independent
6. Understanding	6. Ambitious
7. Ambitious	7. Willing to take risks
8. Self-reliant	8. Self-reliant
9. Sensitive to the needs of others	9. Self-sufficient
10. Compassionate	10. Has leadership abilities

Source: With kind permission from Springer Science+Business Media: *Sex Roles*, "Masculinity and Femininity in Contemporary American Society: A Reevaluation Using the Bem Sex-Role Inventory" Vol. 43, 2000, pp. 499–528, Carol J. Auster.

DEMONSTRATION 2.7

Confronting Your "-ISMS"

For at least the next two weeks, keep a list of the immediate response that you have to a person who is different from yourself. This person may seem different from you in terms of gender, ethnicity, appearance, accent, age, sexual orientation, social class, disability, religion, or nationality. Don't try to censor your immediate reaction. Instead, listen to your "inner DJ," and record your response immediately. (Be sure to keep a piece of paper or some other recording device handy so that you can quickly capture your reactions!)

Then try to analyze what evidence you focused on to reach your conclusion. For example, if you heard someone speaking with an accent that seemed characteristic of another region of the country, did you draw a conclusion about his or her personal characteristics? Also, do you think you learned this perspective from your family, friends, culture, or the media? Finally, think what you can do to overcome these stereotypes.

Sources: Gibson (2008); Gibson & Lindberg (2006).

SECTION SUMMARY

The Personal Consequences of Gender Stereotypes

1. One consequence of gender stereotyping is that we make errors in our cognitive processes; these errors are relevant for the social cognitive approach to stereotypes.
2. According to the social cognitive approach to stereotypes, people tend to (a) exaggerate the contrast between women and men, (b) consider the male experience to be normative, (c) make biased judgments about females and males, and (d) remember gender-consistent information more accurately than gender-inconsistent information.
3. Stereotypes can influence behavior through self-fulfilling prophecies, according to research on topics such as parents' expectations for their children's mathematical abilities. Also, the research on stereotype threat shows that people's own gender stereotypes can undermine their performance on tests, when the instructions emphasize their gender.
4. In specific settings, many people adopt flexible self-concepts about gender, rather than internalizing rigid gender stereotypes. In addition, ethnic group and social context influence a person's self-concept.
5. Women and men in U.S. colleges tend to rate themselves similarly on gender-related traits that they consider to be important.

CHAPTER REVIEW QUESTIONS

1. How would you define the term *gender stereotype*? Based on the information in this chapter, why might a stereotype of a female not accurately represent a specific woman whom you know? Why or why not?

2. What topics related to women have historians previously ignored? Mention several reasons why women have not received much attention in history books.

3. We discussed in this chapter how women often seem invisible; for example, men are normative, whereas women are secondary. Summarize the information about women's relative invisibility, mentioning history, religion, mythology, language, and the media. How is this issue relevant to the social cognitive research on androcentrism?

4. In this chapter, we pointed out that people often hold more positive views about men than about women. Discuss this statement, citing support from philosophers, religion, mythology, language, and the media. Then point out why the issue is more complicated when we consider the current research on ambivalent sexism.

5. What does the research show about people's stereotypes regarding women from various ethnic groups (that is, when ethnicity is a stimulus variable)? Similarly, what does the research show about how a person's ethnicity influences his or her gender stereotypes (that is, when ethnicity is a subject variable)?

6. What is heterosexism, and how are gender stereotypes related to heterosexism? The social cognitive approach proposes that our normal cognitive processes could encourage people to develop stereotypes about many social categories, such as lesbians and gay males. Describe how the four cognitive biases (listed on pages 64 to 67) could encourage these stereotypes.

7. The social cognitive approach proposes that our gender stereotypes arise from normal cognitive processes, beginning with the two categories "men" and "women." Describe some of the cognitive biases that would encourage people to believe that women are more talkative than men (a stereotype that actually is not correct).

8. What is a self-fulfilling prophecy? Why is it relevant when we examine how stereotypes can influence behavior? Identify one of your own behaviors that is more gender stereotyped than you might wish, and point out how a self-fulfilling prophecy might be relevant.

9. Women and men are represented differently in the media and in our culture's gender stereotypes, yet people may not incorporate these stereotypes into their own self-concepts. Discuss this statement, using material from throughout the entire chapter.

10. Throughout this chapter, we discussed cross-cultural research. How do gender biases and stereotypes operate in cultures outside North America? Propose three additional topics related to gender that would be especially interesting to explore.

KEY TERMS

stereotypes (p. 36)

gender stereotypes (p. 36)

prejudice (p. 37)

discrimination (p. 37)

gender bias (p. 37)

androcentrism (p. 41)

normative-male problem (p. 41)

masculine generic (p. 41)

androcentric generic (p. 41)

communion (p. 50)

agency (p. 50)

explicit gender stereotypes (p. 53)

implicit gender stereotypes (p. 53)

hostile sexism (p. 58)

benevolent sexism (p. 58)

ambivalent sexism (p. 58)

lesbian (p. 60)

gay male (p. 60)

bisexual (p. 60)

heterosexism (p. 61)

sexual prejudice
(p. 61)

social cognitive
approach (p. 64)

gender polarization
(p. 64)

attributions (p. 66)

self-fulfilling prophecy
(p. 67)

stereotype threat
(p. 67)

androgynous (p. 69)

RECOMMENDED READINGS

Anderson, K. J. (2010). Benign bigotry. *The psychology of subtle prejudice*. New York: Cambridge. Kristin Anderson's book is an excellent choice if you want more information about prejudice. Three chapters that are especially relevant for this chapter focus on prejudice against feminists, gay individuals, and people of color.

Rudman, L. A., & Glick, P. (2008). *The social psychology of gender: How power and intimacy shape gender relations*. New York: Guilford. Throughout your textbook, you'll read about Laurie Rudman's and Peter Glick's research. I strongly recommend this book to anyone interested in the social components of gender!

Schneider, D. J. (2004). *The psychology of stereotyping*. New York: Guilford Press. I recommend this clear and well-organized book. The author explores the content of certain stereotypes, and he also examines how children develop stereotypes about race and gender.

Whitley, B. E., Jr., & Kite, M. E. (2010). *The psychology of prejudice and discrimination* (2nd ed.). Belmont, CA; Wadsworth. Bernard Whitley and Mary Kite are well known for their studies about sexism, ageism, and heterosexism. This excellent textbook includes interesting quotations and media reports about biases, as well as a clear discussion of the relevant research.

ANSWERS TO THE DEMONSTRATIONS

Demonstration 2.3: Most people believe that the following items are characteristics of women (W): fickle, gentle, kind, warm, nervous, emotional, talkative, compassionate, patient, modest. They also believe these items are characteristic of men (M): self-confident, greedy, competitive, active, capable, loud, show-off, courageous, inventive, powerful.

Demonstration 2.5: Add together the total number of points from the following items: 1, 3, 6, 7, 9. These items represent the hostile sexism subscale. Then add together the total number of points from items 2, 4, 5, 8, and 10. These items represent the benevolent sexism subscale. Adding these two subscale scores together provides an index of overall sexism.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. True (p. 38);   2. True (pp. 41–42);   3. False (p. 45);   4. True (p. 52);   5. True (p. 47);   6. False (p. 54);   7. True (p. 55);   8. True (p. 61);   9. True (p. 66);   10. True (p. 70).

3   Infancy and Childhood

True or False?

_____ 1. During the first few weeks of prenatal development, females and males have similar sex glands and external genitals.

_____ 2. People living in the United States and Canada have strong preferences about the gender of their firstborn child; more than two-thirds would prefer a son rather than a daughter.

_____ 3. When adults think that they are interacting with a baby girl, they typically judge that the baby is more delicate and feminine than if they think they are interacting with a baby boy; this finding is consistent with social constructionism.

_____ 4. Although Sigmund Freud's psychoanalytic theory may have problems explaining adult behavior, it is remarkably accurate in describing children's gender development.

_____ 5. Mothers talk more about anger to their sons than to their daughters; they talk more about sadness to their daughters than to their sons.

_____ 6. A boy who acts feminine is more likely to be rejected by other children, compared to a girl who acts masculine.

_____ 7. Teachers typically give more educational feedback to boys than to girls.

_____ 8. Research conducted during the past 10 years shows that boys and girls are now almost equally represented in children's television programs and advertisements.

_____ 9. By the age of 6 months, infants can perceive that a male face belongs in a different category from a series of female faces.

_____10. In general, girls are more likely than boys to reject an occupation that would be considered more appropriate for the other gender.

One hot summer day in South Carolina, a little girl was attending the birthday party of another preschooler. The children managed to stay cool by taking off their clothes and wading in the backyard pool. The little girl's mother picked her up from the party, and the two began discussing the afternoon's events. The mother asked how many boys and how many girls had attended the party. "I don't know," the child replied. "They weren't wearing any clothes" (C. L. Brewer, personal communication, 1998).

As we'll see in this chapter, children's and adults' conceptions of gender are often surprisingly different. After all, adults would point out that it's typically easier to determine a child's gender *without* any clothing. However, we'll also see that children can be quite knowledgeable. For example, even preschoolers are well informed about our culture's gender stereotypes.

In this chapter, we will discuss a process called gender typing. **Gender typing** includes how children acquire their knowledge about gender and how they develop their gender-related personality characteristics, preferences, skills, behaviors, and self-concepts (Liben & Bigler, 2002; Ruble et al., 2006). We'll start by considering the early phases of development, during the prenatal period and infancy, and then we'll discuss some theoretical explanations of gender typing. In the second section of this chapter, we'll examine factors that contribute to children's gender typing. These factors—such as the school system and the media—virtually guarantee that children growing up in North America will be well informed about the

importance of gender in our culture. In the final section, we'll focus on children's knowledge and stereotypes about gender; as we'll see, even infants can tell the difference between female and male faces.

BACKGROUND ON GENDER DEVELOPMENT

Some important biological components of gender—such as the sex organs—develop during the **prenatal period,** the time before birth. Our culture then conveys many messages about gender during **infancy,** the period between birth and 18 months of life. An adequate theory about gender development must be sufficiently complex to explain the societal forces that encourage children's gender typing. The theory must also emphasize that children contribute to their own gender typing by actively working to master their lessons about gender.

Prenatal Sex Development

At conception, an egg with 23 chromosomes combines with a sperm, which also has 23 chromosomes. Together, they form a single cell that contains 23 chromosome pairs. The 23rd pair is called the **sex chromosomes**; these are the chromosomes that determine whether the embryo will be genetically female or male. In typical prenatal sex development, the other 22 chromosome pairs determine all the additional physiological and psychological characteristics.

The egg from the mother always supplies an X sex chromosome. The father's sperm, which fertilizes the egg, contains either an X chromosome or a Y chromosome. If an X chromosome from the father fertilizes the egg, then XX represents the chromosome pair, and the child will be a genetic female. If a Y chromosome from the father fertilizes the egg, then XY represents the chromosome pair, and the child will be a genetic male.

Consider the irony of this situation. Our culture emphasizes the importance of gender—whether someone is an XX person or an XY person (Beall et al., 2004). However, this outcome is determined simply by whether a sperm bearing an X chromosome or a sperm bearing a Y chromosome is the first to penetrate the egg cell!

Typical Prenatal Development

Female and male embryos differ in their chromosomes. However, until about 6 weeks after conception, female and male embryos are virtually identical in all other characteristics (M. Hines, 2004). For instance, each human fetus has two sets of primitive internal reproductive systems. The internal female system, called Müllerian ducts, will eventually develop—in females—into a uterus, egg ducts, and part of the vagina. The internal male system, called Wolffian ducts, will eventually develop into the male internal reproductive system, which includes structures such as the prostate gland and the vesicles for semen (Federman, 2004).

The sex glands (or **gonads**) of males and females also look identical during the first weeks after conception. If the embryo has an XY chromosome

pair, a tiny segment of the Y chromosome is responsible for sending a "message" that guides the gonads to develop into male testes, beginning about 6 weeks after conception. In contrast, if the embryo has an XX chromosome pair, the gonads begin to develop into female ovaries, beginning about 8 to 10 weeks after conception (Blakemore et al., 2009; Fausto-Sterling, 2000; M. Hines, 2004).

In about the third month after conception, the fetus's hormones encourage further sex differentiation, including the development of the external genitals. In males, the testes secrete two substances. One of these, the Müllerian inhibiting hormone, shrinks the (female) Müllerian ducts. The testes also secrete **androgen,** one of the male sex hormones. High levels of androgen encourage the growth and development of the Wolffian ducts (Blakemore et al., 2009). Androgen also encourages the growth of the external genitals. (See Figure 3.1.) The genital tubercle becomes the penis in males.

Later in females' prenatal development, the ovaries begin to make **estrogen,** one of the female sex hormones. However, researchers currently believe that estrogen does not play an important role in the development of female organs (Blakemore et al., 2009). Consistent with the "invisible female" theme, we know much less about prenatal development in females than in males (Crooks & Baur, 2005; Fitch et al., 1998). For instance, an article in the prestigious *New England Journal of Medicine* shows an elaborate figure labeled "Factors Involved in the Determination of Male Sex"—but no comparable figure for the female sex (Federman, 2004). Researchers know, for example, that the genital tubercle develops into the clitoris in females. (See Figure 3.1.) However, it isn't clear whether this developmental process requires a specific hormone or whether a clitoris simply develops when androgen is absent.

In summary, typical sexual development follows a complex sequence before birth. The first event is conception, when genetic sex is determined. Female and male embryos are anatomically identical for the first weeks after conception. As we have seen, four additional processes then lead to the differentiation of females and males: (1) the development of the internal reproductive system, (2) the development of the gonads, (3) the production of hormones, and (4) the development of the external genitals.

Atypical Prenatal Development

The elaborate scenario we've just examined is the typical one. As you might expect from such a scenario, prenatal development sometimes takes a different pathway (Blakemore et al., 2009). The result is an intersexed infant whose biological sex is not clearly female or male. An **intersexed individual** has genitals that are not clearly female or clearly male. An intersexed person also does not have the chromosomes or an internal reproductive system, gonads, hormones, and external genitals that are either consistently female or consistently male. In other words, the world does not have just two sex categories, female and male (Golden, 2008; S. J. Kessler, 1998; Marecek et al., 2004). In fact, Fausto-Sterling (2000) estimated that intersexed individuals represent about 2% of the general population. Let's consider two examples of atypical prenatal development.

Undifferentiated before sixth week

Genital tubercle
Urethral fold
Urethral groove
Genital fold
Anal pit

Seventh to eighth week

Male   **Female**

Glans
Area where foreskin (prepuce) forms
Urethral fold
Urogenital groove
Genital fold (becomes
shaft of penis or labia minora)
Labioscrotal swelling
(becomes scrotum or labia majora)
Anus

Fully developed by twelfth week

Male   **Female**

Urethral opening
(meatus)
Prepuce
(Penis) Glans (Clitoris)
(Penis) Shaft (Clitoris)
Labia minora
Urethral opening
(meatus)
Scrotum   Labia majora
Vaginal
opening
Anus

FIGURE **3.1** Prenatal development of the external genitals.

Source: Based on Crooks & Baur (2008).

One atypical pattern is called **congenital adrenal hyperplasia;** in one form of this condition, genetic females (XX) receive as much androgen as males do during prenatal development. The excess androgen causes their genitals to look somewhat masculine at birth (Pasterski, 2008). The traditional medical treatment has been surgery—even though surgery is not medically necessary—so that the genitals can appear more feminine (M. Hines, 2004; MacLaughlin & Donahoe, 2004; Ruble et al., 2006).

A second atypical pattern is called **androgen insensitivity syndrome,** a condition in which genetic males (XY) produce normal amounts of androgen, but a genetic condition makes their bodies not respond to androgen (Fausto-Sterling, 2000; M. Hines, 2004; Pasterski, 2008). As a result, the genital tubercle does not grow into a penis; the external genitals look female. These children are usually labeled girls because they lack a penis. However, they have a shallow cavity instead of a complete vagina, and they have no uterus. This syndrome is usually discovered when they do not begin to menstruate at the normal time of puberty (M. Hines, 2004).

To me, the most interesting aspect of atypical prenatal development focuses on some important questions: Why does our culture force all infants into either the female category or the male category (Basow, 2006; Golden, 2008; S. J. Kessler, 1998)? Why can't we accept that some people are intersexed—neither female nor male? Why do physicians typically recommend surgery for intersexed individuals, so that the external genitals can appear to be either clearly feminine or clearly masculine?

Many intersexed adults now argue that intersexed children should not be forced to adopt one gender just because it is socially acceptable (Colapinto, 2000; Fausto-Sterling, 2000; Golden, 2008; Navarro, 2004). As one intersexed adult writes:

> I was born whole and beautiful, but different. The error was not in my body, nor in my sex organs, but in the determination of the culture.... Our path to healing lies in embracing our intersexual selves, not in labeling our bodies as having committed some "error." (M. Diamond, 1996, p. 144)

In Chapters 1 and 2, we pointed out that gender polarization forces us to see the two genders as being very different from one another. Carla Golden (2008) writes that feminist psychology is about seeing the world differently. From this new viewpoint, can we overcome gender polarization and acknowledge that we humans are not limited to just two options?

People's Responses to Infant Girls and Boys

We consider a person's gender—the label "female" or "male"—to be extremely important, as noted in previous chapters and in the discussion of intersexed individuals. You probably know many women who choose, during their pregnancy, to learn the gender of their baby several months before childbirth. Interestingly, when a woman chooses *not* to know the baby's gender, she is likely to find that her friends and relatives may become insistent: "Couldn't you just do me a favor and ask the doctor? I want to crochet some booties for your baby, and I need to know what color to make them!"

Parental Preferences About Sex of Children

Several decades ago, researchers in the United States and Canada found that most men and women preferred a boy for their firstborn child. More recent research shows no clear-cut pattern of parents' stated preferences about the gender of their offspring (Blakemore et al., 2009; Marleau & Saucier, 2002; McDougall et al., 1999; Pollard & Morgan, 2002).

However, more subtle measures seem to reveal the preferences of many North American parents. For example, Gonzalez and Koestner (2005) examined 386 birth announcements in Canadian newspapers. Two researchers rated each birth announcement—without knowing the gender of the newborn—for the amount of happiness and the amount of pride it revealed. The results showed that parents were more likely to express pride following the birth of a boy. They were also more likely to express happiness following the birth of a girl. Now try Demonstration 3.1, which examines people's ideas about the preferred gender of a baby.

<table>
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**DEMONSTRATION
3.1**

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Preferences for Males Versus Females as the Firstborn Child

You've just read that most North Americans no longer express clear-cut preferences for the gender of their offspring. However, some individuals you know may have strong opinions on the topic. To try this demonstration, locate 10 women and 10 men who do not have children, and ask them whether they would prefer a boy or a girl as their firstborn child. Be sure to select people with whom you are comfortable asking this question, and interview them one at a time.

After noting each person's response, ask for a brief rationale for the answer. Do your male and female respondents differ in their preferences? Do you think their responses would have been different if they had filled out an anonymous survey?

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In some other cultures, however, parents do have strong preferences for boys. Favoritism toward boys is so strong in India and Korea that many women seek prenatal sex determinations. If the fetus is female, the mother often requests an abortion (Bellamy, 2000; Blakemore et al., 2009; Carmichael, 2004).

Selective abortion and female infanticide are also common in China, where the excess male population has important social consequences. In some regions of China, for instance, the preference is so strong that about 120 infant boys are born for every 100 infant girls. This pattern of selective abortion means that many Chinese men of marrying age will not be able to find a spouse (Glenn, 2004; Hudson & den Boer, 2004; Pomfret, 2001).

The bias against female babies also appears in other cultures, even those that do not practice selective abortion (Croll, 2000; Gonzalez & Koestner, 2005). For example, C. Delaney (2000) reported that residents of Turkish villages often say, "A boy is the flame of the hearth, a girl its ashes" (p. 124).

This anti-female bias is an important example of Theme 2 of this book: People often respond differently to females and males. This information about prenatal preferences demonstrates that, unfortunately, the bias begins even before the child is born (Croll, 2000; Rajvanshi, 2005).

The bias against female infants may also have important health consequences. For example, I know a student, now in her late 20s, who had been born in Korea, in a premature delivery. Many years later, her father told her that the family had decided not to put her in a hospital incubator because she was a girl. However, they would have chosen the incubator option if she had been a boy. Fortunately, she survived anyway.

People's Stereotypes About Infant Girls and Boys

Do people think baby girls are different from baby boys? Let's first examine parents' stereotypes. In a classic study, Katherine Karraker and her colleagues (1995) investigated 40 mother-father pairs, two days after their infant daughter or son had been born. The researchers made certain that the daughters were objectively similar to the sons in terms of size and health. All the parents were asked to rate their newborn infant on a number of scales.

As you can see in Figure 3.2, parents of girls rated their daughters as being relatively weak, whereas parents of boys rated their sons as being relatively strong. Notice that the parents also thought that the girls were more
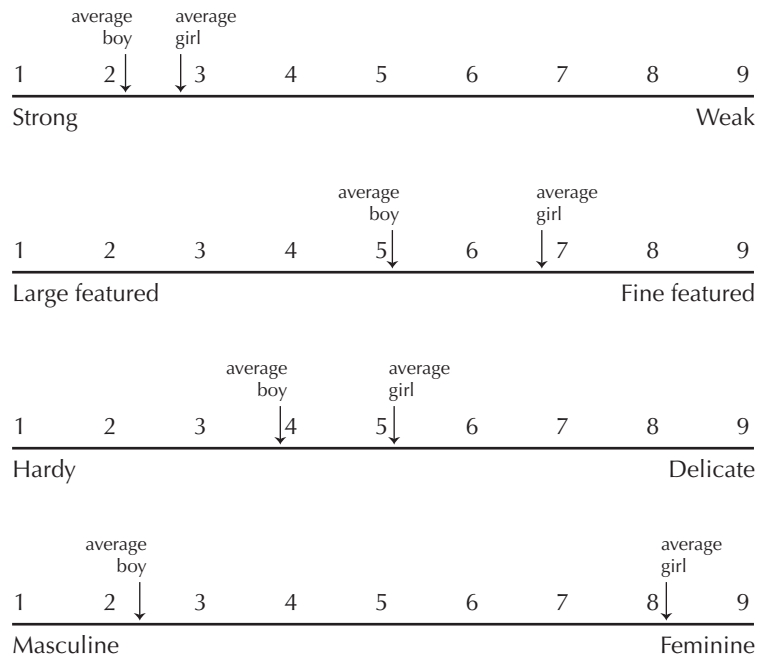
FIGURE **3.2** Average ratings for newborn girls and boys on four dimensions.

Source: Based on Karraker et al. (1995).

fine-featured, delicate, and feminine, in comparison to the sons. More recent studies show similar findings (Blakemore et al., 2009). Other research demonstrates that parents treat daughters and sons differently by choosing "gender appropriate" room decorations and toys (Basow, 2006; A. Pomerleau et al., 1990).

We have seen that parents respond somewhat differently to their infant daughters than to their infant sons. Strangers also show this same tendency to make distinctions based on gender. For instance, have you ever assumed an infant was a boy, and then learned this infant was a girl? Most of us find this experience puzzling. We try to maintain a nonsexist perspective, yet we find ourselves immediately justifying this gender transformation: "Oh, of course, I didn't notice her long eyelashes," or "Yes, her hands are so delicate."

In general, the research evidence confirms that strangers judge infants differently when they are perceived to be female rather than male (e.g., Archer & Lloyd, 2002; Condry & Condry, 1976; Delk et al., 1986; Demarest & Glinos, 1992; C. Lewis et al., 1992). However, many adults who live in a relatively liberal community may not judge infants in terms of gender stereotypes (Plant et al., 2000).

Marilyn Stern and Katherine Karraker (1989) reviewed the research in which infants had been given male or female labels. More than two-thirds of the studies showed at least one gender-label effect; that is, the gender label "boy" or "girl" had a significant influence on people's ratings of the infant. In general, the differences were largest when people judged infants' activities and physical characteristics. The differences were generally smallest when people judged developmental achievements and personality characteristics (Golombok & Fivush, 1994).

In addition, relatives and friends may convey gender stereotypes through their choice of greeting cards that they send to parents of a newborn. In general, cards for boys show physical activity and action toys, whereas the cards for girls emphasize the baby's sweetness (Bridges, 1993). Parents therefore receive strong gender messages as soon as they open the envelopes.

Notice that these studies on adults' treatment of infants tend to support a social constructionist approach (Reid et al., 2008). As we discussed in Chapter 1, **social constructionism** argues that we tend to construct or invent our own versions of reality based on our prior experiences and beliefs. For example, if we are told that an infant is female, we tend to see delicate, feminine behavior. If we are told that the same infant is male, we tend to see sturdy, masculine behavior. That is, we create our own versions of reality, based on our prior beliefs about gender.

This discussion suggests we can explain gender typing at least partly by the way people respond to infant girls and boys: Both parents and strangers make some gender distinctions. However, differential treatment by these individuals is certainly not the complete answer. As we'll see in this chapter, other gender messages come from a child's peers, the school system, and the media. We'll also see that part of the explanation comes from girls' and boys' own ideas about the importance of gender. In other words, children may initially acquire gender ideas from other people and other institutions. However,

children can exaggerate or modify these ideas still further through their own patterns of thought (Basow, 2008; Zack, 2005).

Theories of Gender Development

How can we account for the development of gender? What theories explain how children acquire their knowledge about gender, as well as their gender-related personality characteristics, preferences, self-concepts, skills, and behaviors?

One early explanation of gender development was Sigmund Freud's elaborate psychoanalytic theory. However, research has not supported that theory, and it is seldom discussed in contemporary explanations for the development of gender (e.g., Bussey & Bandura, 2004; Denmark & Paludi, 2008; Rudman & Glick, 2008; Ruble et al., 2006).

In our discussion of gender development, we will focus on two contemporary perspectives. These perspectives emphasize two different processes that operate during child development: the social learning approach and the cognitive developmental approach.

Two decades ago, these two approaches were considered rival theories. We now must conclude that gender development is such a complex process that neither explanation is sufficient by itself. Instead, children apparently acquire their information about gender by *both* of these important methods (Bem, 1981, 1993; Bussey & Bandura, 2004; Powlishta et al., 2001; Ruble et al., 2006). To be specific:

1. In the social learning approach, children learn gender-related *behaviors* from other people.
2. In the cognitive developmental approach, children actively synthesize and create their own *thoughts* about gender.

The Social Learning Approach

The social learning approach argues that the traditional principles of learning explain an important part of gender development (Bandura & Bussey, 2004; Blakemore et al., 2009; Bussey & Bandura, 2004; B. Lott & Maluso, 2001). More specifically, the **social learning approach** proposes two major mechanisms for explaining how girls learn to act "feminine" and how boys learn to act "masculine":

1. Children are rewarded for "gender-appropriate" behavior, and they are punished for "gender-inappropriate" behavior.
2. Children watch and imitate the behavior of people from their own gender category.

Let's first see how rewards and punishments might operate. Jimmy, age 2, races his toy truck, producing an impressive rumbling-motor sound. His parents smile, thereby rewarding Jimmy's "masculine" behavior. If Jimmy had donned his sister's pink tutu and waltzed around the dining room, his parents might actively try to discourage him. Now imagine how Sarah, also age 2, could win smiles for the pink tutu act. However, in some families, she might earn frowns for the rumbling-truck performance.

The research shows that parents respond more positively when children play "gender consistent" play patterns (Ruble et al., 2006). According to this first component of the social learning approach, children directly learn many gender-related behaviors, based on positive and negative responses from other people. As we'll soon see, adults and other children often praise a girl for a behavior that they would condemn in a boy … and vice versa (Fabes & Martin, 2000).

According to the second of the two social learning components, children also learn by watching others and imitating them, a process called **modeling** or **observational learning.** Children are especially likely to imitate a person of their own gender or a person who has been praised for a behavior (Blakemore et al., 2009; Bussey & Bandura, 2004; Carli & Bukatko, 2000; B. Lott & Maluso, 2001). For example, a little girl would be particularly likely to imitate her mother if someone had praised her mother for her actions. Also, children frequently imitate characters from books, films, and television, as well as real people (Bussey & Bandura, 2004).

Direct learning, by means of rewards and punishments, is an important way that very young children learn "gender-appropriate" behavior. As children grow older, the second component (modeling) becomes active. Children can now observe the behavior of others, internalize that information, and imitate that behavior later (Bussey & Bandura, 1999, 2004; B. Lott & Maluso, 2001; Trautner & Eckes, 2000). Now let's see how our gender schemas and other cognitive processes contribute to a lifetime of learning about gender.

The Cognitive Developmental Approach

Whereas the social learning approach emphasizes *behaviors*, the cognitive developmental approach emphasizes *thoughts*. More specifically, the **cognitive developmental approach** argues that children are active thinkers who seek information from their environment; children also try to make sense of this information and organize it in a coherent fashion (Gelman et al., 2004; Olson & Dweck, 2008; Reid et al., 2008).

One important concept in the cognitive developmental approach is called a *schema*. A **schema** (pronounced *skee*-mah) is a general concept that we use to organize our thoughts and attitudes about a topic (Blakemore et al., 2009). As we noted in Chapter 2 (page 64), we humans seem to automatically sort people into groups.

At a relatively early age, children develop powerful **gender schemas**; they organize information into two conceptual categories, female and male (Zack, 2005). These gender schemas encourage children to think and act in gender-stereotyped ways that are consistent with their gender schemas (Blakemore et al., 2009; C. L. Martin & Ruble, 2004; C. L. Martin et al., 2002, 2004).

A child's gender schema may include relatively important information, such as the fact that the kindergarten teacher consistently instructs children to form a boys' line and a girls' line (Bem, 1981, 1993). The schemas may also include trivial information, such as the observation that children's drawings of females show more prominent eyelashes than their drawings of males. As children grow older, their gender schemas become more complex and also more flexible (C. L. Martin & Ruble, 2004).

According to the cognitive developmental approach to gender development, children actively work to make sense of their own gender (Blakemore et al., 2009; Gelman et al., 2004; Kohlberg, 1966). One of the first major steps in gender development is **gender identity,** or a girl labeling herself as a girl and a boy labeling himself as a boy. Most children provide the "correct" label by the time they are 1 1/2 to 2 1/2 years old (C. L. Martin et al., 2004). Notice, incidentally, that this "two-category system" is rigid; it does not provide any flexibility for an intersexed child or a child whose family tries to avoid gender labels.

Soon after children label themselves, they learn how to classify other males and females. At this point, most children begin to prefer people, activities, and things that are consistent with their own gender identity (Kohlberg, 1966; C. L. Martin et al., 2002; Powlishta et al., 2001; Rudman & Glick, 2008). A child who realizes that she is a girl, for example, likes feminine objects and activities. A woman in one of my classes provided a useful example of these preference patterns. Her 4-year-old daughter asked about the sex of every dog she met. If it was a "girl dog," she would run up and pat it lovingly. If it was a "boy dog," she would cast a scornful glance and walk in the opposite direction. According to the cognitive developmental approach, girls prefer stereotypically feminine activities because these activities are consistent with their female gender identity.

General Comments About Theories of Gender Development

We have explored two major theoretical approaches to development; both of these theories are necessary to account for children's gender typing. Together, they suggest the following:

1. Children's behaviors are important, as proposed by the social learning approach.
   a. Children are rewarded and punished for gender-related behavior.
   b. Children model their behavior after same-gender individuals.

2. Children's thoughts are important, as proposed by the cognitive developmental theory.
   a. Children develop powerful gender schemas.
   b. Children use gender schemas to evaluate themselves, other people, and other things.

Both the social learning and the cognitive developmental approaches work together to account for children's development of gender typing (e.g., Bussey & Bandura, 1999, 2004; C. L. Martin et al., 2002, 2004). To some extent, children *behave* before they *think*. In other words, the two components of social learning theory may begin to operate before children have clear gender schemas or other thoughts about gender (Warin, 2000). As children's cognitive development grows more sophisticated, however, their ideas about gender schemas enhance their ability to learn gender-typed behavior, through direct learning and modeling (Reid et al., 2008).

For the remainder of this chapter, we turn our attention to the research about children's gender development. We'll first consider the external forces that encourage gender typing. These forces include the parents, peers, and teachers who reward and punish children's gender-related behavior, as well as the media that provide models of gender-stereotyped behavior. Then we'll consider how children's thoughts about gender develop from infancy to late childhood.

SECTION SUMMARY

Background on Gender Development

1. During typical prenatal development, male and female embryos initially look identical; male testes begin to develop at 6 weeks, and female ovaries begin to develop at about 8 to 10 weeks.

2. An embryo's neutral external genitals usually grow into either female or male genitals during prenatal development.

3. In atypical prenatal development, an intersexed infant is born; this child is neither clearly male nor clearly female. For example, genetic females with congenital adrenal hyperplasia (too much androgen) have external genitals that look masculine. Also, genetic males with androgen-insensitivity syndrome may have external genitals that look female.

4. North Americans are typically uncomfortable with intersexed infants because they do not fit into one of the two "acceptable" gender categories.

5. Most parents no longer have a strong preference for male offspring in the United States and Canada. In contrast, gender preferences are so strong in some other countries (e.g., India, Korea, and China) that female fetuses may be aborted.

6. Parents and strangers tend to judge infant girls and infant boys differently.

7. We can best explain gender typing by combining two approaches: (a) the social learning approach (children are rewarded for "gender-appropriate" behavior and punished for "gender-inappropriate" behavior, and children imitate the behavior of same-gender individuals) and (b) the cognitive developmental approach (children's active thinking encourages gender typing, and children use gender schemas for evaluation).

FACTORS THAT SHAPE GENDER TYPING

In the previous section, we discussed two general explanations for gender typing. The social learning approach emphasizes that parents often reward gender-typed behavior more than "gender-inappropriate" behavior; also, parents and the media typically provide models of gender-typed behavior. The cognitive developmental approach emphasizes that children actively construct their gender schemas based on messages they learn from parents and other sources. Let's look in closer detail at several important factors that shape gender typing, beginning with parents and then moving on to peers, schools, and the media. As you'll see, each factor contributes to children's development of gender roles.

Parents

We saw earlier that parents react somewhat differently to male and female infants. Those reactions tend to be stereotyped because parents do not yet know their child's unique characteristics (Jacklin & Maccoby, 1983). When children are older, however, the parents know much more about each child's individual personality (B. Lott & Maluso, 1993). Therefore, parents often react to older children on the basis of each child's personality characteristics in addition to his or her gender (Blakemore et al., 2009; Reid et al., 2008).

In this section, we'll see that parents sometimes encourage gender-typed activities and conversational patterns. They also treat sons and daughters somewhat differently with respect to two social characteristics: aggression and independence. However, parents often do not make as strong a distinction between boys and girls as you might expect (R. C. Barnett & Rivers, 2004; Blakemore et al., 2009; Leaper, 2002; Ruble et al., 2006). We'll also consider the factors related to parents' gender-typing tendencies.

Gender-Typed Activities

Parents encourage gender-typed activities when they assign chores to their children. As you might expect, parents are likely to assign girls to domestic chores, such as washing the dishes or taking care of younger children, whereas they assign boys to outdoor work, such as mowing the lawn or taking out the garbage (Blakemore et al., 2009; Ruble et al., 2006; Sy & Romero, 2008).

Research in Asia shows that girls typically perform more time-consuming chores than boys do, whereas boys are allowed more time for schoolwork (Croll, 2000). Furthermore, in nonindustrialized cultures, boys have roughly twice as much free time as girls do (McHale et al., 2002).

According to the research, parents often encourage their children to develop gender-typed interests by providing different kinds of toys for daughters than for sons (Leaper, 2002; Reid et al., 2008). However, parents frequently have gender-neutral responses to children's play patterns (Idle et al., 1993; Ruble et al., 2006). In other words, if parents notice that 3-year-old Tanya likes playing with the Fisher-Price gas station, they won't interfere by handing her a doll.

In general, however, girls are allowed greater flexibility than boys, as far as the toys they play with (Basow, 2008; Reid et al., 2008; E. Wood et al., 2002). That is, parents are much more worried about boys being sissies than about girls being tomboys. One likely explanation is that adults tend to interpret feminine behavior in a boy as a sign of gay tendencies, but they are less likely to view masculine behavior in a girl as a sign of lesbian tendencies (Kite et al., 2008; Sandnabba & Ahlberg, 1999).

We have seen that male children are more likely than female children to *receive* strong messages about "gender-appropriate" behavior. Similarly, the research shows that male adults are more likely than female adults to *give* these messages (Blakemore & Hill, 2008; Leaper, 2002; Ruble et al., 2006). For example, fathers are more likely than mothers to encourage their daughters to play with stereotypically feminine items, such as tea sets and baby dolls, and to encourage their sons to play with stereotypically masculine items, such as footballs and boxing gloves.

In summary, parents do seem to promote some gender-typed activities in their children. As we'll soon see, however, many parents conscientiously try to treat their sons and daughters similarly.

Conversations About Emotions

Another kind of gender-typed activity focuses on conversations. For example, mothers talk more to infant daughters than to infant sons (Clearfield & Nelson, 2006). With older children, parents are especially likely to talk to daughters about other people and about emotions (Blakemore et al., 2009; Bronstein, 2006; Clearfield & Nelson, 2006; Reid et al., 2006).

One of the most interesting aspects of parent-child conversations is that parents typically discuss different emotions with their daughters than with their sons (Chance & Fiese, 1999; Fivush & Buckner, 2000; Leaper, 2002). For example, Fivush (1989) examined mothers' conversations with children between the ages of 2 1/2 and 3 years. During a session that lasted about half an hour, 21% of mothers discussed anger with their sons, whereas none of mothers discussed anger with their daughters. Instead, they talked with their daughters about fear and sadness.

Mothers are especially likely to discuss sadness in detail with their daughters, in order to discover exactly why their daughters had been sad on a particular occasion (Fivush & Buckner, 2000). Also, mothers speak in a more emotional fashion when interacting with their daughters than with their sons (Fivush & Nelson, 2004). Fathers, as well as mothers, are much more likely to discuss sadness with their daughters than with their sons (S. Adams et al., 1995; Fivush & Buckner, 2000; Fivush et al., 2000).

Parents also tend to pressure boys to avoid expressing sadness or fear (Blakemore et al., 2009). Not surprisingly, then, studies of 3- and 4-year-olds show that girls are more likely than boys to spontaneously talk about sad experiences (Denham, 1998; Fivush & Buckner, 2000).

In Chapter 12, we'll see that–when women are sad–they often spend time trying to figure out the precise nature of their sadness, an activity that may lead to higher rates of depression in women than in men (Nolen-Hoeksema, 1990, 2003). Early family interactions may set the stage for these gender differences during adulthood.

Attitudes About Aggression

Do parents respond differently to aggressiveness in their daughters, as opposed to their sons? The findings are somewhat inconsistent. Some studies show that parents are more likely to discourage aggression in their daughters, but other studies show few differences (Basow, 2008; Powlishta et al., 2001; Ruble & Martin, 1998). One possibility is that parents treat preschool girls and boys similarly. However, once the children begin elementary school, parents may discourage aggression somewhat more in their daughters than in their sons (Blakemore et al., 2009).

Try Demonstration 3.2 when you have a chance. What do your own observations suggest about parents' responses to aggressive daughters and aggressive sons?

Tolerance for Aggression in Sons and Daughters

For this demonstration, you will need to find a location where parents are likely to bring their children. Some possibilities include grocery stores, toy stores, and fast-food restaurants. Observe several families with more than one child. Be alert for both verbal and physical aggression from the children, directed toward either a parent or a sibling. What is the parent's response to this aggression? Does the parent respond differently to aggression, depending on a child's gender?

Parents can also provide information about aggression and power in other ways. As the second component of social learning theory emphasizes, some boys learn to be aggressive by imitating their aggressive fathers. Furthermore, children notice in their own families that fathers make more decisions. Fathers may also use physical intimidation to assert power. By observing their parents, children often learn that physical aggression and power are "boy things," not "girl things."

Attitudes About Independence

Do parents respond differently to independence in their daughters, as opposed to their sons? Similar to the situation with aggression, the findings are somewhat inconsistent. For example, parents tend to give the same kind of verbal directions to their daughters and their sons (e.g., Leaper et al., 1998). However, in research on toddlers, parents are more likely to leave boys alone in a room, whereas they are more likely to supervise girls (Bronstein, 2006; Grusec & Lytton, 1988).

When children reach school age, parents are also more likely to provide cautions to their daughters than to their sons (Leaper, 2002; Morrongiello & Hogg, 2004; Ruble et al., 2006). Parents specifically allow their sons to be more independent about playing away from home (Blakemore et al., 2009).

However, as Blakemore and her colleagues write, "In many ways, contemporary parents treat boys and girls very similarly overall, and they are likely to treat particular children differently than others, depending on factors such as their age, birth order, or temperament" (p. 287).

Individual Differences in Parents' Gender Typing

We have seen that parents may encourage gender-typed activities. Furthermore, they often spend more time talking about sadness with their daughters than with their sons. However, parents do not consistently encourage aggression or independence in their sons more than in their daughters (Leaper, 2002; Powlishta et al., 2001; Ruble & Martin, 1998).

Consistent with Theme 4 (individual differences), parents vary widely in the kinds of gender messages they provide to their children. Some parents treat their sons and daughters very differently, whereas others actively try to avoid gender bias (Blakemore et al., 2009; Ruble et al., 2006).

Relatively few studies have focused specifically on the relationship between ethnicity and parents' treatment of sons and daughters. Factors such as an ethnic group's social class can have an important influence on the results (Hill, 2002; Reid et al., 2008; Raffaelli & Ontai, 2004). However, there is some evidence that African American mothers tend to be less gender-biased (Flannagan & Perese, 1998; Hill, 2002; Reid et al., 2008).

As you might expect, parents' personal ideas about gender can have an important effect on the kind of messages they give their sons and daughters (Bem, 1998; Ruble et al., 2006). For example, parents with traditional attitudes about gender tend to disapprove of their children adopting the characteristics of the other gender (Blakemore & Hill, 2008).

A study by Tenenbaum and Leaper (1997) observed Mexican American fathers interacting with their preschool children in a feminine setting: playing with toy foods. Fathers who had traditional attitudes toward gender did not talk much with their children in this setting. In contrast, nontraditional fathers asked their children questions such as "What is on this sandwich?" and "Should we cook this egg?" By asking these questions, the fathers are sending a message to their children that men can feel comfortable with traditionally feminine tasks.

In other research, Fiese and Skillman (2000) asked a parent to tell a story to her or his 4-year-old child, focusing on the parent's own childhood experience. Mothers and fathers who had traditional attitudes about gender were likely to talk with their children in a gender-stereotypical fashion. For instance, they told about three times as many stories about achievement to their sons as they did to their daughters. In contrast, nonstereotyped parents told about the same number of achievement-related stories to their sons and daughters.

Before we move on, let's review the general conclusions about parents. Parents often encourage gender typing by their reactions to their children's "masculine" and "feminine" activities. They also discuss emotions, especially sadness, more with their daughters than with their sons. Parents are somewhat more likely to *discourage* aggression in their daughters, rather than their sons. In addition, they are somewhat more likely to *encourage* independence in their sons, rather than their daughters. Parents' gender-related messages about aggression and independence may be somewhat stronger when children reach school age. However, nontraditional parents typically provide fewer gender messages.

When we take everything into account, parents don't seem to be as consistent about encouraging gender typing as the articles in the popular media would suggest. We need to consider additional forces that are responsible for gender typing, including three factors that reveal greater gender bias: peers, schools, and the media.

Peers

Once children in the United States and Canada begin school, a major source of information and attitudes about gender is their **peer group**—that is, other children of approximately their own age. A child may have been raised by relatively nonsexist parents. However, on the first day of class, if Jennifer wears

her hiking boots and Johnny brings in a new baby doll, their peers may respond negatively. According to the research, peers seem to be more influential than parents in emphasizing gender typing (Maccoby, 2002).

Peers encourage gender typing in four major ways: (1) Children reject their peers who act in a nonstereotypical fashion; (2) they encourage gender segregation; (3) they are prejudiced against children of the other gender; and (4) they have different standards for treating boys and girls. As you read this discussion, consider how social learning theory and gender schema theory would explain each topic's contribution to children's gender typing.

Rejection of Nontraditional Behavior

In general, children tend to reject peers who act in a fashion that is more characteristic of the other gender (Basow, 2006; Blakemore et al., 2009; Rudman & Glick, 2008). For example, children tend to think that girls should not play aggressive electronic games about fighting (Funk & Buchman, 1996). Women who had been tomboys as children often report that their peers were influential in convincing them to act more feminine (B. L. Morgan, 1998). As we saw in the discussion of social learning theory, children are rewarded for "gender-appropriate" behavior, and they are punished for "gender-inappropriate" behavior (Bussey & Bandura, 2004).

Nontraditional boys usually experience even stronger peer rejection than girls do (Bussey & Bandura, 2004; Ruble et al., 2006; Rudman & Glick, 2008). For example, Judith Blakemore (2003) asked children between the ages of 3 and 11 to judge whether they would like to be friends with a child who violated traditional stereotypes. The children were especially likely to say that they would dislike a boy who wore a girl's hairstyle or a girl's clothing, who played with a Barbie doll, or who wanted to be a nurse. In contrast, they judged girls significantly less harshly for comparable role violations. Interestingly, when a boy often participates in pretend play with girls, he tends to be unpopular with other boys (Colwell & Lindsey, 2005).

Peers contribute to an unwritten boys' code, a set of rigid rules about how boys should speak and behave (Pollack, 1998). This code explicitly specifies that boys should not talk about their anxieties, fears, and other "sensitive" emotions. As we saw in the discussion of the cognitive developmental approach, children's gender schemas are often extremely rigid. Furthermore, boys' schemas become even more rigid when their peers are present (Basow, 2008).

Gender Segregation

The tendency to associate with other children of the same gender is called **gender segregation**. Children in the United States and Canada begin to prefer playing with same-gender children by age 2 or 3 years, even on tasks where gender is completely irrelevant (Blakemore et al., 2009; Kite et al., 2008). Gender segregation then increases until early adolescence (C. P. Edwards et al., 2001; Maccoby, 1998, 2002; Rudman & Glick, 2008). In one study, for instance, more than 80% of 3- to 6-year-old children clearly preferred to play with another child of the same gender (C. L. Martin & Fabes, 2001).

One problem with gender segregation is that these single-gender groups encourage children to acquire—and practice—gender-stereotyped behavior (Fabes et al., 2003; Maccoby, 1998, 2002; Rudman & Glick, 2008). In these "separate cultures," boys learn that they are supposed to be physically aggressive, and they should not admit that they are sometimes afraid. Girls learn to express their emotions and to be sensitive to their friends' problems (Rose & Rudolph, 2006; Underwood, 2004).

A major problem with gender segregation is that children who grow up playing with only same-gender peers will not learn the broad range of skills they need to work well with both females and males (Fagot et al., 2000; Rudman & Glick, 2008; Shields, 2002). Furthermore, these different activities, in turn, strengthen children's gender schemas, so that the "boy" category seems distinctly different from the "girl" category (Fabes et al., 2003; Ruble et al., 2006).

Both girls and boys also learn that the boys' group has greater power (Blakemore et al., 2009; Rudman & Glick, 2008). This inequality encourages a sense of **entitlement** among the boys; the boys will feel that they *deserve* greater power simply because they are male rather than female (McGann & Steil, 2006; L. M. Ward, 1999).

This preference for playing with children of the same gender continues to increase until about the age of 11 (Blakemore et al., 2009; Maccoby, 1998). As romantic relationships develop in early adolescence, boys and girls then increase the amount of time they spend together (Rudman & Glick, 2008).

Gender Prejudice

A third way in which peers encourage gender typing is with prejudice against members of the other gender (Carver et al., 2003; Narter, 2006; Rudman & Glick, 2008). As we discussed in connection with gender schema theory, children develop a preference for their own gender.

For example, Powlishta (1995) showed 9- and 10-year-old children a series of brief videotaped interactions between children and adults. After viewing each video, the children rated the child in the video, using a 10-point scale of liking that ranged from "not at all" to "very, very much." As you can see in Figure 3.3, girls liked the girl targets in the videos better than the boy targets, and boys preferred the boy targets to the girl targets.

Similarly, in a study with Brazilian 3- to 10-year-olds, children gave positive ratings to same-gender children and negative ratings to children of the other gender (de Guzman et al., 2004). This kind of gender prejudice arises from children's clear-cut gender schemas, and it reinforces children's beliefs that females and males are very different kinds of people.

Gender prejudice is far from innocent. For example, Kuhn (2008) describes how boys have verbally harassed her third-grade daughter, and they also repeatedly tell her that girls can't play sports. In addition, the boys frequently slap her bottom as they pass by. Unfortunately, surveys indicate that young girls frequently experience this kind of hostility (Leaper & Brown, 2008; Rudman & Glick, 2008; Wessler & De Andrade, 2006).
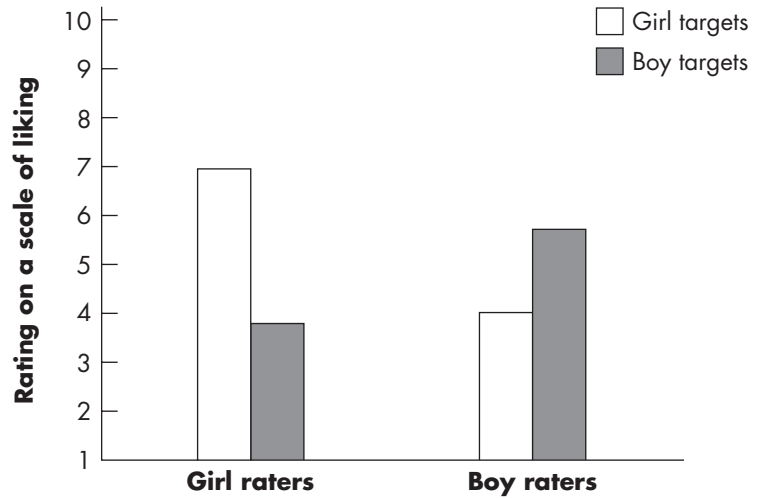
FIGURE **3.3** Ratings supplied by female and male children for the girls and boys in videos. The data show prejudice against the other gender.

Source: From Powlishta, K. (1995). Intergroup processes in childhood. *Developmental Psychology*, *31*, 781–788. ©1995 by the American Psychological Association. Reprinted with permission.

Different Standards

A fourth way in which peers promote gender typing is that they use different standards when they interact with boys than they use with girls. One of the most interesting examples of differential treatment is that children respond to girls on the basis of their physical attractiveness, but attractiveness is largely irrelevant for boys.

In a classic study, Gregory Smith (1985) observed middle-class European American preschoolers for 5-minute sessions in a classroom setting on five separate days. He recorded how other children treated each child. Were the other children prosocial—helping, patting, and praising the child? Or were the other children physically aggressive—hitting, pushing, or kicking the target child? Smith then calculated how each child's attractiveness was related to both the prosocial and aggressive behavior that the child received.

The results showed that attractiveness (as previously rated by college students) was correlated with the way the girls were treated. Specifically, attractive girls were much more likely to receive prosocial treatment. Figure 3.4 shows a strong positive correlation.

In other words, the "cutest" girls were most likely to be helped, patted, and praised. In contrast, the less attractive girls received few of these positive responses. However, Smith found no correlation between attractiveness and prosocial treatment of boys; attractive and less attractive boys received a similar number of prosocial actions.

Gregory Smith (1985) also found a comparable pattern for physical aggression scores. That is, the less attractive girls were more likely to be hit, pushed, and kicked, whereas the cutest girls rarely received this treatment. However, attractiveness was not related to the aggression directed toward
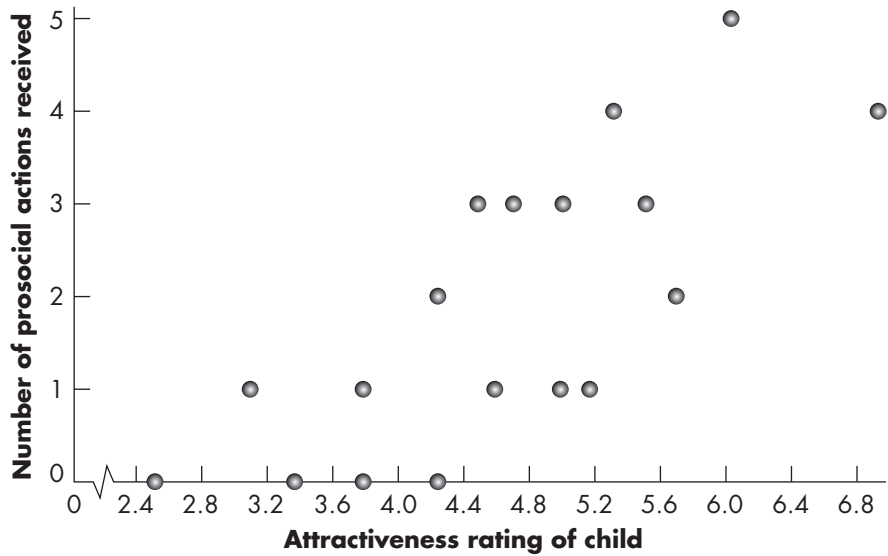
FIGURE **3.4** Positive correlation between attractiveness and prosocial treatment of girls ($r = + .73$).

Source: G. J. Smith (1985).

boys. Young girls learn a lesson from their peers that will be repeated throughout their lives: Physical attractiveness is important for females, and pretty girls and women will receive better treatment. Boys learn that physical attractiveness is not especially relevant to their lives.

Researchers have not examined the influence of peers on gender typing as thoroughly as the influence of parents (Maccoby, 2002). However, we have seen that children have several different ways of influencing their peers. Specifically, they frequently reject children who don't conform to gender norms. They also encourage gender segregation, so that boys and girls have minimal contact with one another. In addition, they frequently express prejudice against children of the other gender. Finally, they may have different standards for treating their peers, for example, by emphasizing attractiveness for girls but not for boys.

School

The typical child in elementary school in North America spends more waking hours in school with teachers than at home with family members. As a result, teachers and schools have numerous opportunities to influence gender typing (Blakemore et al., 2009; Maher & Ward, 2002; Ruble et al., 2006). For example, children's textbooks and even the displays on classroom bulletin boards may underrepresent females (Sadker & Zittleman, 2007a).

The structure of a school also provides evidence that males are treated differently and valued more than females (Theme 2). Specifically, most principals and other high-prestige officials are male, whereas about 80% of those who teach "the little kids" are female (Meece & Scantlebury, 2006; Sadker & Zittleman, 2007b).

Let's investigate how teachers' behavior can favor boys. Then we'll consider how gender-fair programs can encourage children to become less gender stereotyped. Finally, we'll consider a serious problem in some developing countries, where girls are much less likely than boys to receive a good education.

Teachers' Behavior

In the early 1990s, the media began to publicize an important problem: Girls do not receive equal treatment in the classroom (Grayson, 2001; Rensenbrink, 2001; Sadker & Zittleman, 2007b). The publicized reports highlighted the invisibility of girls in the educational system, a point that is clearly consistent with Theme 3 of this textbook. According to the reports, classroom teachers often select activities that appeal to boys and they typically pay more attention to boys in the classroom (Maher & Ward, 2002; Meece & Scantlebury, 2006).

More specifically, the research suggests that boys generally receive more positive feedback in the classroom than girls do. Boys are also more likely to be recognized for their creativity, called on in class, and included in class discussions (Basow, 2008; Ruble et al., 2006; Sadker & Sadker, 1994). Teachers also tend to offer more specific suggestions to boys than to girls (Blakemore et al., 2009; Sadker & Zittleman, 2007a, 2007b). Incidentally, both female and male teachers typically pay more attention to boys than to girls (Blakemore et al., 2009; Basow, 2004).

Furthermore, teachers emphasize gender roles through a variety of messages. For example, a friend showed me an invitation to a Mother's Day tea party, which her 5-year-old son had brought home from school. The invitation urged mothers to wear "tea-party dresses" and fancy hats. The event was described as a good way to teach children about proper etiquette. The following month, the fathers received invitations to a Father's Day celebration. The invitation did not mention clothing or etiquette. Instead, fathers were encouraged to discuss their professions. Think about the messages provided to the children in the class, and also to their parents!

Students' Characteristics and Teachers' Treatment

Female students of color are especially likely to be ignored in the classroom. In early school years, Black girls speak up in the classroom. However, teachers may discourage their assertiveness. By fourth grade, they may become more passive and quiet (Basow, 2004). In addition, teachers do not typically encourage Black girls to take on academic responsibilities, such as tutoring or showing a new student how to prepare an assignment (Grant, 1994).

Social class is another factor that influences teachers' behavior (Maher & Ward, 2002). Teachers may encourage a child from a middle-class family to learn independently. In contrast, they often emphasize simple memorization for a girl from a lower-class family (B. Lott, 2003; Rist, 2000).

Some people claim that U.S. schools have a "war on boys," so that boys earn low grades. The data actually show that boys and girls earn similar grades if they come from middle-income and high-income families. However, in low-income families, boys are more likely than girls to earn low grades, and they are more likely to be held back in school (Basow, 2008; Corbett et al., 2008; Entwisle et al., 2007).

In short, several factors in the school system may operate so that girls are shortchanged. Luckily, most of us have known several inspirational teachers who value girls and boys equally. However, in many cases, teachers may ignore girls, they may not give girls appropriate feedback, and they may not encourage girls to be academically competent. In addition, the school system may convey important messages about the roles of women and men. Schools need to address these issues, as well as the important problem of under-achievement in boys from low-income families.

Encouraging Change in North American Schools

So far, our exploration of gender and education has emphasized that school structure and teachers' behavior often favor boys over girls. Many North American colleges and universities that train teachers now require courses about gender and ethnic diversity. However, teacher education textbooks devote only 3% of their content to gender-related issues (Sadker & Zittleman, 2007b). Still, the media coverage of the "silenced female" problem has alerted teachers about the need for more equal attention to girls and boys (Maher & Ward, 2002). As a result, many teachers are concerned about gender-fair education.

Educators have designed several classroom programs that explore children's stereotypes (Bigler, 1999a; Maher & Ward, 2002; Wickett, 2001). For instance, Bigler (1995) found that children in some classroom conditions were more likely to make gender-stereotyped judgments if the teachers had emphasized gender, for example, by instructing girls and boys to sit on opposite sides of the classroom.

However, there is little recent research on how schools can reduce children's gender stereotypes, partly because government funding of these pilot projects decreased, beginning in the 1980s (Sadker & Zittleman, 2007b). Another reason for the lack of current research is that well-learned stereotypes cannot be erased with just one brief intervention. The approach to gender and education must be sophisticated, keeping in mind that children actively construct their gender schemas. Educators must also emphasize a more comprehensive approach toward gender, so that teachers from kindergarten onward will pay equal attention to girls and will avoid inappropriate stereotypes about gender.

Gender and Education in Nonindustrialized Countries

At the international level, we often encounter a more extreme problem about education for young girls. In many countries, boys are much more likely than girls to be enrolled in school. For instance, in 45 out of the 55 countries in Africa, boys have higher elementary-school enrollments than girls do (United Nations, 2006).

There are numerous reasons for the gender gap in school enrollments. For example, in East Africa, many parents withdraw their daughters from school because of the custom of early marriages for young girls. Other parents withdraw their daughters when they discover that the school has toilets for boys, but not for girls (Mulama, 2008).

United Nations data also show that there are about 800 million illiterate adults in the world, and about two-thirds of them are women (Stromquist, 2007; UNESCO Institute for Statistics, 2010). Where food and other essentials are

limited, the education of females is considered a luxury. Literacy rates for women in nonindustrialized countries vary greatly. For example, 97% of women in Cuba can read, in contrast to 50% in nearby Haiti (UNESCO, 2007).

Unfortunately, girls who have not been educated will experience a life-long handicap. As adults, they will not be able to read newspapers, write checks, sign contracts, or perform numerous other activities that can help them to become independent and economically self-sufficient. (M. Nussbaum, 2000; UNESCO Institute for Statistics, 2010).

In addition, educated women are more likely to obtain employment. Educated women typically postpone marriage, and they have much lower birthrates than uneducated women. Infant mortality is also lower. Their children are usually healthier, and these children are more likely to go to school (W. Chambers, 2005; UNESCO Institute for Statistics, 2010). In other words, women's education has widespread effects on the health and well-being of people in nonindustrialized countries.

There is a wide gap between nonindustrialized countries and wealthy countries, with respect to factors such as education and family income. In addition, the governments of wealthy countries—such as the United States—rarely subsidize literacy programs or other socially responsible projects that could make a real difference in the lives of women in the less wealthy countries (Lipson, 2003; Mortenson & Relin, 2006).

One woman living in the Canary Islands, off the coast of North Africa, described why she regrets that she never learned to read:

> The greatest treasure that exists in life is to read and understand what one is reading. This is the most beautiful gift there is. All my life I have wished to learn to read and write, because, to me, knowing how to do so meant freedom. (Sweetman, 1998, p. 2)

The Media

So far, we have considered how parents, peers, and schools often treat girls and boys differently. Children also receive gender messages from many other sources. For example, the educational software designed for preschoolers has twice as many male main characters as female main characters (Sheldon, 2004). Fortunately, organizations such as the National Academy of Sciences have developed educational resources that feature women's achievements ("Wonder Girls," 2007).

Children's toys provide additional gender messages. As you might expect, girls typically choose to play with dolls and stuffed animals, whereas boys prefer mechanical toys, vehicles, and action figures (Blakemore & Centers, 2005; Cherney & London, 2006; Reid et al., 2008).

Even children's clothing conveys messages about gender. For example, parents of infant girls can now buy tiny shoes that are shaped like high heels. If you are shopping for a preschool girl, you can purchase bikini underwear and T-shirts featuring "Born to Shop" slogans (Cummings & O'Donohue, 2008; Lamb & Brown, 2006).

Most of the research on gender and the media examines how males and females are represented in television and videogames or else in books. Let's explore these two areas in more detail.

Television and Videogames

Preschoolers average more than 20 hours of television per week (Paik, 2001). By the time teenagers graduate from high school, they have spent about 18,000 hours in front of the TV set, in contrast to about 12,000 hours in classroom instruction (D. G. Singer & Singer, 2001). In addition, about 85% of children aged 6 to 11 reported that they played a videogame within the last month (Dill & Thill, 2007).

In Chapter 2, we examined stereotyping in programs intended for adult audiences. Now let's consider the television and videogames aimed at children. As we'll see, 18,000 hours of television can provide a strong "education" in gender stereotypes. In addition, with hundreds of cable channels—as well as DVDs and Internet programs—children have many opportunites to learn about stereotypical behavior!

Males appear much more frequently than females in children's television programs and advertisements (Blakemore et al., 2009; Huntemann & Morgan, 2001; Ruble et al., 2006). For instance, a sample of television advertisements aimed at children showed 183 boys and only 118 girls (M. S. Larson, 2003).

Males and females also perform different activities in children's television programs. For example, males are more likely to be shown in the workplace, whereas females are typically shown as caregivers (Ruble et al., 2006; Van Evra, 2004). Males also display more leadership and ingenuity. Furthermore, the males in television programs are frequently violent, using guns, lasers, and karate kicks to destroy other people. Clearly these programs contribute to children's gender schemas that males are often aggressive (Gunter et al., 2003; Johnson et al., 2008; Kundanis, 2003; Ruble et al., 2006).

Is there a correlation between time spent watching television and gender stereotyping? In a classic study, Signorielli and Lears (1992) selected 530 fourth- and fifth-graders so that the sample resembled the distribution of ethnic groups in the United States. Then they statistically controlled for other important variables such as gender, ethnic group, reading level, and parents' education. The correlation between TV viewing and gender stereotyping was statistically significant. In general, the research tends to show modest correlations between television viewing and gender stereotypes (e.g., Huntemann & Morgan, 2001; Perse, 2001; Ruble et al., 2006; Ward & Freedman, 2006).

Most of the media research focuses on television programs. In general, however, the large number of masculine video games encourages boys to use these games more often than girls do. The games also help boys develop more extensive computer skills (Dill & Thill, 2007; Rubel et al., 2006; Subrahmanyam et al., 2002).

Cautious parents who want to raise nonstereotyped children need to limit television viewing. Parents should encourage their children to watch programs in which women are competent and men are nurturant. In addition, parents can select educational and entertaining videos that avoid stereotypes. Television and videos have the potential to present admirable models of female and male behavior, and they could even make children less stereotyped. Unfortunately, the media have not yet lived up to that potential.

Books

Are books more successful than electronic media in presenting gender-fair material? Unfortunately, most of the main characters in children's picture books are males, usually by a ratio of about 2 to 1 (Blakemore et al., 2009; R. Clark et al., 2003; M. C. Hamilton et al., 2006). Males also appear more often in the books' illustrations (Blakemore et al., 2009; Gooden & Gooden, 2001).

What are the males and females doing in these books designed for young children? Men are portrayed in a wider variety of occupations compared to women (Gooden & Gooden, 2001; Ruble et al., 2006). Also, boys help others, they solve problems independently, and they play actively. In contrast, girls need help in solving their problems, and they play quietly indoors (D. A. Anderson & Hamilton, 2005; M. C. Hamilton et al., 2006; Ruble et al., 2006).

Most authors still portray males in stereotypically masculine roles (Diekman & Murnen, 2004). Furthermore, a study of 200 best-selling children's books showed many more mothers than fathers. Mothers also interacted much more frequently with their children, compared to fathers. Sadly, not one book showed a father kissing or feeding a baby (D. A. Anderson & Hamilton, 2005). Children's books therefore convey the message that childcare is the responsibility of mothers (Basow, 2008).

Unfortunately, the biases in children's books can have important consequences for children. For example, in a study by Jan Ochman (1996), children watched videotapes of an actor reading a series of stories. Each story required the main character to solve a problem, which then enhanced this character's self-esteem. The same stories were presented to classrooms of 7- to 10-year-olds. However, a boy was the main character for half of the classes, and a girl was the main character for the remaining classes.

Ochman administered a standard measure of self-esteem at the beginning of the study. Then the children saw the videotaped stories over a period of
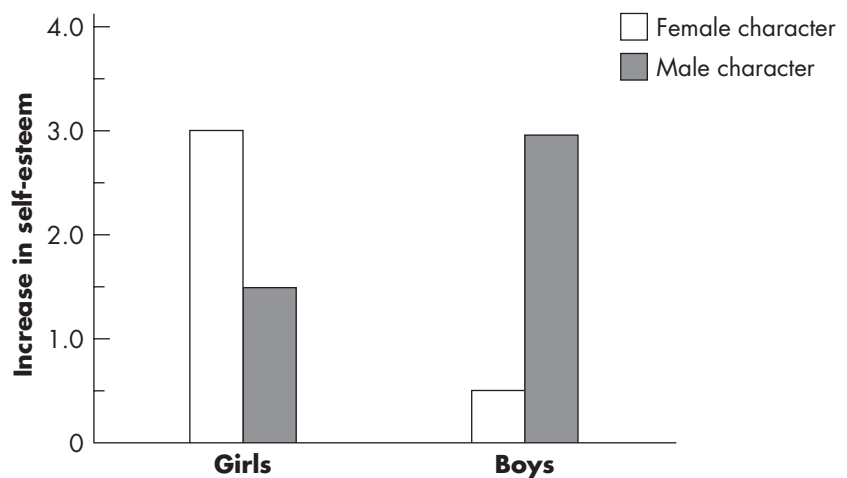
FIGURE **3.5** Improvement in girls' and boys' self-esteem (compared to baseline) after hearing stories about a female character or a male character.
Source: Based on Ochman (1996).

about 6 weeks. Finally, Ochman measured the change in the children's self-esteem. Girls had a greater increase in self-esteem if they heard the stories about an achieving girl, rather than an achieving boy. The boys showed a comparable pattern; their self-esteem increased after they heard stories about an achieving boy, rather than an achieving girl.

Think about the implications of Ochman's research. Suppose that children hear stories about strong, competent boys, but not girls. The boys are likely to experience a boost in self-esteem. Meanwhile, the girls' self-esteem will not be improved.

Conscientious parents and teachers need to review the books that children will see, to make sure that competent females and nurturant males are well represented. They can also be alert for alternative resources. For example, a feminist magazine called *New Moon* is edited by girls and young women (see Figure 3.6).
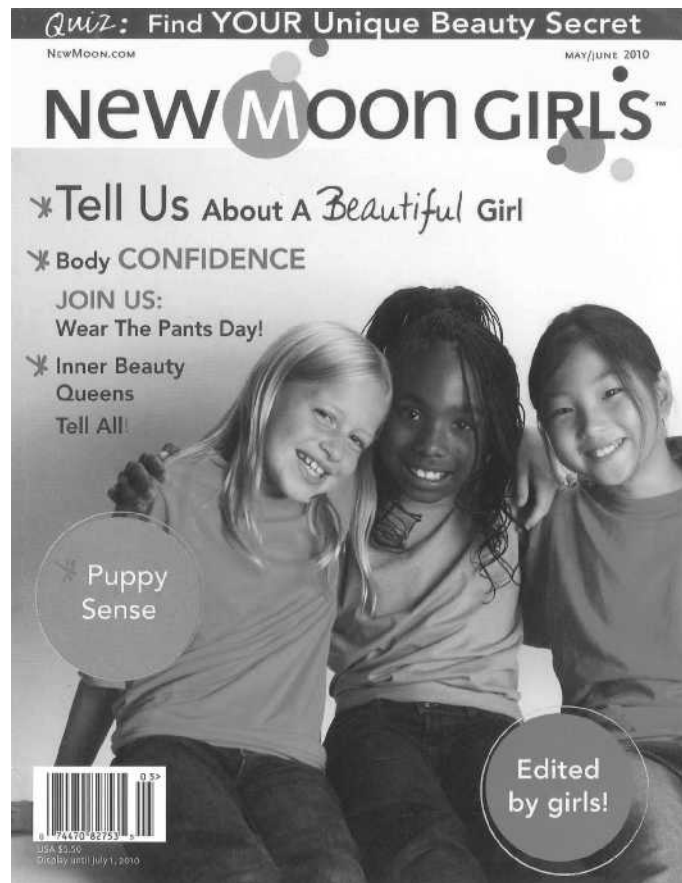
FIGURE **3.6** *New Moon*, a magazine for girls and young women, discusses issues such as gender, racism, and ecology.

Reprinted, with permission, from *New Moon: The Magazine for Girls and Their Dreams*; Copyright New Moon Publishing, 2 West First Street, #101, Duluth, MN 55802. Subscriptions $34.95/ 6 issues. Call 1-800-381-4743 or visit http://www.newmoon.org.

SECTION SUMMARY

Factors That Shape Gender Typing

1. Parents tend to encourage gender-typed activities, for instance in choosing toys and assigning chores. These tendencies are especially strong for fathers (rather than mothers) and for sons (rather than daughters).
2. Parents discuss different emotions with daughters than with sons. Parents also treat sons and daughters somewhat differently with respect to children's aggression and independence, but the differential treatment is not consistent.
3. Parents' ethnicity is not consistently related to their gender typing. However, nontraditional parents are likely to treat their daughters and sons similarly.
4. Peers react negatively to another child's nontraditional behavior, especially in boys; peers also encourage gender segregation.
5. Children are typically prejudiced against a peer of the other gender, and they use different standards (e.g., attractiveness) when interacting with girls rather than boys.
6. North American schools encourage gender typing through the distribution of men's and women's occupations in the school system. Teachers also give boys more attention and useful feedback in the classroom, compared to girls.
7. Educators have developed some programs to help children reduce stereotypes, but these programs must be both comprehensive and sophisticated to have an important impact. In many nonindustrialized countries, boys are more likely than girls to attend school and to learn to read.
8. Children's television, videogames, and books continue to underrepresent females and to show males and females in stereotyped activities.
9. According to research, reading books and watching television can influence children's ideas about gender.

CHILDREN'S KNOWLEDGE ABOUT GENDER

We've just outlined several important ways in which children receive gender messages from the surrounding culture. Now let's see how well children learn their gender lessons: What do they know about gender, and what kind of stereotypes do they hold? In Chapter 2, we explored adults' stereotypes. As you'll see, many of these ideas about gender are well established before children begin kindergarten.

Keep in mind a point we emphasized in connection with the cognitive developmental explanation of gender typing: Children actively work to create gender schemas, and these schemas encourage them to act in a manner that is consistent with their gender. In the previous section, we saw that parents,

peers, schools, and the media all provide lessons about gender stereotypes. Here, we'll see that children's own thought processes also encourage gender stereotypes (Blakemore et al., 2009; Gelman et al., 2004).

Let's begin by discussing infants' early information about gender. Then we'll examine children's use of gender labels, their knowledge about gender-stereotyped activities and occupations, and their knowledge about gender-stereotyped personality characteristics. We'll also examine some factors that could influence the strength of children's stereotypes.

Infants' Basic Information about Gender

Interestingly, infants can make distinctions related to gender even before they learn to talk. For instance, they can categorize photos of males and females into two different groups (Blakemore et al., 2009; Golombok & Hines, 2002; Ruble et al., 2006). In a representative study, Katz and Kofkin (1997) showed 6-month-old infants a series of slides of the heads and shoulders of different women. When the infant lost interest in these female stimuli, the researchers presented a new slide, showing either a male or a female.

Katz and Kofkin found that the 6-month-olds in this study looked significantly longer at the slide of a male than at the slide of a female. In other words, these young infants are "telling" us that the new (male) slide belongs to a different category than the old (female) slides they had seen previously. Infants also looked longer at a slide of a female after seeing a series of slides showing males. Infants' knowledge about gender is certainly not very sophisticated, but it does set the stage for children's gender concepts.

Children's Usage of Gender Labels

As you can imagine, gender knowledge is much easier to test in children who are old enough to talk. For instance, almost all 3-year-olds can correctly identify whether they are a girl or a boy (Gelman et al., 2004; Narter, 2006; Ruble et al., 2006).

However, as illustrated in the birthday-party anecdote at the beginning of this chapter, children's ideas about gender often differ from adults' perspectives. Young children frequently believe that clothing is the most accurate way to determine a person's gender. Most children can provide gender labels such as "lady" and "man" before the age of 2 (Blakemore et al., 2009; Ruble et al., 2006). However, children typically cannot explain the differences between females and males until they are 6 or 7 years old (Ruble et al., 2004). Let's now examine children's stereotypes about females and males.

Children's Stereotypes About Activities and Occupations

At an early age, children have clear ideas about activities that are "gender consistent." As the cognitive developmental approach argues, children actively construct gender schemas. For instance, 2-year-old children look significantly longer at a picture of a man performing a "feminine" activity, compared to their looking time for each of the other combinations of the person's gender and the nature of the activity (Serbin et al., 2002). In other words, this man's nonstereotyped behavior was very puzzling.

Older children often protest when they encounter nonstereotypical behavior. For example, Lori Baker-Sperry (2007) discussed a classic fairy tale, Cinderella, with a group of first-grade girls. One girl asked whether Cinderella has babies after she is married. Baker-Sperry answered that the book does not say, and she solicited their thoughts. The same girl replied, "She should have babies, and she will change diapers, right? Baker-Sperry then asked, "If they have babies, do you think the prince will change diapers?" The entire group responded in a loud chorus, "No!" (p. 722).

Children also make gender-stereotyped choices about their own activities. For example, when 4- and 5-year-olds chose a picture to color, 75% of boys selected a picture of a car, a baseball player, or some other "masculine" scene, whereas 67% of girls selected a picture of a cat, a ballet dancer, or some other "feminine" scene (Boyatzis & Eades, 1999).

By the age of 5, most children also show strong preferences for "gender-appropriate" toys (Cherney & London, 2006; C. F. Miller et al., 2006). Furthermore, adults often have difficulty persuading children to play with toys considered appropriate for the other gender (Fisher-Thompson & Burke, 1998). Also, children remember a greater number of gender-stereotypical toys and activities, compared to neutral or nonstereotypical activities (Cherney, 2005; F. M. Hughes & Seta, 2003; Susskind, 2003).

Children's gender schemas also extend to occupations (Blakemore et al., 2009; Gelman et al., 2004; Liben et al., 2002). For instance, Gary Levy and his colleagues (2000) interviewed younger children (ages 3 to 4) and older children (ages 5 to 7), using questions such as those in Demonstration 3.3. As in this demonstration, the study required a choice; researchers told children to respond either "a woman" or "a man." As you can see from Table 3.1, even the younger children have well-developed gender stereotypes about occupations.

DEMONSTRATION 3.3	**Children's Beliefs About Men's and Women's Occupations**

With a parent's permission, enlist the help of a child who is between the ages of 4 and 7 years. Then ask the child each of the following four questions. After listening to each answer, ask the child, "Why do you suppose that a (man or woman, depending on the child's answer) would be best for that job?"

1. An airplane pilot is a person who flies an airplane for other people. Who do you think would do the best job as an airplane pilot, a woman or a man?
2. A clothes designer is a person who draws up and makes clothes for other people. Who do you think would do the best job as a clothes designer, a woman or a man?
3. A car mechanic is a person who fixes cars for other people. Who do you think would do the best job as a car mechanic, a woman or a man?

(continues)

Demonstration 3.3 *(continued)*

4. A secretary is a person who types up letters and mails things for other people. Who do you think would do the best job as a secretary, a woman or a man?

    After asking all four questions, ask the child which job she or he would like best and which one would be worst. (For younger children, you may need to remind them what each employee does.)

Source: Based on G. D. Levy et al. (2000).

TABLE **3.1**

Children's Judgments About the Relative Competence of Women and Men in Four Gender-Stereotyped Occupations

	Child's Age Group	
	Younger (3- to 4-year-olds)	Older (5- to 7-year-olds)
"Feminine" occupations		
Percentage who judged women more competent	75%	78%
Percentage who judged men more competent	25%	22%
"Masculine" occupations		
Percentage who judged women more competent	32%	7%
Percentage who judged men more competent	68%	93%

Source: G. D. Levy et al. (2000).

Sadly, children also show strong gender stereotypes when thinking about their own future occupations. For example, in another part of the study, Levy and his colleagues (2000) asked children to choose which emotion they would feel if they grew up to have each of the four occupations described in Demonstration 3.3.

According to the results, girls typically said that they would be happy with a stereotypically feminine occupation, but they would be angry or disgusted with a stereotypically masculine occupation. Boys typically said that they would be happy with a stereotypically masculine occupations, but they would be extremely angry and disgusted with a stereotypically feminine profession. We have seen throughout this chapter that gender roles often restrict boys more than they restrict girls.

Other research confirms that children's ideas about future occupations are gender stereotyped (Etaugh & Liss, 1992; Helwig, 1998). For instance, Etaugh and Liss (1992) found that not even one boy in their study of

kindergartners through eighth-graders named a career choice for themselves that would be considered "feminine."

Children's Stereotypes About Personality

Young children also have gender stereotypes about personality. For example, children between the ages of 2 1/2 and 4 tend to believe that strength and aggression are associated with males. In contrast, softness and gentleness are associated with females (Heyman, 2001; Powlishta, 2000; J. E. Williams & Best, 1990). By the age of 5, children have also developed stereotypes about girls' and boys' responses to emotional events (Rudman & Glick, 2008; Widen & Russell, 2002).

In a representative study focusing on children's stereotypes, 8- to 10-year-old children looked at a series of photographs of women, men, girls, and boys (Powlishta, 2000). The children rated each photo on several gender-related personality characteristics, such as "gentle" and "strong." Consistent with previous research, the children rated female photos significantly higher than male photos on the stereotypically feminine characteristics, and they rated male photos significantly higher than the female photos on the stereotypically masculine characteristics.

Factors Related to Children's Gender Stereotypes

Several factors influence the strength of children's stereotypes. We mentioned earlier that boys have stronger stereotypes about career choices than girls do. Ethnicity and social class probably have a complex relationship with children's gender stereotypes. Unfortunately, we do not have large-scale studies that explore these issues.

Are children's gender ideas influenced by their family's views? Parents who have strong gender stereotypes about child rearing are likely to have children with stronger gender stereotypes (O'Brien et al., 2000; Powlishta et al., 2001; Ruble et al., 2006).

As you might expect, children's age influences their stereotypes (Lobel et al., 2000; Powlishta et al., 2001; Ruble et al., 2006). Some studies assess children's knowledge about culturally accepted gender stereotypes. The older children clearly know more than the younger children. After all, the older children have had more opportunities to learn their culture's traditional notions about gender.

However, other studies assess the flexibility of children's stereotypes. A typical question might be: "Who can bake a cake? Can a woman do it, can a man do it, or can they both do it?" Older children are generally more likely than young children to reply, "Both can do it." In other words, older children are typically more flexible than younger children. We can conclude that older children know more about gender stereotypes, but they also believe that people do not need to be restricted by these stereotypes (Blakemore, 2003; Ruble et al, 2006; Trautner et al., 2005).

Finally, children vary widely in their beliefs about gender, consistent with Theme 4. Their own unique interests often lead them to specific experiences

with stereotypical and nonstereotypical activities (Basow, 2006; Liben & Bigler, 2002; Ruble et al., 2006). These experiences, in turn, shape their beliefs and their knowledge about gender.

SECTION SUMMARY

Children's Knowledge About Gender

1. Even 6-month-old infants show some ability to distinguish between males and females, and 2-year-olds can label men and women.
2. Children have well-developed stereotypes about women's and men's activities, occupations, and personality characteristics; they are also gender stereotyped about their own future occupations.
3. Parents who have traditional ideas about gender usually have children with stronger gender stereotypes. Furthermore, older children are more knowledgeable about stereotypes, but they have more flexible beliefs.

CHAPTER REVIEW QUESTIONS

1. Infant boys and girls are similar until the 6th week after conception. By the time they are born, they differ in their gonads, internal reproductive systems, and external genitals. How do these three kinds of differences emerge during normal prenatal development? Also, explain why some infants may not be clearly female or clearly male.

2. According to a well-known proverb, "Beauty is in the eye of the beholder." Apparently, the masculinity or femininity of an infant is also in the eye of the beholder. In what ways do both parents and strangers perceive differences between male and female infants?

3. Five-year-old Darlene is playing with a doll. How do social learning theory and the cognitive developmental approach explain her behavior?

4. Imagine that a family has twins, a girl named Susan and a boy named Jim. Based on the information on families and gender typing, how would you predict that their parents would treat Susan and Jim? Discuss four areas in which parents might respond differently to boys and girls: (a) gender-typed activity, (b) discussion of emotion, (c) aggression, and (d) independence.

5. Discuss four ways in which peers encourage gender typing. How might skillful teachers minimize gender typing? What other precautions should these teachers take to increase the likelihood that females and males will receive fair treatment in the classroom?

6. In what way do television, electronic media, and books convey gender stereotypes? How could these media influence children's toy preferences and other gender-typed activities?

7. Suppose that you are working at a day-care center where you interact with children between the ages of 6 months and 5 years. What evidence do we have that the 6-month-olds already know some information about gender? Also describe what the older children of different ages will probably know about gender and gender stereotypes.

8. As children grow older, they know more about gender stereotypes; however, these stereotypes are also more flexible. Describe

the research that supports this statement. What implications does this statement have for the influence of peers on gender typing?

9. Are gender stereotypes more restrictive for boys than for girls? Are fathers more likely than mothers to encourage these stereotypes? Discuss this question, being sure to mention parents' reactions to their children's gender-related activities, children's ideas about occupations, and any other topics you consider relevant.

10. Children actively work to construct their ideas about gender. Discuss several ways in which they create gender schemas. With respect to the four topics examined in the discussion about peers, how could these gender schemas encourage children to treat their male and female peers differently?

KEY TERMS

gender typing (p. 75)

prenatal period (p. 76)

infancy (p. 76)

sex chromosomes (p. 76)

gonads (p. 76)

androgen (p. 77)

estrogen (p. 77)

intersexed individual (p. 77)

congenital adrenal hyperplasia (p. 79)

androgen insensitivity syndrome (p. 79)

social constructionism (p. 82)

social learning approach (p. 83)

modeling (p. 84)

observational learning (p. 84)

cognitive developmental approach (p. 84)

schema (p. 84)

gender schemas (p. 84)

gender identity (p. 85)

peer group (p. 90)

gender segregation (p. 91)

entitlement (p. 92)

RECOMMENDED READINGS

Blakemore, J. E. O., Berenbaum, S. A., & Liben, L. S. (2009). *Gender development*. New York: Psychology Press. Here is a book that belongs in every college and university library, because it addresses gender comparisons and theories of gender development, as well as the social forces that shape children's development.

Klein, S. S. (Ed.). (2007). *Handbook for achieving gender equity through education* (2nd ed.). Mahwah, NJ: Erlbaum. This superb handbook features 31 chapters on topics such as patterns of education in other countries, gender equity in teacher education, and gender equity in a variety of content areas.

Ruble, D. N., Martin, C. L., & Bebenbaum, S. A. (2006). Gender development. In W. Damon & R. M. Lerner (Series Eds.) & N. Eisenberg (Vol. Ed.). *Handbook of child psychology*, Vol. 3. *Social, emotional, and personality development* (6th ed., pp. 858–952). Hoboken, NJ: Wiley. This excellent chapter provides a clear, comprehensive overview of children's gender development, including an interesting summary of children's knowledge about gender.

Basow, S. A. (2008). Gender socialization, or how long a way has baby come? In J. C. Chrisler, C. Golden, & P. D. Rozee (Eds.). *Lectures on the psychology of women* (4th ed., pp. 80–95). Boston, MA: McGraw Hill. Susan Basow's chapter is an excellent overview of children's gender roles.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. True (p. 76); 2. False (p. 80); 3. True (p. 82); 4. False (p. 83); 5. True (p. 88); 6. True (p. 91); 7. True (p. 95); 8. False (p. 98); 9. True (p. 102); 10. False (p. 104).

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4 Adolescence

True or False?

_____ 1. Most researchers believe that there is no physical explanation for menstrual pain.

_____ 2. A clear-cut cluster of symptoms—often called premenstrual syndrome (PMS)—typically affects between 50% and 60% of adolescent females in the United States and Canada.

_____ 3. Recent research confirms that females are much lower than males in their self-esteem, beginning in childhood and continuing through middle age.

_____ 4. In the United States, Adolescents are relatively likely to say that they support feminist principles such as gender equality; they are less likely to say that they are feminists.

_____ 5. During the current decade, schools, teachers, and peers offer strong support for young women who want to pursue careers in math and science.

_____ 6. For all major ethnic groups in the United States, women are more likely than men to attend college.

_____ 7. Adolescent males and females are equally interested in pursuing careers that are prestigious.

_____ 8. According to the research, most adolescents get along fairly well with their parents.

_____ 9. Researchers have found that the friendships of adolescent women are consistently more intimate than the friendships of adolescent men.

_____ 10. Young lesbians are more likely to "come out" to their mothers than to their fathers.

A young African-American woman described why she decided to leave her inner-city home to pursue a college education:

> I just decided that I wanted to go to college…. I didn't want to be poor. I didn't want to live in the projects. I wanted to have a home and drive a nice car. But now I'm a big girl, and I understand that education is more than getting a paycheck…. It's a continual exploration. It's a continual wealth of knowledge, even after you get your degree, there's still so much that you don't know. Education is a process. You live the experience and graduate. You get your credentials, then, the next week, you turn on the television and learn that something brand new happened in the field that you graduated from. It's like an ongoing evolution of knowledge. It's pretty neat. (Ross, 2003, p. 70)

This young woman's narrative shows us how girls and young women today can construct a thoughtful life for themselves—one that is not constrained by stereotypical views of gender. In this chapter, we'll explore physical and psychological changes during adolescence, focusing on the changes where gender plays a particularly important role.

During **puberty**, a young girl experiences the _physical_ changes that lead to sexual maturity. In contrast, **adolescence** refers to the _psychological_ changes that occur during puberty; adolescence is the transition phase between childhood and adulthood (Blakemore et al., 2009). For females, the major biological milestone of puberty is **menarche** (pronounced _men_-ar-key), or the beginning of menstruation.

In contrast, no specific event marks the end of adolescence and the beginning of adulthood, a transition that also receives little attention from researchers (Collins & Steinberg, 2006; Smetana et al., 2006). We usually associate the beginning of adulthood with milestones such as living separately from our parents, completing college, holding a job, and finding a romantic partner. However, none of these characteristics is essential for adulthood.

Adolescents often find themselves caught between childhood and adulthood. Adults may sometimes treat adolescents as children—a mixed blessing that eases their responsibility but limits their independence and their sense of competence (Zebrowitz & Montepare, 2000). Adolescents also receive mixed messages about issues of sexuality and the transition into adulthood (Collins & Steinberg, 2006; Posner, 2006). Parents tell them not to grow up too quickly. On the other hand, their role models tend to be adolescents who have grown up too quickly: sexy teenage television and movie stars, teens in ads, and maybe even the girl next door (Cope-Farrar & Kunkel, 2002; Gleeson & Frith, 2004).

In this chapter, we will examine four important topics for adolescent females: (1) puberty and menstruation, (2) self-concepts, (3) education and career planning, and (4) interpersonal relationships. We'll mention other relevant topics (such as cognitive abilities, sexuality, and eating disorders), but later chapters will discuss them more completely.

PUBERTY AND MENSTRUATION

Let's begin by discussing the physical changes that girls experience as they enter adolescence. We'll briefly consider puberty before we look at menstruation in greater detail.

Puberty

Most girls enter puberty between the ages of 9 and 13; the average age at menarche is 12 (Chumlea et al., 2003; Ellis, 2004; La Greca et al., 2006). In general, Black and Latina girls in the United States reach menarche somewhat earlier than European American girls. Furthermore, European American girls tend to reach menarche somewhat earlier than Asian American girls (S. E. Anderson et al., 2003; Chumlea et al., 2003; Ellis, 2004). Unfortunately, data are not currently available for Native American girls. Researchers do not have a satisfactory explanation for ethnic differences. However, body weight and nutrition seem to be important factors (Adair & Gordon-Larsen, 2001; K. K. Davison et al., 2003; Posner, 2006).

Menarche is seldom depicted in television programs or films. When the popular media do focus on menarche, most of the messages are negative (Kissling, 2002, 2006). In real life, young women's emotional reactions to menarche vary widely (Chrisler, 2008a). However, some of them enjoy sharing the excitement and talking about their mixed emotions with their female peers (Fingerson, 2006; Stubbs, 2008).

Young women who can communicate with a trusted adult often feel more comfortable about menstruation (Piran & Ross, 2006). However, other

young women report largely negative reactions from family members (Costos et al., 2002). In short, the variety of emotional messages about menarche provide evidence for the individual differences theme of this textbook.

During puberty, young women experience the most dramatic physical changes they have undergone since infancy. Specifically, at around 10 to 11 years of age, they experience a transformation in their **secondary sex characteristics**, which are features of the body related to reproduction but not directly involved in it. These characteristics include breast development and pubic hair (Ellis, 2004; Fechner, 2003; Summers-Effler, 2004).

During puberty, young women also accumulate body fat through the hips and thighs. Young women in North American often resent this body fat, because our culture emphasizes slender bodies (La Greca et al., 2006; Piran & Ross, 2006; Posner, 2006).

Biological Aspects of the Menstrual Cycle

The average woman menstruates about 450 times during her life. Naturally, then, this discussion of the menstrual cycle is relevant for most adult females for 30 to 40 years after menarche. We will discuss menstruation in the current chapter, and we will return to this topic in Chapter 14, when we discuss menopause.

The hypothalamus, a structure in the brain, is crucial in menstruation because it monitors the body's level of estrogen during the monthly cycle. When estrogen levels are low, the hypothalamus signals the pituitary gland, another brain structure. The pituitary gland produces two important hormones: follicle-stimulating hormone and luteinizing hormone.

In all, four hormones contribute to the menstrual cycle (Chrisler, 2008a; Federman, 2006):

1. Follicle-stimulating hormone acts on the follicles (or egg holders) within the ovaries, making them produce estrogen and progesterone.
2. Luteinizing hormone is necessary for the development of an ovum (or egg).
3. Estrogen, primarily produced by the ovaries, stimulates the development of the endometrium, which is the lining of the uterus.
4. Progesterone, also primarily produced by the ovaries, regulates the system. When the level of luteinizing hormone is high enough, progesterone stops the release of that hormone.

Figure 4.1 illustrates several major structures in menstruation, together with other important organs in the female reproductive system. The two **ovaries**, which are about the size of walnuts, contain the follicles that hold the **ova**, or eggs, and produce estrogen and progesterone.

On about the 14th day of the menstrual cycle, one of the eggs breaks out of its follicle; this process is called **ovulation** (pronounced ov-you-*lay*-shun). The egg moves from an ovary into a fallopian tube and then into the **uterus**, the organ in which a fetus develops. Suppose that the egg is fertilized and implanted in the endometrium lining of the uterus. The endometrium can then serve as a nourishing location for this egg to mature during pregnancy. However, if the egg is *not* fertilized and implanted, the egg
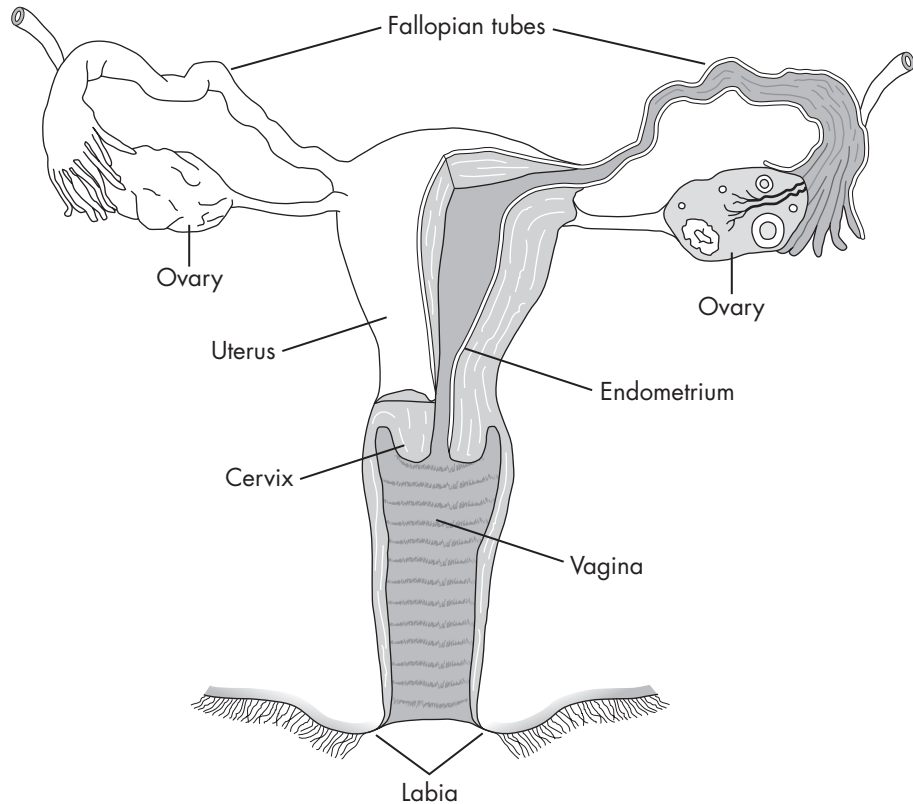
FIGURE **4.1** Female internal reproductive organs.

Note: On the right-hand side of the diagram, you can see the interior of the ovaries, the fallopian tube, and the uterus.

disintegrates on its way out of the uterus, and the endometrium is shed as menstrual flow.

The most important concept to remember is that brain structures, hormones, and internal reproductive organs are carefully coordinated to regulate the menstrual cycle (Chrisler, 2008a). They operate according to a **feedback loop**: When the level of a particular hormone is too low, a structure in the brain is signaled, and the chain of events repeats itself, producing more of that hormone. Later on, when the level of a hormone is too high, a signal to a structure in the brain begins a chain of events that decreases that hormone.

In more detail, after ovulation the empty follicle matures into a round structure that secretes progesterone and estrogen. Therefore, the levels of both of these hormones rise. Then the feedback loop operates, leading to a rapid decrease in the production of both progesterone and estrogen. With such low levels of these hormones, the endometrium can no longer be maintained in the style to which it has grown accustomed. The endometrium is sloughed off, and it passes out of the vagina as menstrual flow. The low level of estrogen signals the hypothalamus, causing a new cycle to begin.

Notice the checks and balances that are required to orchestrate the menstrual cycle (L. L. Alexander et al., 2004). This complex set of interactions first encourages the production of an egg, next leads to menstrual flow if no fertilized egg is implanted, and then begins another cycle.

Incidentally, you may have heard that women who live together—for instance as roommates—will tend to have synchronized menstrual cycles. However, more recent research suggests no evidence for this phenomenon (Schank, 2006; Yang & Schank, 2006).

Menstrual Pain

Menstrual pain, or **dysmenorrhea** (pronounced diss-men-or-*ree*-ah), typically refers to painful cramps in the abdomen. It may also include headache, nausea, dizziness, fatigue, and pain in the lower back (Chrisler, 2008a; Crooks & Baur, 2008; Taylor, 2005). Dysmenorrhea is not the same as premenstrual syndrome, or PMS, which we will discuss in the next section. How common is menstrual pain? Estimates range from 50% to 75% for high school- and college-age women (Golub, 1992; A. E. Walker, 1998).

In our culture, women expect that menstruation will be painful. It's important to know that menstrual pain is clearly not "all in the head." The contractions of the uterus that cause menstrual pain are encouraged by prostaglandins (pronounced pross-tuh-*glan*-dins). **Prostaglandins** are substances that the body produces in high concentrations just before menstruation, and they can cause severe cramps (Chrisler, 2008a).

Researchers have discovered that highly anxious women report having more menstrual pain than less anxious women. Perhaps anxious women focus more attention on their cramps, which could increase their intensity (Sigmon, Rohan et al., 2000). However, we must think critically about correlational results such as these. Another possibility may be that women who experience relatively strong menstrual pain (and perhaps other forms of pain) become more anxious as a consequence of these unpleasant experiences. Given the evidence, menstrual pain is probably caused by a combination of physiological and psychological factors.

Many different treatments have been used to reduce menstrual pain. Some drugs are helpful, including those that inhibit the synthesis of prostaglandins (e.g., ibuprofen). Exercise, a heating pad, muscle relaxation, adequate sleep, and dietary changes often produce additional relief (Chrisler, 2008a; Golub, 1992).

The Controversial Premenstrual Syndrome

Menstrual pain is well accepted as being part of the menstrual cycle. In contrast, premenstrual syndrome is controversial among both professionals and laypeople (Chrisler, 2008a, 2008b). **Premenstrual syndrome (PMS)** is the name given to the cyclical set of symptoms that may occur a few days before menstruating. The list of symptoms often includes headaches, breast soreness, swelling, nausea, increased sensitivity to pain, allergies, and acne—as well as various psychological reactions. These psychological reactions typically include depression, irritability, anxiety, dizziness, and low energy (Caplan & Caplan, 2009; Chrisler, 2008b; Chrisler et al., 2006).

One reason that PMS is controversial is that researchers do not agree on its definition (Chrisler, 2008b; Figert, 1996). Read the previous list of symptoms once more, and add other symptoms that you've heard about in popular accounts of PMS. Some critics have discovered as many as 200 different symptoms presumably connected with PMS (Chrisler, 2008b; Gottheil et al., 1999). When you have the opportunity, try Demonstration 4.1.

Think of the problem created by this confusing variety of symptoms. One researcher may be studying women whose primary symptom is anxiety; another may be studying women with headaches. How can researchers study PMS systematically when we don't even have a clear-cut operational definition for the problem? Furthermore, no blood test or other biochemical test can assess whether a woman is experiencing PMS (Chrisler, 2008b; Gottheil et al., 1999).

DEMONSTRATION 4.1	**People's Opinions about Premenstrual Syndrome (PMS)**

Make a list of 8 to 10 adolescent and adult females whom you know quite well—well enough to ask them about premenstrual syndrome! You can question them in person or by email, but emphasize that you want them to answer the questions seriously. If they *don't* answer seriously, what does this tell you about people's discomfort with the topic of menstruation?

Here are three questions you might ask, but be sure to create some of your own questions:

1. How would you define the premenstrual syndrome (PMS)?
2. What would you list as three especially important examples of PMS?
3. Do you think that researchers have clearly established that women behave differently during the days just before their periods, as opposed to, say, two weeks after they menstruate?

Another reason that PMS is so controversial is that some experts claim that virtually all menstruating women experience it. This claim is unfair because it suggests that all women are at the mercy of biological factors such as their "raging hormones" (Chrisler, 2008b). Notice that this belief encourages the stereotype that women are irrational and overly emotional (Chrisler, 2008a; Rudman & Glick, 2008).

An alternative view argues that PMS is a myth that our culture created. The "culture explanation" is consistent with the research showing that women in India and China report different symptoms from North American women (Chrisler, 2008b). This view, if taken too far, would be equally unfair because some women do experience certain symptoms more often premenstrually than at other times in their cycle.

Our discussion of PMS takes an intermediate position between the two extremes of the biologically driven explanation and the psychological-cultural explanation. Apparently, a small percentage of women (maybe 5% to 10%) have significant symptoms that are related to their menstrual cycle (Chrisler et al., 2006; D. Taylor, 2005). Other women do not. This situation is an example of your textbook's theme of large individual differences among women. We cannot make a statement that holds true for all women.

Let's examine the aspect of PMS that has received the most attention from the popular media, the negative mood swings that are presumed to occur during the menstrual cycle. We'll also consider methods of coping with PMS, as well as evidence that women sometimes report positive reactions to menstruation.

Mood Swings

Much of the research that supposedly supports the concept of PMS is actually plagued by biases (Caplan & Caplan, 2009; Ussher, 2006). For example, many researchers ask women to recall what their moods have been during various times throughout the previous weeks of their menstrual cycle.

You can anticipate some problems with this kind of retrospective study. For example, the popular media often discuss PMS and negative moods. As a result, women may recall their moods as being more negative premenstrually than they actually were (Chrisler, 2008a). Most of the carefully controlled research has produced results that should make us skeptical about the mood-swings component of PMS (e.g., Chrisler, 2008b; Caplan & Caplan, 2009; Offman & Kleinplatz, 2004).

Let's consider a classic study that is critical of the PMS concept. Hardie (1997) asked 83 menstruating women who were university employees to keep records in a booklet titled *Daily Stress & Health Diary*. Each day, for 10 weeks, they recorded their emotional state, stress level, general health, exercise, laughter, crying, menstrual bleeding, and so forth. At the end of the 10 weeks, the women completed a questionnaire about women's health issues. Included in this questionnaire was a crucial item: "I think I have PMS."

To assess PMS, Hardie used an operational definition that several others have used: A woman's mood during the premenstrual phase needs to be more depressed and emotional than during other parts of her menstrual cycle. Not one of the 83 women met this criterion for two menstrual cycles during the 70-day study. In addition, the women who believed they had PMS did *not* have more negative emotions premenstrually than did the women who reported no PMS. In other words, both groups actually reported similar cyclic changes.

The psychological-cultural explanation for PMS argues that our current culture clearly accepts PMS as an established fact, even though it cannot be systematically documented (Caplan & Caplan, 2009; Chrisler, 2008a). With this kind of cultural endorsement, women believe that PMS is normal. If a woman is feeling tense and she is premenstrual, she often blames her emotions on PMS (Cosgrove & Riddle, 2001a; Hardie, 1997; Ussher, 2006). For example, one woman explained how she often interprets her emotions: "I feel irritable for some reason and then I'll think about why I am irritable and then I'll think, oh, well, it's the week before my period and sometimes I'll say, well, maybe that's what it is" (Cosgrove & Riddle, 2001a, p. 19).

DEMONSTRATION 4.2	**Positive Aspects of Menstruation**

Positive Aspects of Menstruation

If you are a female who has menstrual cycles, complete the following questionnaire, which is based on the Menstrual Joy Questionnaire (Chrisler et al., 1994; J. Delaney et al., 1988). If you do not have menstrual cycles, ask a friend if she would be willing to fill out the questionnaire.

Instructions: Rate each of the following items on a 6-point scale. Rate an item 1 if you do not experience the feeling at all when you are menstruating; rate it 6 if you experience the feeling intensely.

_____ high spirits
_____ affection
_____ sexual desire
_____ self-confidence
_____ vibrant activity
_____ creativity
_____ revolutionary zeal
_____ power
_____ intense concentration

Did you or your friend provide a positive rating for one or more of these characteristics?

Why is the concept of PMS so widespread, if relatively few women seem to have severe symptoms? Joan Chrisler and her colleagues (2006) surveyed female college students and found that they tended to think that most other women had more severe symptoms than they themselves experienced. This perception therefore allows women to believe that PMS is a genuine problem for other women.

Unfortunately, this concept of PMS encourages people to think that many women are out of control for several days each month. People who endorse the PMS concept may hesitate before they support a female candidate for a job (Chrisler, 2008b). (Incidentally, try Demonstration 4.2 before you read further.)

Hormonal factors may indeed cause premenstrual problems in a small percentage of women. However, two other factors are probably more important:

1. Psychological factors, such as anxiety and strong endorsement of traditionally feminine gender roles (Chrisler, 2008a; Sigmon, Dorhofer et al., 2000; Sigmon, Rohan et al., 2000).
2. Cultural factors, such as our culture's belief that PMS is a well-established fact and our culture's emphasis on biological explanations (Chrisler, 2008a, 2008b; Cosgrove & Riddle, 2001b).

Coping with the Premenstrual Syndrome

It's difficult to talk about coping with or treating PMS when we have no clear-cut definition of the problem and no comprehensive theory about its origins.

The research we just discussed would suggest that women should monitor their emotional reactions throughout the menstrual cycle to determine whether tension or anxiety is just as likely to occur during phases that are *not* premenstrual. In this case, psychotherapy may be helpful (D. Taylor, 2005).

When health professionals believe that PMS is a genuine, biologically driven problem, they often recommend physical exercise as therapy. They also suggest avoiding salt, sugar, and caffeine (Chrisler, 2008a; Kissling, 2006; D. Taylor, 2005). None of these remedies can hurt, although their value has not been established. Some physicians recommend antidepressants that drug companies are now marketing for women who believe that they experience PMS. These drugs can cause side effects, and they are not necessary for most women (Kissling, 2006; D. Taylor, 2005; Ussher, 2006). As Chrisler and Caplan (2002) conclude:

> Taking medication may provide apparent serenity to individual women, but it does nothing to alleviate the oppressive conditions that contributed to the stress and tension that caused them to report severe PMS. PMS is a form of social control and victim blame that masquerades as value-free. (p. 301)

Positive Reactions to the Menstrual Cycle

Joan Chrisler and her colleagues noticed that the menstruation questionnaires focused only on negative aspects of menstruation. Furthermore, the popular press had generated hundreds of articles on the negative—and often exaggerated—aspects of changes associated with the menstrual cycle (Chrisler, 2008b; Chrisler & Levy, 1990; Chrisler et al., 1994). Surely some women must have occasional positive reactions to menstruation! Therefore, Chrisler and her colleagues (1994) decided to administer the Menstrual Joy Questionnaire (J. Delaney et al., 1988). Try Demonstration 4.2 on page 116, which is similar to that questionnaire.

Interestingly, some women in this study first completed the Menstrual Joy Questionnaire. They typically rated their level of arousal relatively positively when they later completed a different questionnaire about menstrual symptoms. Compared to women who had not been initially encouraged to think about the positive side of menstruation, these women were more likely to report feelings of well-being and excitement, as well as bursts of energy (Chrisler et al., 1994).

Research in the United States and Canada confirms that many women have some positive responses to menstruation, such as increased energy, creativity, and psychological strength (Aubeeluck & Maguire, 2002; Chrisler & Caplan, 2002; S. Lee, 2002). For example, one woman wrote:

> I think it's a wondrous event, how the body can collect nutrition for a potentially growing egg and then just let it go. ... I find it a time for introspection and reflection and being more in touch with my own body. I feel positive about it. (S. Lee, 2002, p. 30)

Some women feel that menstruation reaffirms their positive feelings of being female. As one woman wrote, "It's a part of being a woman ... it's what I am ... so I love it" (S. Lee, 2002, p. 30). A friend of mine mentioned another positive image: Menstruation connects her with women everywhere.

When she is menstruating, she is reminded that women all over the world, of different ethnicities, shapes, and ages, are menstruating as well. Less poetically—but nonetheless significantly—many women greet a menstrual period with joy because it means they are not pregnant.

We need to emphasize that menstrual cramps and other problems will not disappear if you simply adopt a more positive attitude. However, the issues may be easier to deal with if you know their cause and remind yourself that other women share similar experiences. Isn't it interesting that so little research has been conducted on the potentially positive side of menstruation?

Cultural Attitudes Toward Menstruation

Throughout this book, you'll often see a contrast between people's beliefs about women and women's actual experiences. For example, people's stereotypes about women (Chapter 2) often differ from women's actual cognitive skills (Chapter 5) and women's social characteristics (Chapter 6). Similarly, we will see in this discussion that cultural attitudes about menstruation often differ from women's actual experiences.

Some cultures have a taboo against contact with menstruating women (Usher, 2006). For example, contemporary Creek Indians in Oklahoma do not allow menstruating women to use the same plates or utensils as other tribe members (A. R. Bell, 1990). Many similar menstrual practices reflect a belief in female pollution and the devaluation of women (J. L. Goldenberg & Roberts, 2004; Kissling, 2006; T. Roberts & Waters, 2004). These attitudes toward menstruation are consistent with Theme 2 of this book: The cultural community may have negative attitudes about something associated with women—in this instance, their menstrual periods (Chrisler, 2008b; Usher, 2006).

Most European Americans also have negative attitudes toward menstruating women. In one study, participants were told that they would be working on a problem-solving task with a female student (T. Roberts et al., 2002). At one point, the participants saw this woman open her handbag. By "mistake" either a hair clip or a wrapped tampon fell out of her bag. Later in the session, the real participants were instructed to evaluate this woman. Both male and female participants rated the woman as being less competent and less likeable if her handbag had contained a tampon, rather than a hair clip.

In most of North America, the topic of menstruation is not only negative but also relatively invisible, consistent with Theme 3 of this book. We usually do not speak openly about menstruation (Kissling, 2003, 2006). Instead, we enlist euphemisms, or more pleasant ways of saying the same thing. For example, you'll rarely hear the word *menstruation* on television. An ad referring to "that time of the month" probably does not mean the date the car payment is due.

Furthermore, in Aída Hurtado's (2003) study of Latina adolescents, 55% of the young women had never talked with either parent about menstruation. Many of adolescents emphasized the secrecy of disposing of sanitary napkins, which one woman noted was "more complicated than making tamales" (p. 52).

In North America, young women's attitudes may be shaped by advertisements that specifically make them believe that menstruation is a problem

(Chrisler, 2008b; Erchull et al., 2002; Merskin, 1999). For example, Jessica Oksman (2002) examined a total of 36 issues of *Seventeen* and *Mademoiselle* magazines. She found that 46 advertisements emphasized that menstruation is something secretive, and it must be concealed. For instance, a typical ad pointed out that "nobody needs to know." In contrast, she found only 1 positive message about menstruation: "It is a symbol of strength, beauty, spirit. It is woman. It is you." Imagine how much more positive young women would feel about menstruation if they encountered 46 messages like this and only 1 that encouraged secrecy.

SECTION SUMMARY

Puberty and Menstruation

1. Adolescence begins at puberty; for females, menarche is the crucial milestone of puberty.
2. The menstrual cycle features a feedback loop, and it requires a complex coordination of brain structures, hormones, and internal reproductive organs.
3. Dysmenorrhea, or menstrual pain, is common in young women. Dysmenorrhea is partly caused by prostaglandins, but psychological factors also play an important role.
4. Premenstrual syndrome (PMS) is a controversial set of symptoms that presumably includes headaches, breast soreness, depression, and irritability. PMS is challenging to study because it cannot be clearly defined. Consistent PMS-related mood swings seem to be relatively rare.
5. The psychological-cultural explanation of PMS suggests that psychological factors play a role and that cultural expectations encourage women to use PMS as an explanation for negative moods that occur on the days before their menstrual period.
6. Because of the controversy about the origins and nature of PMS, it is difficult to make recommendations about treating it.
7. Some women report increased energy and other positive reactions to menstruation.
8. Menstrual myths and other negative attitudes are found in many cultures, including the United States. European Americans judge menstruating women to be less competent and less likeable, compared to other women. In addition, U.S. media directed at adolescent females suggest that menstruation should be kept secret.

SELF-CONCEPT AND IDENTITY DURING ADOLESCENCE

As we've seen, adolescent females experience a major transition when they reach menarche. Adolescents are developing the cognitive capacity to think abstractly, so they often ask complex questions about their identity. A person's **identity** is her or his self-rating of personal characteristics in the

physical, psychological, and social dimensions (Reid et al., 2008; Rhodes et al., 2007; Whitbourne, 2008). We'll consider five components of identity in this section: self-esteem, body image, feminist identity, cultural identity, and transgender identity.

Self-Esteem

According to researchers, American culture emphasizes the importance of self-esteem (Crocker & Park, 2004a, 2004b). **Self-esteem** is a measure of how much you like and value yourself (Malanchuk & Eccles, 2006). Do adolescent males and females differ in self-esteem? Several researchers have reported a modest gender difference in adolescents' self-esteem (e.g., J. Frost & McKelvie, 2004; Quatman & Watson, 2001). However, other researchers have reported that adolescent females and males have similar self-esteem, at least in some conditions (e.g., Kling & Hyde, 2001; Meece & Scantlebury, 2006; D. Wise & Stake, 2002).

With mixed results like these, how can we draw any conclusions? Fortunately, researchers who study gender comparisons can use a technique called meta-analysis. **Meta-analysis** provides a statistical method for integrating numerous studies on a single topic. Researchers first locate all appropriate studies on the topic. Then they perform a statistical analysis that combines the results from all these studies. The meta-analysis yields a single number that tells us whether a particular variable has an overall effect. For example, a meta-analysis of the gender-comparison research in self-esteem can statistically combine numerous previous studies into one enormous "super-study." This meta-analysis can provide a general picture of whether females and males differ in self-esteem.

Two important meta-analytic studies have been conducted on gender comparisons of self-esteem. Each study examined more than 200 different gender comparisons (Kling et al., 1999; Major et al., 1999). Both studies concluded that the average male scores are slightly—but significantly—higher in self-esteem than the average female scores. However, when these two groups of researchers took a closer look, they found that the gender differences are minimal in childhood, early adolescence, and later adulthood. In contrast, the gender differences are somewhat larger during late adolescence.

Furthermore, the gender differences in self-esteem are relatively large for European Americans, but they are relatively small for Blacks. These findings are consistent with other research (Buckley & Carter, 2005; Denner & Griffin, 2003; Malanchuk & Eccles, 2006).

In addition, Major and her colleagues (1999) found that gender differences are relatively large among lower-class and middle-class participants. In contrast, when these researchers examined students from upper-class, well-educated families, the gender differences were very small are somewhat similar in their self-esteem. It's possible that these families have the resources to encourage their daughters to overcome the traditional gender roles (Major et al., 1999).

Let's review this topic. Gender comparisons in self-esteem are inconsistent. The results of the gender comparison depend on several personal characteristics such as age, ethnicity, and social class.

Body Image and Physical Attractiveness

In Chapter 3, we saw that physical attractiveness is more important for preschool girls than for preschool boys. Compared to less attractive little girls, cute little girls are more likely to be patted and praised—and less likely to be hit and pushed. However, physical attractiveness is generally irrelevant for little boys (G. J. Smith, 1985). It's not surprising, then, that 11-year-old girls are more likely than 11-year-old boys to spend time thinking about their physical appearance (Lindberg et al., 2006).

This emphasis on female attractiveness is exaggerated during adolescence. A young woman learns to view herself as an object that can be looked at and judged by other people (Lindberg et al., 2006; Tiggemann & Boundy, 2008). Furthermore, young women constantly receive the message that good looks and physical beauty are the most important dimension for females (Buckley & Carter, 2005; Galambos, 2004; Tolman et al., 2006). Their skin must be clear, their teeth straight and gleaming, and their hair lustrous.

Young women are especially likely to receive the message that they must also be slender. Young women who are overweight are the target of numerous negative comments. For example, one 16-year-old woman heard two male students talking about her. One of them said, "She's just a fat bitch. She should kill herself she's so fat" (Hunt, 2007).

Some North American young women are so concerned about being slender that they develop life-threatening eating disorders. (We will discuss these disorders and our culture's emphasis on thinness in more detail in Chapter 12.) This intense focus on body weight extends beyond those with eating disorders; it also has a substantial impact on many other adolescent females. In some studies, young Black women are less likely to emphasize thinness, but the results are not consistent (Kornblau et al., 2007; Poran, 2006).

The media encourage this emphasis on beauty and slenderness, and young women are well aware of this message (Botta, 2003; C. A. Smith, 2008). Furthermore, a variety of research approaches show that women are less satisfied with their bodies if they have been looking at fashion magazines, rather than magazines showing normal-sized women (Pollitt, 2004; Sengupta, 2006). Try Demonstration 4.3 (below) to appreciate the narrow view that teen magazines provide to female adolescents.

Women of color are especially likely to comment that women who look like themselves are missing from the fashion magazines. However, Black women often appear—in degrading roles—in hip hop and rap music videos (Sharpley-Whiting, 2007). Try Demonstration 4.3 when you have the opportunity to browse through teen magazines.

DEMONSTRATION 4.3

Representation of Females in Teen Magazines

Locate several magazines intended for adolescent women. Currently, *Seventeen*, *Teen Vogue*, and *Teen People* are popular (Tyre, 2004). Glance through the magazine for photos of women in either advertisements or

(continues)

Demonstration 4.3 (continued)

feature articles. What percentage of these women would be considered overweight? How many look nearly anorexic? Then inspect the magazines for ethnic representation. If you find any women of color, are they pale-skinned, with features typical of White women, or do they seem typical of their own ethnic group?

Notice the body posture of the women pictured. Would a young man look ridiculous in these positions? What percentage of the photos seems aimed at encouraging sexual relationships? How many of the women look competent? What other messages do these images provide for high-school females?

Unfortunately, young women's general self-concepts are often shaped by whether they believe they are attractive. Researchers have found that physical appearance is the strongest predictor of self-worth in adolescent females. For males, however, athletic competence is a stronger predictor of self-worth (Denner & Griffin, 2003; Kwa, 1994). Notice, then, that females feel valued for how their bodies *look*. In contrast, males feel valued for how their bodies *perform* in athletics.

Researchers have discovered that girls who participate in athletics can often escape from the dominant images presented to adolescent females. Not surprisingly, young female athletes often have higher self-esteem than young women who are not athletes (Hall, 2008; Tracy & Erkut, 2002; J. Young & Bursik, 2000). Exercise often increases women's sense of control over their lives (Vasquez, 2002).

Young women's participation in sports has increased dramatically during recent decades. In fact, about 3 million high-school females play competitive sports each year (Hall, 2008; Zittleman, 2007). The media are now somewhat more likely to feature female athletes, and these images of strong women might make a difference. Adolescent women watching the victorious women athletes in sports such as basketball and soccer may realize that women's bodies can be competent and athletic, rather than anorexic (Dowling, 2000; Strouse, 1999).

Feminist Identity

In Chapter 1, we emphasized that **feminism** is the principle that values women's experiences and ideas; in addition, feminism emphasizes that women and men should be socially, economically, and legally equal (Pollitt, 2004; Rozee et al., 2008). Earlier in the present chapter, we noted that adolescents have the capacity to think abstractly and to contemplate their personal identity. As a consequence, they may consider abstract questions such as "What do I believe about women's roles?" and "Am I a feminist?"

Assessing Feminist Identity

If you are a woman, rate each of the following items using a 5-point scale. Rate an item 1 if you strongly disagree; rate the item 5 if you strongly agree. If you are a man, think of a woman you know well who shares your ideas about women's issues, and try to answer the questionnaire from her perspective. Then check page 141 for further instructions.

_____ 1. I want to work to make the world a fairer place for all people.

_____ 2. I have become increasingly aware that society is sexist.

_____ 3. I am very interested in women writers and other aspects of women's studies.

_____ 4. I think that most women feel happiest being a wife and mother.

_____ 5. I do not want to have the same status that a man has.

_____ 6. I am proud to be a strong and competent woman.

_____ 7. I am angry about the way that men and boys often treat me.

_____ 8. I am glad that women do not have to do construction work or other dangerous jobs.

_____ 9. I owe it to both women and men to work for greater gender equality.

_____ 10. I am happy being a traditional female.

Note: These items are similar to the 39-item Feminist Identity Development Scale, developed by Bargad and Hyde (1991). The reliability and validity of the items in this shortened version have not been established.

Most of the research about feminist values and identity has surveyed college students in late adolescence. It would be useful to conduct research on the development of a feminist identity from early adolescence through late adulthood, using a more diverse sample of people (Saunders & Kashubeck-West, 2006).

In both the United States and Canada, many people are likely to say that they support feminist ideas such as gender equality. However, they are less likely to claim a **feminist social identity** by saying, "Yes, I am a feminist" (Cohen, 2008; Dube, 2004; Pollitt, 2004).

Researchers have identified several factors that are associated with feminist beliefs. For example, people who support feminist beliefs are more likely than other people to have a complex view of themselves (Bursik, 2000). People who have a feminist social identity are also more likely to be very knowledgeable about feminism, through friends, college classes, or feminist magazines and books. They are also more likely to have a positive evaluation of feminists (Nelson et al., 2008; A. Reid & Purcell, 2004).

In addition, females are more likely than males to consider themselves feminists (Burn et al., 2000; Henderson-King & Zhermer, 2003; Toller et al.,

2004). Furthermore, people who are not gender stereotyped are more likely to consider themselves feminists (Saunders & Kashubeck-West, 2006; Toller et al., 2004). In related research, Bronstein and her coauthors (2007) found that high-school females with supportive, nurturant parents were especially likely to have "moral courage," speaking up when they witnessed injustice.

Now assess your answers to Demonstration 4.4 by looking at the end of the chapter (page 141). Also, answer one additional question: Do you consider yourself a feminist?

Cultural Identity

We can define **cultural identity** as the ideas and customs associated with a social grouping such as country of origin, ethnic group, or religion (Markus, 2008). Some evidence suggests that young women of color are more likely than young men of color to be interested in maintaining their cultural traditions, but the results are not consistent (K. K. Dion & Dion, 2004; Meece & Scantlebury, 2006).

Other studies focus on the nature of adolescents' ethnic identity rather than on gender comparisons. In general, young European Americans are not concerned about their ethnic identity (Peplau et al., 1999; Poran, 2002). We noted this issue in Chapter 1. When being White is considered standard or normative, White individuals don't notice their privileged status. In fact, White people often believe that they don't "have" a race (Markus, 2008; McIntosh, 2001).

Some young women of color may initially try to reject their ethnicity. For example, Zulay Regalado (2007) emphasized that she had avoided family gatherings with her boisterous Cuban-American relatives. At the age of 18, however, she decided to join them and, as she wrote, "For the first time in eighteen years, instead of wishing myself to be anywhere but the dinner table … I was comfortable with who I am" (Regalado, 2007, p. 65).

Also, here is an African American woman's description of herself:

> For a long time it seemed as if I didn't remember my background, and I guess in some ways I didn't. I was never taught to be proud of my African heritage. Like we talked about in class, I went through a very long stage of identifying with my oppressors. Wanting to be like, live like, and be accepted by them. Even to the point of hating my own race and myself for being a part of it. Now I am ashamed that I ever was ashamed. I lost so much of myself in my denial of and refusal to accept my people. (Tatum, 1992, p. 10)

Sadly, the White-as-normative attitudes are strikingly evident in beauty contests. For instance, Vietnamese immigrant communities in the United States often organize beauty contests in which the winners are young Vietnamese women who look most like European Americans. In fact, many contestants even undergo plastic surgery so that their eyes, chin, and nose can look more "American" (Lieu, 2004). Furthermore, women who enter the "Miss India" pageant in India are expected to attend a 6-week training session that includes a near-starvation diet and skin bleaching so that they can look more "White" (Runkle, 2004).

In the years following the September 11, 2001, bombing of the World Trade Center, the Muslim American cultural group has frequently experienced

discrimination (Sirin & Fine, 2008). Even 16-year-old Muslim American girls—described as "typical teenagers"—were arrested and subjected to weeks of interrogation (Zaal et al., 2007).

Mayida Zaal and her coauthors (2007) use the phrase, "the weight of living at the hyphen" (p. 165) to describe the challenge of being both Muslim and American. Muslim Americans who live in the United States come from more than 80 countries. However, many other Americans view Muslims as potential traitors in this era of increased surveillance (Ibish, 2008; Nguyen, 2005; Sirin & Fine, 2008). In fact, 44% of respondents in a U.S. poll said that Muslim Americans should be denied the civil liberties that other U.S. citizens experience (Friedlander, 2004).

Given this complex situation, how do Muslim American teenagers make sense of their own identity? Sirin and Fine (2007) asked participants in their study to draw sketches to represent their Muslim American identity. Selina, a 15-year-old young woman, drew two connecting rivers, as shown in Figure 4.2. As you can see, the two streams mingle to represent a fluid sense of identity. The media often emphasize the superficiality of teenagers,
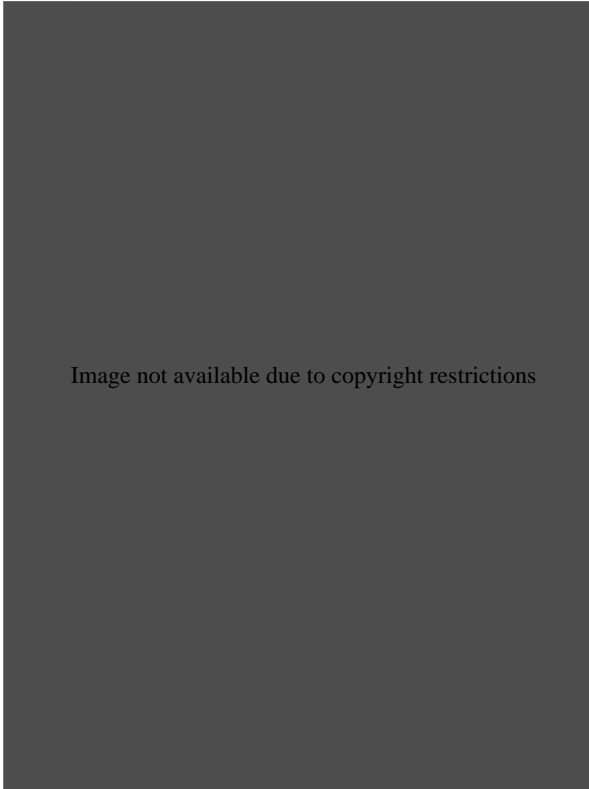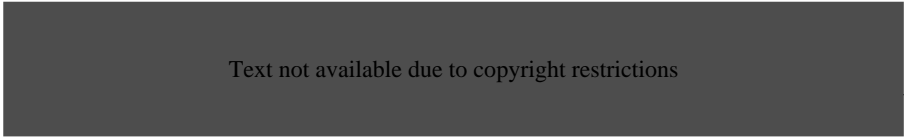
Image not available due to copyright restrictions

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a perspective that clearly misrepresents the complex identities they can create for themselves (Sirin & Fine, 2007, 2008).

Transgender Identity

The prefix "trans" means "across" or "beyond." A **transgendered person** moves across or beyond the gender boundaries as they are defined in our culture (Golden, 2008). In other words, a woman may decide to live as a man, or a man may decide to live as a woman. In addition, some individuals may believe that they do not need to be confined to the two "obvious" choices, so they choose to transcend these categories by creating a third category for themselves (Wilchins, 2004). A college student named Katherine Roubos, who chooses this third-category alternative, says that being a transgendered person isn't scary, but "it's about this person living a life" ("A Safe Crossing," 2008, p. 30).

Some transgendered people decide to have surgery, so that their bodies are consistent with their gender identity (Lawrence, 2008). In other words, they want to express their own identity, rather than adopting society's expectations. This may sound extreme until you think that many women decide to have surgery to make their breasts larger (Golden, 2008). Furthermore, as we saw on page 79 in Chapter 3, physicians typically recommend surgery for intersexed infants, so that the external genitals can appear to be either clearly feminine or clearly masculine. Why does genital surgery seem "normal" for infants, but "abnormal" for adults who want to have surgery so that they can live in a body that is consistent with their own personal identity?

Interestingly, many major corporations now have health benefits that include sexual reassignment surgery. Furthermore, by 2008 more than 150 U.S. colleges and universities had adopted an official policy of not discriminating against transgendered individuals ("A Safe Crossing," 2008).

SECTION SUMMARY

Self-Concept and Identity During Adolescence

1. The average male may score slightly higher in self-esteem than the average female. Meta-analyses show that this gender difference is relatively large during late adolescence, in European Americans, and in people with relatively little education.
2. Physical attractiveness is emphasized for adolescent women. The current emphasis on thinness and beauty can lead to eating disorders and too much concern about personal appearance.
3. People who say they are feminists are typically familiar with feminism, and they evaluate feminists positively. People in general are relatively likely to support feminist perspectives, but they are less likely to say that they are feminists.

SECTION SUMMARY *(continued)*

4. Young women of color may initially ignore their ethnic identity but strengthen it during adolescence. Some young women of color undergo plastic surgery so that they can look more European American. Muslim American young women often work to create an identity that integrates their two cultures.
5. Transgendered individuals move across or beyond the traditional gender boundaries.

EDUCATION AND CAREER PLANNING

In Chapter 3, we saw that young girls are often relatively invisible in the elementary-school classroom, whereas boys receive more attention. Now we'll examine young women's educational experiences and early career planning. In Chapter 5, we'll consider a related topic: gender comparisons in cognitive skills and achievement motivation. Then Chapter 6 will focus on gender comparisons in social and personality characteristics. A background in all these topics will prepare us to discuss women and employment in Chapter 7. Let's now explore young women's experiences in middle school and high school, early encounters with math and science, experiences in higher education, and career choices.

Young Women's Experiences in Middle School and High School

Some of the adolescent characteristics we've discussed in this chapter make it especially challenging for young women to achieve academic success. Their bodies are changing, they may be preoccupied with their physical appearance, and they may be tempted to starve themselves. They may also have low self-esteem. Many females in middle school (junior high) and high school feel invisible in the classroom (Levstik, 2001; Sadker & Zittleman, 2007b).

Young females may also be the target of sexual comments, sexual bullying, and other forms of sexual harassment (Leaper & Brown, 2008; Ormerod et al., 2008; Paludi, 2007; Shute et al., 2008). When the academic environment is not friendly to young women, they will study less, choose less rigorous courses, and select less challenging careers (Eccles, 2004).

In addition, many schools do not emphasize either ethnic equality or social-class equality (J. L. Hochschild, 2003; Ostrove & Cole, 2003; Wigfield et al., 2006). For example, a European American woman who had grown up in a low-income area vividly recalled a high-school vice principal who shouted to a busload of students, "Hogtrash. Every last one of you. You'll never amount to nothing" (N. Sullivan, 2003, p. 56).

The research shows that young women are most likely to maintain their academic aspirations if their middle schools or high schools make gender equality a priority, institute a mentoring system, and have high expectations for young women. The research also shows that parents' encouragement has

a strong impact (Betz, 2008; Li & Kerpelman, 2007). For instance, research about Latina adolescents in Los Angeles showed that mothers frequently discuss academic achievement with their daughters (Hyams, 2006; Romo et al., 2006). Teachers can be especially helpful if the family members do not support their daughters' achievements (Erkut et al., 2001; Fort, 2005b; Wigfield et al., 2006).

Early Experiences in Math and Science

Zelda Ziegler remembers sitting in a high-school classroom, preparing to take an engineering exam. She was the only female among those taking the test. The proctor stood in front of the room and announced that the exam would be reasonable. "Nobody would have trouble with it except for one person—and she knows who she is" (J. Kaplan & Aronson, 1994, p. 27). Fortunately, Ziegler was not discouraged by these words. She went on to earn a Ph.D. degree in chemistry and now acts as a mentor for young women interested in science.

Most current high-school females don't face such overt sexism. One reason is that high-school females and males are now equally likely to enroll in upper-level math courses. Still, some young women experience more subtle biases (Lacampagne et al., 2007; Leaper & Brown, 2008). For example, math and science teachers may convey higher expectations to male students than to female students (Duffy et al., 2001; Piran & Ross, 2006). Teachers may also give males more helpful feedback and greater encouragement to pursue careers in math and science (Wigfield et al., 2006).

Several additional factors contribute to the gender differences in pursuing careers in math and science:

1. Male peers may react negatively toward females who are interested in these areas (Brownlow et al., 2002; Stake, 2003). These peers may also make females feel like outsiders (Dingel, 2006).
2. Females often feel less competent and effective in these "stereotypically male" courses, even though they may actually perform very well (Dingel, 2006; Tenenbaum & Leaper, 2003; Wigfield et al., 2006). In contrast, they may actively seek "stereotypically female" courses, which are more consistent with their long-term goals, and where they are more confident about their skills (Evans & Diekman, 2009; Oswald, 2008).
3. Parents often believe that boys are more skilled in science than girls are (Tenenbaum & Leaper, 2003; Wigfield et al., 2006).

Some national organizations and some local school systems have developed innovative programs to encourage young females to pursue careers in math and the sciences (Lacampagne et al., 2007; Stake, 2003; Weisgram & Bigler, 2007). For example, Carolyn Turk (2004) describes her experiences in a program designed for high-school females who were interested in engineering. As she writes, "If I hadn't stumbled into that summer program, I wouldn't be an engineer" (p. 12). In these academic settings, young women can learn to take risks, make mistakes, develop a peer group, and enjoy being successful in a nontraditional area (Stake & Nickens, 2005).

In addition, parents can support their daughter's interest in nontraditional fields by seeking nonsexist career guidance. They can also encourage her college plans and value her academic interests (Betz, 2006; Song, 2001). Furthermore, teachers can identify young females who are gifted in science and math and then encourage parents to support their daughter's interest in these nontraditional areas (Eccles et al., 2000; Reis, 1998).

Gender Issues in Higher Education

In North America, women are currently more likely than men to pursue higher education. For example, 57% of all full-time university students in Canada are female (Statistics Canada, 2006). Women also constitute 53% of all full-time students enrolled in U.S. colleges and universities ("Student Demographics," 2010). As Table 4.1 shows, this gender difference holds for all five major ethnic groups in the United States, although the gap is largest for Black women and men. Furthermore, you'll probably be surprised to learn that U.S. women now earn 51% of all the Ph.D. degrees awarded to U.S. citizens ("Student Demographics," 2010).

In contrast to the gender ratio for students, relatively few college professors are women. At present, only 42% of all full-time faculty members at U.S. colleges and universities are female ("The Profession," 2010). If a young woman wants to pursue a science degree, she will find that female faculty members are even less visible. For instance, females constitute only 17% of the faculty in the 50 top-ranked chemistry departments in the United States (Kuck et al., 2004).

The Academic Environment in Higher Education

In some cases, female college students may receive a message that they have entered a male-dominated environment where they are not welcome. In the 1980s, some observers referred to this situation as the "chilly classroom climate." When this **chilly classroom climate** operates, faculty members treat men and women differently in the classroom, and women may feel ignored

TABLE **4.1**

Male and Female Enrollment in U.S. Colleges and Universities in 2009, as a Function of Ethnic Group

	Number of Students	
Ethnic Group	Women	Men
European American	6,610,100	5,146,100
Black	1,545,300	838,100
Latina/o	1,214,500	861,600
Asian	655,400	562,500
Native American	115,600	74,400

Source: Based on "The Nation: Students" (2009).

and devalued. As a result, some women may participate less in discussions and may be less likely to feel academically competent (Basow, 2004; Betz, 2006).

The early research documented many examples of the chilly classroom climate. More recent research has not found consistent, widespread evidence for a chilly classroom climate (K. L. Brady & Eisler, 1995, 1999; M. Crawford & MacLeod, 1990; Fencl & Scheel, 2006). However, gender discrimination is more likely in male-dominated disciplines such as math, science, and engineering (J. Steele et al., 2002). Furthermore, students of color are more likely than others to experience a chilly climate (Janz & Pyke, 2000).

Women of Color and Higher Education

As we saw in Table 4.1, Black women are much more likely than Black men to attend college. The reasons for this discrepancy are not clear. However, theorists suggest that part of the problem is a cultural climate that values athletic ability, and it emphasizes athletes' high salaries more than academic achievement in young Black males (Etson, 2003).

Students of color often receive the message that they do not fit well in a college setting (Molinary, 2007; Mooney & Rivas-Drake, 2008; Pinel et al., 2005). As one young Puerto Rican woman said, "People sort of see me differently because I'm Hispanic and I'm smart. I feel sometimes that they want to put me down. I have had several incidents where people will look at my skin color and think I'm dumb, and they immediately think 'She's not bright, she's not smart'" (Reis, 1998, pp. 157–158). Students of color often comment that some faculty members seem to have low expectations for their performance (Fouad & Arredondo, 2007).

Financing a college education is often an issue for women of color, especially in immigrant families. Latina/o and Asian parents typically want their daughters to attend college (Marlino & Wilson, 2006). However, many are reluctant to let their daughters attend a college far from home (Sy, 2006; Sy & Brittian, 2008). Rosa Hernandez is a Latina university graduate who addressed this problem creatively. She had her parents come to her university and follow her through a complete day of classes, work, and studying in the library. After this first-hand experience, Rosa's parents realized why she wanted to study at this university (Silvera, 2008).

In general, Native Americans are the ethnic group that we often know the least about. However, an important program for Native Americans in the United States is called **tribal colleges**, which are 2- and 4-year institutions that provide a transition between native culture and the predominately European American "mainstream" culture. At present, there are 35 tribal colleges, most of them located on reservations west of the Mississippi River (Pember, 2008). These colleges train Native American students—primarily women older than 20—in fields such as health-care. After completing their education, most return to work in their own community ("New England Tribal College," 2004; Williams, 2007). In Canada, several dozen colleges and universities are actively recruiting Aboriginal students, and the government has also committed funds to Aboriginal higher education (Birchard, 2006).

Our discussion so far has focused on the difficulty of blending school with peer relationships, early experiences in math and science, and the challenges of higher education. Now let's turn to young women's career plans.

Career Aspirations

A variety of studies have asked adolescents about their career aspirations. In general, adolescent females and males have similar career goals. Here are some of the findings:

1. In general, adolescent males and females have similar aspirations about entering prestigious careers (e.g., Astin & Lindholm, 2001; Betz, 2008; C. M. Watson et al., 2002). However, a nationwide survey asked first-year college students about their top reasons for going to college. The results showed that 63% of women—in contrast to only 51% of men—responded, "To prepare myself for graduate or professional school" ("This Year's Freshmen," 2007, p. A41).
2. Adolescent females are more likely than adolescent males to choose careers that are considered nontraditional for their gender (Bobo et al., 1998; C. M. Watson et al., 2002). For example, relatively many women aspire to become doctors, compared to the number of men who aspire to be nurses.
3. Adolescent females are more likely than adolescent males to report that they have been effective in gathering information about their future careers (Gianakos, 2001).
4. When considering their future careers, adolescent females are more likely than adolescent males to emphasize the importance of marriage and children (Betz, 2008; Mahaffy & Ward, 2002; Zhou, 2006). The majority of adolescent females and males also believe that mothers should not work full-time until their children are at least in grade school (Weinshenker, 2006).

What personal characteristics are typical for women who aspire to high-prestige, nontraditional careers? Not surprisingly, they receive high grades in school (C. M. Watson et al., 2002). They also tend to be independent, self-confident, assertive, emotionally stable, and satisfied with their lives (Astin & Lindholm, 2001; Betz, 1994; Eccles, 1994). Notice that the young women who plan to pursue nontraditional careers typically have the academic characteristics and personality traits that are important for these careers. They also tend to express feminist attitudes, and they are not constrained by traditional gender roles (Flores & O'Brien, 2002; Song, 2001).

Women who plan on prestigious nontraditional careers typically have a supportive and encouraging family, and this factor is important for both White women and women of color (Betz, 2008). Other important factors are female role models and work experience as an adolescent (Flores & O'Brien, 2002; Lips, 2004).

Most of the research in this area examines the career paths of women from relatively affluent families who can afford to send their daughters to college. However, the family situations of many young women are very different. For example, Patton (2008) describes Antonique, a 20-year-old Detroit

woman who is now homeless. She also dropped out of high school several months before graduation. At the time Antonique was interviewed, she had a 1-year-old child, with a second child to be born several months later. She wants to complete her high-school degree and then go to college and become a social worker, a goal that seems very difficult to reach. Yes, we occasionally hear about a young woman like Liz Murray (2008) who was once homeless and then went on to graduate from Harvard University. However, Liz is one of very few exceptions.

SECTION SUMMARY

Education and Career Planning

1. High-school teachers and school systems may treat young women in a biased fashion; they may also discriminate on the basis of ethnicity and social class. Parental encouragement has an important impact.
2. Adolescent females may be discouraged from pursuing careers in math and science. However, innovative programs and supportive parents can encourage these young women to pursue nontraditional careers.
3. In the United States and Canada, women are now more likely than men to go to college. Current research has not documented widespread discrimination against female students.
4. Women of color sometimes report that they do not feel comfortable in academic environments, and finances are frequently a barrier. Tribal colleges provide an option for Native American and Aboriginal students.
5. Adolescent females are similar to adolescent males with respect to their aspirations to, about prestigious careers, but females are more likely than males to choose nontraditional careers.
6. Females are more likely than males to gather career information, and they are also more likely to emphasize marriage and children.
7. Factors associated with women's choice of a prestigious nontraditional career include high grades, self-confidence, emotional stability, and feminist beliefs. Also, their parents families are typically supportive.

INTERPERSONAL RELATIONSHIPS DURING ADOLESCENCE

So far in this chapter, we have explored three clusters of issues that are important to young women: (1) puberty and menstruation; (2) self-concept and identity; and (3) education and career planning. However, adolescent females are perhaps most concerned about their social interactions.

Consider Ruby, a 14-year-old African American, who has six younger siblings. Her narrative illustrates the centrality of interpersonal relationships for adolescent females. For example, she describes how the women in her family provide a circle of support when she wants to discuss her future

plans: "[My mother] says if I want something, I can always accomplish it. I believe that, too. And my aunt and my grandmother. There's lots of people" (J. M. Taylor et al., 1995, p. 42). Ruby also emphasizes the support offered by her classmates, for example, when they elected her to a special team in her history class: "The kids are all—I guess they accepted me for that, so maybe they like me. ... You know you're wanted" (p. 42).

In this final section of the chapter on adolescence, we will begin by exploring relationships with family members. Then we'll examine connections with peers, specifically in friendships and in love relationships.

Family Relationships

If you believe the popular media, you might conclude that adolescents and their parents inhabit different cultures, interacting only long enough to snarl at each other. The data suggest otherwise (Collins & Steinberg, 2006; Smetana et al., 2006). Most adolescents, both females and males, actually get along reasonably well with their parents. They may disagree on relatively minor issues such as music or messy rooms. However, they typically agree on more substantive matters such as religion, politics, education, and social values (W. A. Collins & Laursen, 2006; Smetana et al., 2003; Smetana et al., 2006).

Furthermore, current theories of adolescent development emphasize the strong emotional bond between many adolescents and their parents (W. A. Collins & Laursen, 2004, 2006). For example, Judith Smetana comments,

> Yes, there are increases in disagreement, but it's usually in the context of warm, supportive relationships ...We now know that teens don't break away from parents. Healthy development is establishing individuality but remaining connected. (cited in Appelman, 2008)

The family is likely to be a strong basis of identification for young women of color, especially if the family can serve as a source of resiliency when these young women experience ethnic or gender discrimination (Vasquez & De las Fuentes, 1999). The research also suggests that both in North America and in other cultures, adolescent females typically feel closer to their mothers than to their fathers (W. A. Collins & Laursen, 2004; Gibbons et al., 1991; Smetana et al., 2006).

In most areas, female and male adolescents report similar family experiences. However, you may remember that parents are more likely to discuss fear and sadness with their daughters, compared to their sons (Chapter 3). Interestingly, adolescent females are much more likely than adolescent males to endorse statements such as "In our family, it's okay to be sad, happy, angry, loving, excited, scared, or whatever we feel" (Bronstein et al., 1996). These family discussions may encourage young women to emphasize their emotional experiences. We'll explore some of the consequences of this emphasis on emotions in Chapter 12, when we discuss depression.

As some young women mature, they may begin to notice gender issues in their families. For example, young Latina and Portuguese American women

report that their parents give young men many more privileges and much more freedom (Ayala, 2006; Raffaelli, 2005). These young women also report that their parents strictly prohibit all forms of sexual activity. Young Asian women also learn that they must not express any evidence of sexual desires and sexual activity (Chan, 2008). The parents' concerns have important implications for young women's romantic relationships, a topic we'll discuss at the end of this chapter.

Friendships

In Chapter 6, we'll examine gender comparisons in friendship patterns during adulthood. We have less information about adolescent friendships. In general, females' friendships seem to be somewhat closer and more intimate than males' friendships. However, the gender differences are small, and some studies report no significant gender differences (Collins & Steinberg, 2006; Smetana et al., 2006; Monsour, 2002).

A more interesting question focuses on the importance of close friendships in the lives of adolescent females. Young women consider loyalty and trust to be essential in these friendships (B. B. Brown et al., 1997; L. M. Brown et al., 1999). For example, Lyn Mikel Brown (1998) studied a group of lower-class European American teenagers. These young women reported that their relationships with girlfriends provided a support system in an environment that often seemed hostile.

Another important part of young women's friendships is intimate conversations. A Latina teenager discusses her best friend: "I go to her because I wouldn't feel comfortable telling other people, you know, like, real deep personal things" (Way, 1998, p. 133).

The research on friendships illustrates a central choice that weaves through women's lives. At many turning points, from youth through old age, women face conflicts between doing something that is best for themselves or doing something for another person, such as a parent, a female friend, a male friend, or a spouse (Eccles, 2001).

In two later chapters of this book, we will examine topics related to women's focusing on themselves: cognitive ability and achievement (Chapter 5) and work (Chapter 7). Several other chapters emphasize women in relationships: social characteristics (Chapter 6), love relationships (Chapter 8), sexuality (Chapter 9), and pregnancy, childbirth, and motherhood (Chapter 10). As you'll see, women frequently have to balance their own needs and priorities against the wishes of other people who are important in their lives.

Romantic Relationships

For most individuals, adolescence marks the beginning of romantic relationships. We'll explore these experiences in more detail in Chapter 8, but let's consider some of the issues that young women face in heterosexual and lesbian relationships during adolescence. Before you read further, try Demonstration 4.5 on page 135, which focuses on early heterosexual romances.

Gender and Love Relationships

For each of the following quotations, try to guess whether the person describing the love relationship is a male or a female. Then check the answers, which are listed at the end of the chapter.

———— Person 1: "Um, we're both very easygoing. Um, we like a lot of affection. Um, not like public affection, but um, just knowing that we, we care for each other. Um, uh, it doesn't even have to be physical affection, just any type. We like cuddling with each other. Um, we enjoy going out and doing things with each other and each other's friends. … We enjoy high action things together. Um, pretty much, we have a very open relationship, and we can talk about anything."

———— Person 2: "I think after a while, like, (person) following me around, and wanting to be with me all the time, and maybe the fact that I had a lot to say and had the power … I'd just, like, I don't know, I still think like that. I don't know why but (person) … was getting too serious by following me around all the time and, you know, wanting to spend every minute of the day. … You know I'm, like, 'I do have friends I need to talk to.' … I was just, like 'Aaah! Go away!'"

———— Person 3: "It's like … you know … we love each other so much … it's great. We have so much fun. We get mad at each other sometimes, and, you know, we make up, and, you know, we hug. It's great. I mean (person) is wonderful! … We, like, we just have a lot of fun, and we have a lot of heartache, but it's perfect because of that, you know. If it was all fun all the time, what's wrong? And if it's bad all the time, something's wrong. It's right in the middle. It's right where it should be."

———— Person 4: "I'm not really a relationship person. If I meet someone, I want to be able to, you know, to uh, you know … not have any restraints or anything. Basically, I run into someone who I think is cool and all that about twice a month. … The friends before are friends after. Most of them are probably physical. Um, I don't have any regrets."

Source: Based on Feiring (1998).

Heterosexual Relationships

As you recall from Chapter 3, young girls and boys practice gender segregation; they tend to inhabit different worlds for many years. As a result, they reach early adolescence with only limited experience regarding the other gender (Compian & Hayward, 2003; Rudman & Glick, 2008). Furthermore, young women often have very idealized visions about romance (Lamb & Brown, 2006; Rudman & Glick, 2008; Smetana et al., 2006).

How do young women figure out how they should interact with these unfamiliar young men in a romantic relationship? An important source of information is the media, including movies, television, music, magazines, and computer games (J. D. Brown et al., 2006; Galician, 2004; J. R. Steele, 2002). Not surprisingly, the media usually portray gender-stereotyped romances. The media also suggest that a boyfriend is an absolutely necessity for a high-school female.

Consider the title of a typical article in a magazine aimed at female adolescents: "Why Don't I Have a Boyfriend? (And How Do I Get One?)" (2001). This article suggests, for example, that if a young woman is too busy studying to meet a boyfriend, she should look around the library to find a likely candidate. Basically, the magazines emphasize that young women need to be creative and persistent in pursuing potential boyfriends (Rudman & Glick, 2008).

If you believe the media reports that are directed toward adults, you would think that adolescent romance is rare, but adolescent sexuality is wide-spread. However, Hearn and her colleagues (2003) surveyed low-income African American and Latina females between the ages of 12 and 14. According to their results, 94% of these teenagers reported having had a crush on someone, but only 8% reported having had penile-vaginal intercourse.

Adolescent romantic relationships have only recently attracted the attention of serious researchers (Raffaelli, 2005; Smetana et al., 2006). Unfortunately, almost all of the research focuses on White teenagers. The researchers report tremendous individual differences in the gender typing of adolescents' romantic relationships, consistent with Theme 4 of this book (Hartup, 1999; Tolman, 2002). For example, check the answers to Demonstration 4.5. As you'll see, some adolescents behave in a gender-stereotypical fashion but some clearly transcend these stereotypes.

Research on early heterosexual romances suggests that these relationships typically last an average of about 4 months, but relationships last longer in late adolescence (B. B. Brown, 2004). Both females and males are likely to describe their romantic partners in terms of positive personality traits, such as "nice" or "funny." However, males are somewhat more likely to mention physical attractiveness, whereas females are somewhat more likely to emphasize personal characteristics, such as support and intimacy (Feiring, 1996, 1999b). In Chapter 8, we'll see that males' greater emphasis on attractiveness in a dating partner continues through adulthood. However, as adolescent males grow older, they place more emphasis on care and commitment in a relationship (Blakemore et al., 2009).

In Chapter 9, we'll examine an important component of heterosexual romantic relationships during adolescence: decision making about sexual behavior. As we'll see, these decisions can have a major impact on a young woman's life, especially because they may lead to pregnancy and life-threatening sexually transmitted diseases.

However, when a young woman has a boyfriend who respects her and values her ideas, these romantic relationships can encourage her to explore important questions about her identity and self-worth (Barber & Eccles, 2003;

Furman & Shaffer, 2003; R. W. Larson et al., 1999). She may notice how her interactions with this boyfriend affect her own personality (Feiring, 1999a). She can also think about the qualities that she truly wants in an ideal long-term relationship (W. A. Collins & Sroufe, 1999). Clearly, this self-exploration will have an important impact on her personal values during adulthood, as well as her romantic relationships.

Lesbian Relationships

In Chapter 8, we will examine many aspects of lesbian relationships during adulthood. Adolescent women who are just beginning to discover their lesbian identity rarely see positive lesbian images in the movies or on television (O'Sullivan et al., 2001). Psychology researchers also pay more attention to adolescent gay males than to adolescent lesbians. As Theme 3 points out, females are less visible than males. In addition, psychology researchers typically focus on observable problems (Welsh et al., 2000). Young lesbians have fewer problems, because they are not at high risk for health problems such as pregnancy or AIDS.

However, young lesbians are likely to hear negative messages about lesbians and gay males from their peers. In one study, 99% of lesbian and gay youth reported that they had heard anti-gay remarks in their schools ("Lesbian, gay, bisexual," 2001). Adolescent lesbians are also more likely than their heterosexual female peers to be threatened or attacked (Prezbindowski & Prezbindowski, 2001). They may also receive negative messages from their parents, who sometimes believe that being gay or lesbian is a sin.

Fortunately, adolescents may find a school or community support group for lesbian, gay, and bisexual young people (D'Augelli et al., 2002; Garnets, 2008; Marple & Latchmore, 2005). Furthermore, the American Academy of Pediatrics published a six-page article about how pediatricians can support and help gay, lesbian, and bisexual adolescents (Frankowski, 2004). These kinds of social-support systems can help to reduce adolescents' sense of isolation.

Young lesbians report that they were about 11 years old when they were first aware of their attraction to other females. This early attraction frequently takes the form of an intense friendship (Blakemore et al., 2009; D'Augelli et al., 2002; Garnets, 2008). Lesbians are likely to have their first same-gender relationship at the median age of 18 (Savin-Williams, 2007). They frequently have a period of questioning their sexual orientation, often explaining to themselves that they are simply feeling an intense emotional connection with another female, rather than a sexual connection (Garnets, 2008).

Young lesbians are most likely to first "come out" to a friend (D'Augelli, 2003). If they come out to their parents at some point, they are more likely to disclose to their mother rather than to their father, according to surveys conducted in the United States and Canada (D'Augelli, 2002, 2003; Savin-Williams, 1998, 2001). In Asian and Latina/o cultures, however, many young lesbians know that they must not discuss their sexual orientation with their parents (Chan, 2008; Garnets, 2008; Molinary, 2007).

Consistent with Theme 4, young women have widely varying experiences if they do come out to their parents. At first, parents may react with shock or denial (Savin-Williams, 2001). However, some young women reported a more positive reaction. As one teenager explained, "We've always been very close, very close, and talk about everything. No secrets from her! … This gave me hope in coming out to her. Shortly thereafter I told her I was dating Naomi. … But you know, she seemed to know it before I did!" (Savin-Williams, 2001, p. 67). Fortunately, most parents eventually become tolerant or even supportive of their daughters' lesbian relationships (Savin-Williams & Dubé, 1998).

As we'll see in Chapter 8, lesbians typically overcome most negative messages from their community and family, and they construct positive self-images. For example, D'Augelli and his coauthors (2002) surveyed 552 lesbian and bisexual high-school females in the United States and Canada. They found that 94% of these young women reported that they were glad to be lesbian or bisexual.

In Chapter 3 and in this chapter, we have considered how children and adolescents develop gender typing. We pointed out in Chapter 3 that children develop elaborate ideas about gender throughout their childhood, especially because their family, their peers, their schools, and the media often provide clear gender messages.

In the current chapter, we have examined how puberty and menstruation help define young women's views of themselves. We have also noted that gender may influence an adolescent's self-esteem, body image, feminist identity, cultural identity, and transgendered identity. Gender also has important implications for an adolescent's career planning and interpersonal relationships.

In the following chapters, we will change our focus to examine adult women. We'll first explore gender comparisons in cognitive and achievement areas (Chapter 5) and gender comparisons in personality and social areas (Chapter 6). Next we'll consider women in work settings (Chapter 7) as well as in social relationships (Chapters 8, 9, and 10). In Chapters 11, 12, and 13, we will focus on issues women face with respect to health, psychological disorders, and violence. Then we will return to a developmental framework in Chapter 14, when we consider women's journeys during middle age and old age. Our final chapter examines some trends in gender issues that we are facing in the twenty-first century.

SECTION SUMMARY

Interpersonal Relationships During Adolescence

1. Despite some disagreements, adolescent women generally get along well with their families. They typically feel closer to their mothers than to their fathers. Young women are more likely than young men to discuss emotional experiences with family members.
2. Compared to adolescent men, adolescent women may have friendships that are somewhat more intimate, and they value this intimacy.

(continues)

> ## SECTION SUMMARY *(continued)*
>
> 3. Adolescents' heterosexual relationships show wide individual differences in the extent to which they are gender stereotyped. These relationships can encourage them to explore important questions about their identity.
> 4. Adolescent lesbians often hear negative messages from both peers and parents, but some lesbians find support in their community. Their experiences differ widely when they come out to their parents. Most adolescent lesbian and bisexual young women are positive about their sexual orientation.

CHAPTER REVIEW QUESTIONS

1. In the section on menstruation, we examined two topics that the popular media sometimes mention: menstrual pain and premenstrual syndrome (PMS). What did you learn in this section that was different from the impressions the media convey?

2. Throughout this book, we have discussed the social constructionist perspective, in which people construct or create their own versions of reality, based on prior beliefs, experiences, and social interactions. How does this perspective help explain the following issues: (a) premenstrual syndrome, (b) young women's emphasis on slenderness, (c) transgendered identity, and (d) heterosexual romantic relationships?

3. This textbook emphasizes that research findings about gender comparisons often vary, depending on the researchers' operational definitions (e.g., how you measure the relevant variables). How is this statement relevant when we consider the research on feminist identity and cultural identity?

4. Think about a woman you know who has a career in mathematics, science, or something similar. Consider the factors we examined in this chapter that encourage females to pursue this kind of occupation. Which factors seem to have helped this woman to achieve her goal? Did she have to overcome barriers that often limit women from these careers?

5. Portions of this chapter examined ethnic comparisons. Describe information about relevant comparisons, including age of menarche, self-esteem, and experiences with higher education.

6. Compare adolescent males' and females' career aspirations. What factors influence these aspirations for young women? Although we did not consider similar research about young men, what factors might influence the aspirations of adolescent males?

7. Relate the material in the section on self-concept to the material on career aspirations and to the material on social interactions. Focus on the struggle between commitment to one's own pursuits and commitment to social relationships.

8. We mentioned parents in connection with nontraditional careers, family relationships, and romantic relationships. Discuss this information, and speculate how parents can also be important in a young woman's attitudes toward menstruation, body image, feminist identity, and cultural identity.

9. Imagine that you are teaching high school. A group of teachers has obtained a large grant for a program on improving the lives of female adolescents. Review the topics in this chapter, and suggest 8 to 10 important topics that this program should address.

10. Chapter 5 focuses on gender comparisons in cognitive abilities and interests in achievement. Chapter 6 explores gender comparisons in social and personality characteristics. To prepare for these two chapters, make a list of gender comparisons on these dimensions, based on your knowledge from the chapter you have just completed. Be sure to include the experiences in academic settings in middle school, high school, and college, as well as early experiences in math and science, career aspirations, and friendships.

KEY TERMS

puberty (p. 109)

adolescence (p. 109)

menarche (p. 109)

secondary sex characteristics (p. 111)

ovaries (p. 111)

ova (p. 111)

ovulation (p. 111)

uterus (p. 111)

feedback loop (p. 112)

dysmenorrhea (p. 113)

prostaglandins (p. 113)

premenstrual syndrome (PMS) (p. 113)

identity (p. 119)

self-esteem (p. 120)

meta-analysis (p. 120)

feminism (p. 122)

feminist social identity (p. 123)

cultural identity (p. 124)

transgendered person (p. 126)

chilly classroom climate (p. 129)

tribal colleges (p. 130)

RECOMMENDED READINGS

Chrisler, J. C., Golden, C., & Rozee, P. D. (Eds.). (2008). *Lectures on the psychology of women* (4th ed.). Boston: McGraw-Hill. Several chapters in this excellent book are relevant to the topic of adolescence. Some especially relevant chapters discuss women's body image, women and sport, menstruation, and lesbian relationships.

Denmark, F. L., & Paludi, M. A. (Eds.). (2008). *Psychology of women: A handbook of issues and theories* (2nd ed.). Westport, CT: Praeger. If you are looking for helpful overviews about female adolescents, I would recommend several chapters in this handbook, including topics such as developmental theory, the menstrual cycle, and career development.

Denner, J., & Guzmán, B. L. (Eds.). (2006). *Latina girls: Voices of adolescent strength in the United States*. New York: New York University Press. I especially appreciate this book because it often includes the Latina adolescents' own words, as well as quantitative data, and it includes Latinas from different regions of the United States. I also admired the editors' emphasis on the young women's positive, healthy behaviors.

Goldwasser, A. (Ed.). (2007). *Red: The next generation of American writers—teenage girls—on what fires up their lives today*. New York: Hudson Street Press. In 2006, writer Amy Goldwasser invited young women—between the ages of 13 and 19—to send nonfiction essays about their thoughts and their lives. This book features 58 well-chosen short essays about topics such as family members, body issues, friendships, romance, and popular culture.

Sirin, S. R., & Fine, M. (2008). *Muslim American youth: Understanding hyphenated identities through multiple methods*. New York: New York University Press. This thought-provoking book illustrates how Muslim American teenagers often experience negative reactions from other Americans; still, they can creatively construct a complex identity for themselves.

ANSWERS TO THE DEMONSTRATIONS

Demonstration 4.4: You can informally assess your feminist identity by adding together the ratings that you supplied for Items 1, 2, 3, 6, 7, and 9 and then subtracting the ratings that you supplied for Items 4, 5, 8, and 10. Higher scores indicate a stronger feminist identity.

Demonstration 4.5: Person 1 is a male; Person 2 is a female; Person 3 is a female; Person 4 is a male.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. False (p. 113); 2. False (p. 114); 3. False (p. 120); 4. True (p. 123); 5. False (p. 128); 6. True (p. 129); 7. True (p. 131); 8. True (p. 133); 9. False (p. 134); 10. True (p. 137).

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5 Gender Comparisons in Cognitive Abilities and Attitudes About Achievements

True or False?

_____ 1. In general, males and females earn similar scores on a wide variety of tests that assess cognitive ability.

_____ 2. Males typically score higher than females on many kinds of memory tests.

_____ 3. In Canada and the United States, females score consistently higher than males on tests of language and verbal ability; the differences are moderate but statistically significant.

_____ 4. The research shows no significant gender differences for students' grades in mathematics courses.

_____ 5. The largest gender difference for any measure of cognitive ability is that males are typically faster than females in mentally rotating a geometric shape.

_____ 6. More than half of the gender differences in mathematics ability can be traced to gender differences in brain functioning.

_____ 7. Men usually try to achieve success to gain money or fame; in contrast, women usually try to achieve success for their own personal satisfaction.

_____ 8. According to several studies, men are often more confident than women when they judge their academic abilities.

_____ 9. Women are more likely than men to find that their self-confidence is influenced by the evaluations provided by other people.

_____10. When a woman succeeds on some tasks, she typically says that her success is due to ability, whereas a man tends to attribute his success to hard work.

Recently, a friend sent me an article titled "He Thinks, She Thinks," by Linda Marsa (2007), which appeared in _Discover_ magazine. The article emphasizes that societal factors cannot explain gender differences. Instead, Marsa claims, "Our brains are hardwired differently, and these anatomical variations in architecture and function illuminate some of the reasons why men and women seem to come from different planets" (Marsa, 2007, p. 12). Without citing any relevant research, Marsa then claims that these brain differences account for the different ways that she and her husband organize the task of fixing breakfast, as well as the difference in their ability to focus their attention on other topics during times of crisis, such as when their pet cat had been injured.

The article does quote psychiatrist Nancy Andreasen, who emphasizes that men and women "are more alike than they're different, and even when there are variations, there is a significant overlap between the sexes" (Marsa, 2007, p. 12). However, Marsa did not elaborate on this point, because the remainder of her article emphasized brain differences.

As you can probably guess from Theme 1 of this textbook, the information in Chapter 5 generally supports Dr. Andreasen. Unfortunately, however, when people who are not experts discuss gender comparisons in thinking, they almost always emphasize gender _differences_ (Hyde & Grabe, 2008). Meanwhile, they ignore the substantial evidence for gender _similarities_.

Furthermore, people who are not experts typically highlight biological explanations for the small number of comparisons that reveal significant gender differences (Sechzer & Rabinowitz, 2008). You need to know, however,

that social and cultural explanations play a very important role in accounting for gender differences.

In the present chapter, we will focus on two broad questions regarding gender comparisons:

1. Do women and men differ in their cognitive abilities?
2. Do women and men differ in their attitudes related to motivation and success?

By addressing these two questions, we will also gain some background information needed to answer another important question. In Chapter 7, we'll see that men and women tend to pursue different careers. For example, men are much more likely than women to become engineers. Can we trace these gender differences in career choice to major gender differences in cognitive skills (such as ability in math) or to major gender differences in motivation (such as attitudes about success)? We will focus here—in Chapter 5—on the school-related comparisons that assess intellectual abilities and achievement motivation.

In contrast, in Chapter 6 we will emphasize interpersonal gender comparisons, specifically, social and personality characteristics. Can we trace these gender differences in career choice to gender differences in social and personality qualities, such as communication patterns, helpfulness, or aggressiveness?

BACKGROUND ON GENDER COMPARISONS

Before we address any specific gender comparisons, let's consider some research issues that are relevant both here and in Chapter 6. We'll first examine several cautions about the way psychologists conduct their research and interpret it. Then we'll briefly describe a statistical technique, called meta-analysis, which can summarize a large number of studies that focus on the same topic.

Cautions About Research on Gender Comparisons

As we saw in Chapter 1, a variety of biases can have a powerful effect when psychologists conduct research about either women or gender comparisons. In addition, we need to be cautious about interpreting the results of the research. Let's consider five specific cautions that are relevant to the current chapter:

1. Biased samples can influence results.
2. People's expectations can influence results.
3. If we measure some ability, and then we create one graph for the scores of males and another graph for the scores of females, the two distributions of scores will overlap substantially.
4. Researchers seldom find gender differences in all situations.
5. The cognitive gender differences are not large enough to have a major influence on a person's career choice.

Let's look at each caution in more detail:

1. *Biased samples can influence results.* Almost all the research on cognitive abilities focuses on college students, so this research is not representative of the general population (D. F. Halpern, 2000). We know almost nothing about adults who have not attended college. In addition, most of the research on gender comparisons examines White men and women in the United States and Canada (Eccles et al., 2003; McGuinness, 1998; Sechzer & Rabinowitz, 2008). Our conclusions about gender comparisons might be different if these studies had included people of color.

2. *People's expectations can influence results.* As we noted in Chapter 1 (pages 20 to 27), biases can interfere at every stage of the research process. For example, researchers who expect to find gender differences will tend to find them (Caplan & Caplan, 2009; Sechzer & Rabinowitz, 2008). The participants also have expectations about cognitive gender differences (Caplan & Caplan, 2009; Nosek et al., 2002). We considered this issue in Chapter 2, in connection with stereotype threat.

3. *If we measure some ability, and then we create one graph for the scores of males and we add another graph for the scores of females, the two distributions of scores will overlap substantially.* To discuss the concept of overlap, we need to consider frequency distributions. A **frequency distribution** tells us how many people in a sample receive each score.

Imagine that we give a vocabulary test to a group of women and men. Then we use their scores to construct a hypothetical frequency distribution for each gender, as Figure 5.1 shows. Notice the tiny section in which the frequency distribution for the males overlaps with the frequency distribution for the females. In Figure 5.1, males and females received the same scores only in that one small region, roughly between 54 and 66.

When the two distributions show such a small overlap, this pattern tells us that the two distributions are very different. As you can see in the hypothetical distributions in Figure 5.1, the average man received a score of 40, whereas the average woman received a score of 80.

In real life, however, distributions of female and male characteristics rarely show the large separation and the small overlap illustrated in Figure 5.1. They are much more likely to show *a small separation* and *a large overlap*, such as the one you see in the hypothetical distributions in Figure 5.2 (Blakemore et al., 2009; Gallagher & Kaufman, 2004b; A. J. Stewart & McDermott, 2004). Notice that most males and most females earn scores in the large region that extends roughly between 35 and 85. As we have often emphasized in our discussion of Theme 1, males and females are reasonably similar. As a result, their scores will overlap considerably. Notice in Figure 5.2 that the average man received a score of 57 and that the average woman received a score of 63.

This 6-point difference between the average scores looks trivial when we compare it to the variability *within* each distribution, a range of about 50 points. As Theme 4 emphasizes, women differ widely from one another in cognitive abilities; men also show wide variation (A. J. Stewart & McDermott, 2004).
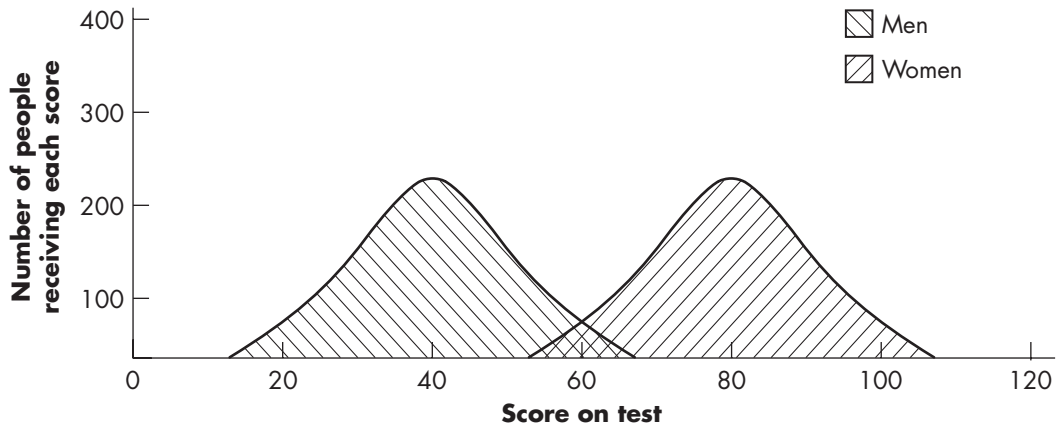
FIGURE **5.1** Scores achieved by women and men on a hypothetical test.
Note: The small overlap indicates a large gender difference.
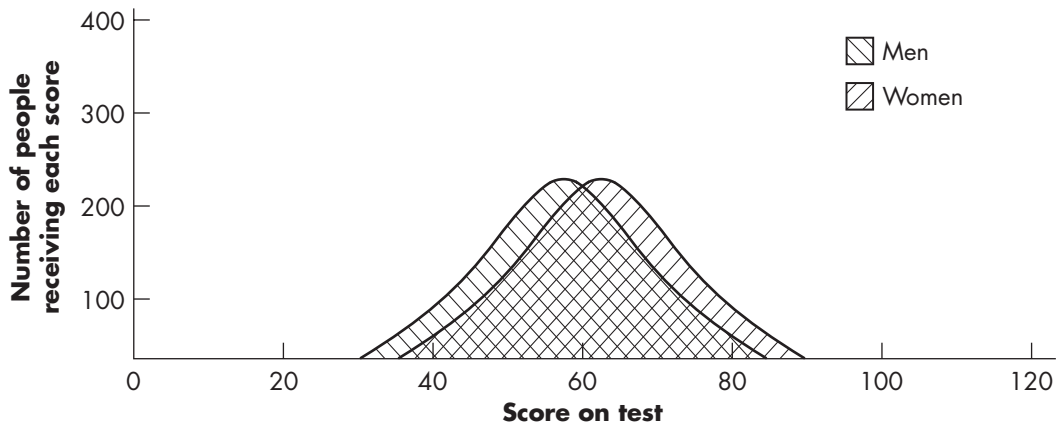
FIGURE **5.2** Scores achieved by women and men on a hypothetical test.
Note: The large overlap indicates a small gender difference.

4. *Researchers seldom find gender differences in all situations.* You are certainly familiar with this issue from our earlier discussion of Theme 1. Throughout this chapter, as well, you will notice that we cannot make general statements about gender differences. Instead, the gender differences often disappear when we test certain kinds of people or when we look at particular situations (Caplan & Caplan, 2009; D. F. Halpern, 2006b; Hyde & Grabe, 2008). This observation suggests that gender differences can be modified; they are not inevitable (D. F. Halpern, 2004a). In short, many males and females have remarkably similar psychological characteristics in many situations.

5. *The cognitive gender differences are not large enough to be relevant for a person's career choice.* Let's consider engineering as a career choice. At present, only about 12% of U.S. engineers are women (Bureau of Labor Statistics, 2009b). Engineering clearly requires spatial skills, and the research shows that men are somewhat more likely than women to earn higher scores on tests of spatial ability.

Can the gender difference in spatial skills account for the very small percentage of women in engineering? Let's say that a career in engineering would require that a person must have spatial skills in the top 5% of the general population. According to some calculations, 7% of males and 3% of females typically place in the top 5% of the population (Hyde, 1981). In other words, about 30% of the people with superior spatial abilities are female. However, 30% is much greater than 12%. We can conclude that the gender difference in spatial skills might partially explain the relative absence of women in engineering. However, we need to look for other factors that could explain that gap of 18%.

The Meta-Analysis Approach to Summarizing Multiple Studies

When psychologists want to obtain an overview of a specific topic, they typically review the research by examining all the studies on that topic. For many years, psychologists who wanted to draw general conclusions about gender comparisons used the box-score approach to reviewing research. When using the **box-score approach** (also called the **counting approach**), researchers read through all the appropriate studies on a given topic and draw conclusions based on a tally of their outcomes (Hyde & Grabe, 2008). Specifically, how many studies show no gender differences, how many show higher scores for women, and how many show higher scores for men?

Unfortunately, however, the box-score approach often produces ambiguous tallies. Suppose that researchers locate 16 relevant studies; 8 of these studies find no gender differences, 2 show higher scores for women, and 6 show higher scores for men. One researcher might conclude that no gender differences exist, whereas another might conclude that men score somewhat higher. The box-score approach does not provide a systematic method for combining individual studies. Let's consider a more useful alternative, called "meta-analysis," a technique we mentioned earlier in this book, for example, in connection with gender comparisons in self-esteem.

Meta-analysis provides a statistical method for combining numerous studies on a single topic. Researchers first try to locate all appropriate studies on the topic. Then they perform a statistical analysis that combines the results from all these studies, taking into account the variability of the scores for both females and males. This analysis calculates the size of the overall difference between two groups of people, such as females and males. For example, for verbal ability, a meta-analysis can combine numerous previous studies into one enormous superstudy that can provide a general picture of whether gender has an overall effect on verbal ability.

A meta-analysis yields a number known as effect size, or d. For instance, if the meta-analysis of numerous studies shows that males and females received exactly the same overall score, the d would be zero. Now consider the d for the gender difference in height; here, the d is 2.0. This is a huge difference! In fact, the overlap between the male and female distributions for height is only 11% (Kimball, 1995).

Compared to a d of 2.0 for gender comparisons of height, the d values for psychological gender comparisons are relatively small. In an important study, Janet Hyde (2005a) examined 128 different meta-analysis measures that focused on gender comparisons in cognitive skills. She found that 30% of these gender comparisons were in the "close-to-zero" range (d less than 0.11), 48% had a small effect size ($d = 0.11$ to 0.35), 15% had a moderate effect size ($d = 0.36$ to 0.65), and only 8% had a large effect size (d greater than 0.65).

In other words, the clear majority of these comparisons of cognitive abilities showed either no gender difference or a small gender difference. With all these important methodological issues in mind, let's now consider the actual research on cognitive gender comparisons.

SECTION SUMMARY

Background on Gender Comparisons

1. In considering research on gender comparisons, we need to emphasize that biased samples and expectations can influence results.
2. Frequency distributions for the scores of males and females typically show a large overlap; in other words, most females and males receive similar scores.
3. Gender differences that are present in some situations are typically absent in others; also, the cognitive gender differences are not large enough to be relevant when people make career choices.
4. The meta-analysis technique provides a systematic statistical method for integrating studies on a single topic and for drawing conclusions about that topic. These meta-analyses demonstrate that fewer than 10% of the gender comparisons show a large difference in cognitive abilities.

COGNITIVE ABILITIES

We've looked at some of the background information about gender comparisons. In this second section, we'll examine the research on gender comparisons in cognitive abilities. The third section of this chapter will examine topics related to achievement motivation.

In this current section, we'll first examine some areas that show gender similarities, and then we'll focus on four kinds of cognitive abilities for which we have some evidence of gender differences: (1) memory, (2) verbal ability, (3) mathematics ability, and (4) spatial ability. Then we'll consider some potential explanations for these gender differences.

Cognitive Abilities That Show No Consistent Gender Differences

Before we examine the four areas that show occasional gender differences, let's first consider some general categories where gender similarities are typical.

General Intelligence

One major area in which females and males are similar is general intelligence, as measured by total scores on an IQ test (D. F. Halpern, 2001; Herlitz & Yonker, 2002; Hines, 2007; Johnson et al., 2008). People who construct intelligence tests often eliminate test items that show a gender difference. As a result, the final versions of the intelligence tests usually reveal gender similarities (D. F. Halpern, 2006a). However, IQ scores for males show greater *variability* than IQ scores for females (Johnson et al., 2008).

Other research also shows gender similarities in general knowledge about history, geography, and other basic information (Meinz & Salthouse, 1998). Furthermore, let's dispel a popular belief. The media often claim that women are better than men at "multitasking," or performing two tasks at the same time. However, researchers in cognitive psychology have not reported systematic gender differences in this area (D. E. Meyer, personal communication, 2005).

Complex Cognitive Tasks

Several other challenging intellectual tasks show no overall gender differences. For example, males and females are equally competent when they form concepts and when they solve a variety of complex problems (Ellis et al., 2008; Kiefer & Shih, 2006; Kimura, 1992; Meinz & Salthouse, 1998). Males and females are also similar in their performance on a variety of creativity tasks (Baer & Kaufman, 2008; Ellis et al., 2008; Ruscio et al., 1998).

Furthermore, you may have heard about gender differences in "learning style," with girls learning best in a cooperative environment and boys learning best in a competitive environment. However, researchers have not discovered gender differences in learning style (Hyde & Lindberg, 2007).

We have seen that women and men are typically similar in their general intelligence and complex cognitive abilities. Keep these important similarities in mind as we explore the four areas in which modest gender differences have sometimes been identified.

Memory Ability

The research shows that women tend to score higher on a variety of memory tasks. However, I could not find a general meta-analysis that examines gender comparisons in all the various kinds of memory skills. Therefore, I'll describe some recent studies on different kinds of memory tasks.

In one kind of memory task, people see a list of words. After a delay, they are asked to remember the words. In general, women are somewhat more accurate on this kind of memory skill (Herlitz & Rehnman, 2008; Herlitz & Yonker, 2002; Larsson et al., 2003; Maitland et al., 2004; Thilers et al., 2007).

However, the nature of the items on the list may influence the results (Herrmann et al., 1992; Rubin et al., 1999). For instance, Colley and her colleagues (2002) gave women and men a list of items to remember. The list was labeled either "Grocery store" or "Hardware store." The items on the list were equally likely for both kinds of stores (for example, *nuts, salt,* and *disinfectant*). Let's consider some representative results. As you can see in Figure 5.3, women recalled many more items than men from the "grocery" list, but women and men recalled a similar number of items from the "hardware" list.

The research also shows that women tend to be more accurate than men in remembering events from their own lives (Colley et al., 2002; Ellis et al., 2008; Fivush & Nelson, 2004). As you may recall from Chapter 3, mothers are more likely to discuss emotional topics with their daughters, rather than their sons. As a result, girls have more opportunities to practice remembering these personal events (Fivush & Nelson, 2004). The gender differences in memory for life events is therefore consistent with the research in cognitive psychology, which shows that people with practice and expertise in a specific area remember this material more accurately than nonexperts (Matlin, 2009; Schmid Mast & Hall, 2006).

Let's now shift to memory tasks for nonverbal material. Women tend to be more accurate than men in recognizing faces (Ellis et al., 2008; Herlitz & Yonker, 2002; Lewin & Herlitz, 2002). Women's greater accuracy even holds true for recognizing faces from a different ethnic group. For instance, Swedish women performed better than Swedish men in recognizing the faces of people from the South Asian country of Bangladesh (Rehnman & Herlitz, 2007). Women are also more accurate
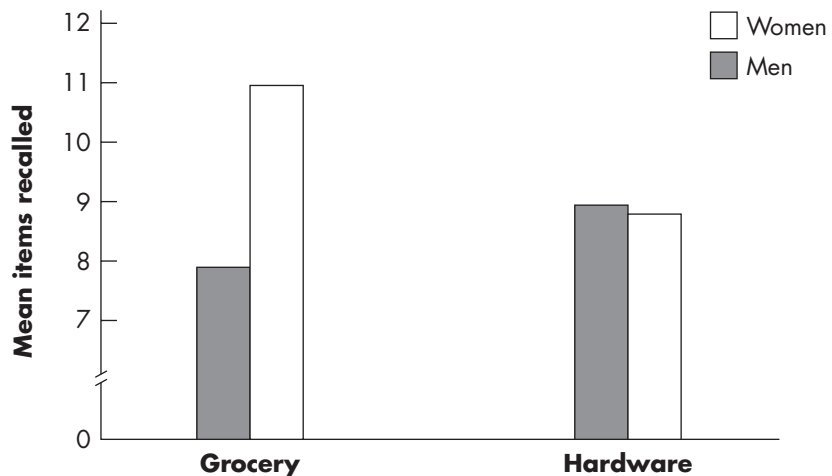
FIGURE **5.3** Performance on a memory task, as a function of participants' gender and the kind of memory task.

Source: Colley et al. (2002).

than men in recalling details about a person's hair and clothing (Schmid Mast & Hall, 2006).

In general, women are also better than men in remembering objects that they have seen at an earlier time and also in remembering *where* they have seen these objects, according to a meta-analysis by Voyer and his colleagues (2007) on these two specific skills. However, men and women are similar in remembering abstract shapes (Ferguson et al., 2008; Herlitz & Yonker, 2002).

In summary, a variety of studies suggest that women perform somewhat better than men on a variety of memory tasks. We'll need to wait for a meta-analysis before we can draw firm conclusions. However, women generally earn somewhat higher scores on memory tests for words, life events, faces, and objects.

Verbal Ability

Females score somewhat higher than males on a small number of verbal tasks, although the overall gender similarities are more striking (Caplan & Caplan, 2009). Let's look at three areas of research: general studies, standardized language tests, and data about reading disabilities.

General Verbal Ability

Surprisingly, there is little current research on gender comparisons in preschoolers' verbal ability. Some early research suggests that girls have larger vocabularies than boys have before the age of 2, but these gender differences disappear by 3 years of age (N. Eisenberg et al., 1996; Huttenlocher et al., 1991; Jacklin & Maccoby, 1983). Furthermore, the similarities are more striking than the differences when we consider young school-age children (Hyde & Grabe, 2008; Hyde & Lindberg, 2007; Kidd & Lum, 2008). Therefore, if you plan to teach elementary school, the girls and boys in your class should be comparable in their language skills.

When we consider adolescents and adults, the research shows gender similarities in language skills such as spelling, vocabulary, word associations, reading comprehension, and learning a second language (Madu & Kasanga, 2005; Maitland et al., 2004; Ritter, 2004). However, females seem to be somewhat better at **verbal fluency**, or naming objects that meet certain criteria, such as beginning with the letter S (D. F. Halpern, 2000, 2001; D. F. Halpern & Tan, 2001; Maitland et al., 2004; Ullman et al., 2008).

In recent years, females have scored higher on tests of writing ability (Ellis et al., 2008; D. F. Halpern, 2004a, 2006a; D. F. Halpern, Benbow, et al., 2007). However, it isn't clear whether this gender difference has practical implications for women's success in the classroom and on the job.

We emphasized earlier that meta-analysis is the ideal statistical tool for combining the results of a number of studies on a specific topic. Janet Hyde and Marcia Linn (1988) conducted a meta-analysis on overall gender comparisons in verbal ability. The average effect size (d) was only 0.11, just slightly favoring females. This value is very close to zero, and so Hyde and Linn concluded that overall gender differences do not exist.

Other researchers have reached the same conclusions about verbal abilities, based on standardized test scores for U.S. students (Feingold, 1988; Hedges & Nowell, 1995; Willingham & Cole, 1997). Ironically, researchers seldom study the two general areas in which females occasionally have the advantage, memory and verbal abilities. In contrast, there is much more reserch about mathematical and spatial abilities, areas in which males may have an advantage (D. F. Halpern, 2000). An up-to-date meta-analysis would help us understand whether any gender differences in verbal ability are noteworthy.

Let's consider some tests that are especially relevant for college students. For instance, you may have taken the SAT when you applied for college admission. The critical reading portion of this test includes reading comprehension and sentence completion. Gender differences on this part of the SAT are minimal. For example, in 2009, the average SAT critical reading score was 498 for women and 503 for men ("Access and Equity," 2010). Gender differences are also minimal for the Advanced Placement examinations in several related areas, specifically, English language, English literature, and all foreign languages (Stumpf & Stanley, 1998).

We've looked at gender comparisons in general verbal ability, from preschool up to college. Let's now explore the related topic of reading disabilities.

Reading Disabilities

The research suggests that males are more likely than females to have language problems. For instance, school systems report reading disabilities about four or five times as often for boys as for girls (D. F. Halpern, 2000; Shaywitz et al., 1990).

However, Sally Shaywitz and her colleagues (1990) suggested that teachers might target more active, less attentive boys as having reading disabilities. What happens when researchers use objective statistical measures to classify the children?

According to Shaywitz and her coauthors (1990), an objective measure of the term **reading disability** should refer to poor reading skills that are not accounted for by the level of general intelligence. These researchers used this operational definition to study children in Connecticut. Their data showed that roughly the same number of boys and girls met the criterion of having reading disabilities. Specifically, boys were about 1.2 times more likely than girls to have reading disabilities.

Michael Rutter and his coauthors (2004) performed a more recent analysis of children's reading disabilities in New Zealand. They used a definition of reading disability that was similar to the one used by Shaywitz and her colleagues (1990). When they included general intelligence in their analysis, they found that boys were about twice as likely as girls to have reading disabilities. In other words, the New Zealand study produced a more extreme ratio of boys to girls, in comparison to the American study.

Suppose that boys really are two times as likely as girls to have reading disabilities. This gender difference is significant. However, we still need to ask why schools identify reading problems four to five times more often

in boys than in girls. Other research shows that boys have more trouble focusing their attention, whereas girls are more skilled at controlling their behavior (Else-Quest et al., 2006). It's likely that teachers target the more active, less attentive boys as having reading disabilities. These boys may be referred to a reading clinic on the basis of their behavior, rather than their poor reading skills (Shaywitz et al., 1990).

An equally disturbing problem is that many girls probably have genuine reading disabilities, but they sit quietly in their seats and hide their disabilities (J. T. E. Richardson, 1997). These well-behaved, neglected girls will miss out on the additional tutoring in reading that could help them thrive in school. As Chapter 3 emphasized, girls are often invisible in our schools, and because of this invisibility they lose out on educational opportunities.

Throughout this section on verbal skills, we have seen a general pattern of minimal gender differences, based on a variety of measures. However, we also have to conclude that boys are more likely than girls to have reading disabilities.

Mathematics Ability

Performance in mathematics is the cognitive ability that receives the most attention from both researchers and the popular press (Halpern, Benbow, et al., 2007). Media reports would lead you to expect large gender differences in math ability, favoring males. However, females and males in both the United States and Canada now complete the same number of math courses during high school (Lacampagne et al., 2007; Shapka et al., 2008; Spelke & Grace, 2007). In addition, you'll see that most of the research shows gender similarities in math ability (Halpern, Aronson, et al., 2007). Furthermore, females actually receive higher grades in math courses. The only measure on which males perform substantially better than females is the mathematics section of the SAT. Let's examine the details.

General Mathematics Ability

Most comparisons of males' and females' ability on mathematics achievement tests show gender similarities. Consider, for example, a meta-analysis of 100 studies, based on standardized-test scores of more than 3 million students. (This analysis did not include math SAT scores, which we'll consider shortly.) By examining across all samples and all tests, Janet Hyde and her colleagues (1990) found a d of only 0.15. (See Figure 5.4 on page 154.) As you can see, the two distributions are almost identical.

The National Center for Education Statistics (2004) reported the scores for eighth-grade students on a standardized mathematics test. The report did not discuss whether any gender differences were statistically significant. However, part of this report included average scores from 34 different countries throughout the world. Interestingly, the boys' average was higher than the girls' average in 16 countries, the girls' average was higher than boys' average in 16 countries, and girls and boys had the same averages in 2 countries.
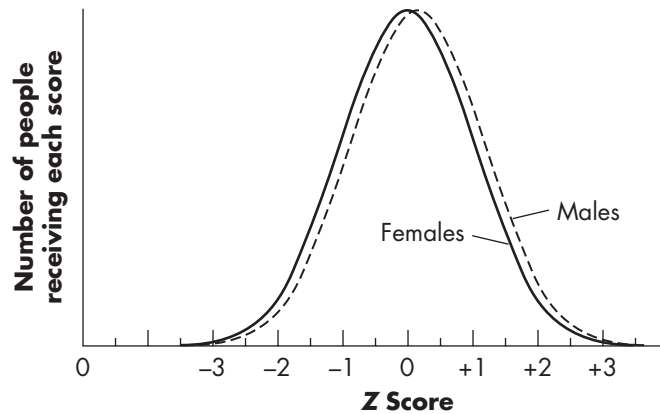
FIGURE **5.4** Performance of females and males on all mathematics tests except the SAT, showing an effect size (*d*) of 0.15.

Janet Hyde and her colleagues (2008) provide additional evidence of gender similarities on standardized math exams. These researchers analyzed test scores for 7.2 million students in 10 U.S. states. They found consistent gender similarities for students of all ages, from 2nd grade through 11th grade, even when the tests included complex math problems. The results of the research on general math abilities make a clear statement about gender similarities in mathematics.

Grades in Mathematics Courses

I often ask students in my classes to raise their hands if they have heard that males receive higher average scores on the math section of the SAT (Scholastic Assessment Test). The hands fly up. Then I ask how many have heard that females receive higher average grades in mathematics courses. The hands all drop. In fact, representative studies show that females earn higher grades in fifth-, sixth-, eighth-, and tenth-grade mathematics as well as in college math courses (Caplan & Caplan, 2009; Crombie et al., 2005; Ellis et al., 2008; D. F. Halpern, 2004a, 2006b; Kimball, 1989, 1995; Willingham & Cole, 1997). Females also earn higher grades in related areas, such as high-school science courses and college-level statistics (Brownlow et al., 2000; D. F. Halpern, 2004a; M. Stewart, 1998).

Meredith Kimball (1989, 1995) proposed that females perform better when dealing with familiar situations, such as exams on material covered in a mathematics course. In contrast, males perform better when dealing with unfamiliar situations, especially the kinds of math problems included on the SAT. In any event, Kimball points out that females' high grades in math courses deserve wider publicity. This publicity would encourage females,

their parents, and their teachers to be more confident about girls' and women's competence in mathematics.

The Mathematics SAT

Of all the research in cognitive gender differences, the topic that has received the most media attention is performance on the math portion of the SAT. For instance, the data for 2009 show that women received an average score of 499, in contrast to 534 for men ("Access and Equity," 2010).

However, is the math SAT test a valid index of ability in mathematics? A test has high **validity** if it measures what it is supposed to measure. For example, the SAT is supposed to predict students' grades in college courses. The SAT has high *overall* validity because people with higher SAT scores generally do earn higher grades in college math courses. The SAT also predicts intellectual achievements during adulthood (Park et al., 2007). However, the math portion of the SAT is not valid with respect to its prediction that women will earn lower grades in college math courses than men do (De Lisi & McGillicuddy-De Lisi, 2002; Spelke, 2005; Spelke & Grace, 2007; Wainer & Steinberg, 1992; Willingham & Cole, 1997).

In other words, the math SAT underestimates women's actual math performance. This problem means that colleges and universities are sending many rejection letters to female students who would be likely to earn *higher* math grades than the male students who receive acceptance letters. Based on validity studies such as these, some colleges and universities have stopped using the SAT or have modified the math SAT requirements (Ceci & Williams, 2007a; Hoover, 2004).

Spatial Ability

Most people are familiar with the first two cognitive abilities discussed in this chapter: verbal ability and mathematics ability. In contrast, spatial abilities are less well known. **Spatial abilities** include understanding, perceiving, and manipulating shapes and figures (Lawton & Hatcher, 2005). Spatial ability plays a role in many everyday activities, such as playing electronic games, reading road maps, and arranging furniture in an apartment.

Researchers agree that spatial ability is not unitary (Caplan & Caplan, 2009; Chipman, 2004). Many researchers propose three components: spatial visualization, spatial perception, and mental rotation. The research indicates that mental rotation tests are the only spatial tasks that reveal large gender differences. Let's consider each of the three components separately.

Spatial Visualization

Tasks that use **spatial visualization** require complex processing of spatially presented information. For example, an embedded-figure test requires you to locate a particular pattern or object that is hidden in a larger design. Demonstration 5.1a illustrates three examples of an embedded-figure test. As a child, you may have tried similar games, perhaps searching for faces in a picture of a woodland scene.

Examples of Tests of Spatial Ability

Try these three kinds of tests of spatial ability.

a. *Embedded-Figure Test.* In each of the three units, study the figure on the left. Then cover it up and try to find where it is hidden in the figure on the right. You may need to shift the left-hand figure to locate it in the right-hand figure.
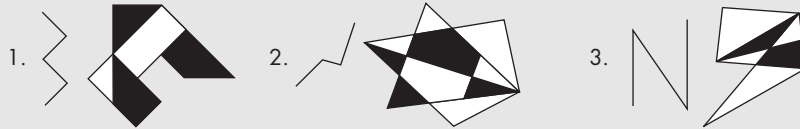
b. *Water-Level Test.* Imagine that this woman is drinking from a glass that is half-filled with water. Draw a line across the glass to indicate where the water line belongs.
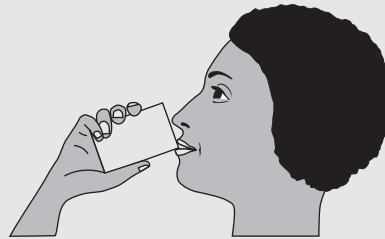
c. *Mental Rotation Test.* If you mentally rotate the figure on the left-hand side, which of the five figures on the right-hand side would you obtain?
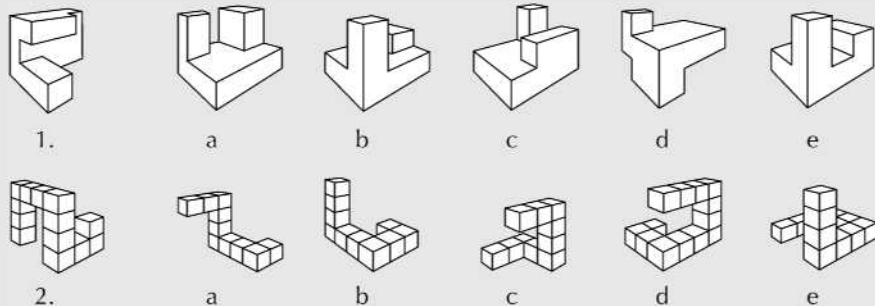
The answers to these three tests appear at the end of the chapter.

Many individual studies and meta-analyses have shown that males and females perform fairly similarly on tasks requiring spatial visualization (e.g., Ellis et al., 2008; Sanz de Acedo Lizarraga & García Ganuza, 2003; Scali & Brownlow, 2001; Scali et al., 2000). For example, one meta-analysis of 116 studies produced a *d* of 0.19, a small gender difference suggesting that males are slightly better on this task (Voyer et al., 1995). Glance again at Figure 5.4

for a graph of a similar effect size ($d = 0.15$). As you can see, the overlap for the two distributions is substantial.

Let's consider one component of spatial visualization, the ability to learn map information. Some studies find that males perform better, but other similar studies report no gender differences (Bosco et al., 2004; C. Davies, 2002; Ellis et al., 2008; Henrie et al., 1997; Lawton & Kallai, 2002). Related research indicates that males are better than females at finding their way back to the starting point from a distant location. However, other similar studies reveal no gender differences (Halpern & Collaer, 2005; Lawton & Morrin, 1999; Saucier et al., 2002; Schmitz, 1999). As you can see, the picture is mixed; gender differences in spatial visualization are not consistent.

Spatial Perception

In **spatial perception** tests, participants are asked to identify a horizontal or vertical location without being distracted by irrelevant information. One example of this skill, a water-level test, appears in Demonstration 5.1b.

Meta-analyses of gender comparisons for spatial perception show that males receive somewhat higher scores; effect sizes are in the range of 0.40 (Nordvik & Amponsah, 1998; Voyer, Nolan, & Voyer, 2000; Voyer, Voyer, & Bryden, 1995). However, some studies report no gender differences on the water-level test (Ellis et al., 2008; Herlitz et al., 1999). Still another study found that gender differences were erased following a brief training session (Vasta et al., 1996).

Mental Rotation

A test of **mental rotation** measures the ability to rotate a two- or three-dimensional figure rapidly and accurately. The two problems of Demonstration 5.1c illustrate this skill. The mental rotation task produces the largest gender differences of all skills, when measured in terms of performance speed. Males tend to respond faster than females. The effect sizes for mental rotation are generally in the range of 0.50 to 0.90 (Ellis et al., 2008; D. F. Halpern, 2001, 2004a; Nordvik & Amponsah, 1998; Ritter, 2004).

Even though the gender differences for mental rotation tasks are relatively large, we still need to keep the data in perspective. An effect size as large as 0.90 is certainly larger than any other cognitive effect size. However, 0.90 is trivial compared to the effect size of 2.00 for height, discussed earlier (Kimball, 1995). Also, some researchers in Canada, the United States, and Spain report no consistent gender differences (Brownlow & Miderski, 2002; Brownlow et al., 2003; D. F. Halpern & Tan, 2001; Robert & Chevrier, 2003; Sanz de Acedo Lizarraga & García Ganuza, 2003).

Additional studies show that gender differences on mental rotation tasks depend on how the task is described to participants. For example, Sharps and his colleagues (1994) found that men performed much better than women when the instructions emphasized the usefulness of these spatial abilities in stereotypically masculine professions, such as piloting military aircraft. However, the gender differences disappeared when the instructions emphasized how these abilities could help in stereotypically feminine occupations, such as interior decoration.

Olga Favreau (1993) pointed out that statistically significant gender differences often arise from studies in which most males and females actually receive similar scores. Look at Figure 5.5, which Favreau derived from earlier research by Kail and his colleagues (1979). As you can see, most males and females received scores between 2 and 8. The statistically significant gender difference can be traced almost entirely to 20% of the females who had very slow mental rotation speeds (Favreau & Everett, 1996).

Fortunately, both women and men can improve their mental-rotation ability by practicing mental-rotation strategies. For example, they become more skilled if they practice the kind of videogames where players need to rotate geometric shapes (Feng et al., 2007; Halpern, Aronson, et al., 2007; Terlicki & Newcombe, 2005; Terlicki et al., 2008; Wright et al., 2008).

What can we conclude about spatial abilities? Even the most well-established gender difference—mental rotation—turns out to be elusive. The gender differences seem to decrease when the instructions emphasize that a spatial skill is related to a traditionally feminine area of interest. Furthermore, only a small sample of females seem to have difficulty with mental rotation. Also, scores on spatial tests improve with modest training.

In short, this erratic gender difference should not have major implications for women's lives. Furthermore, the gender differences in spatial skills cannot explain why only 12% of U.S. engineers are female, which was the question we considered at the beginning of this chapter.
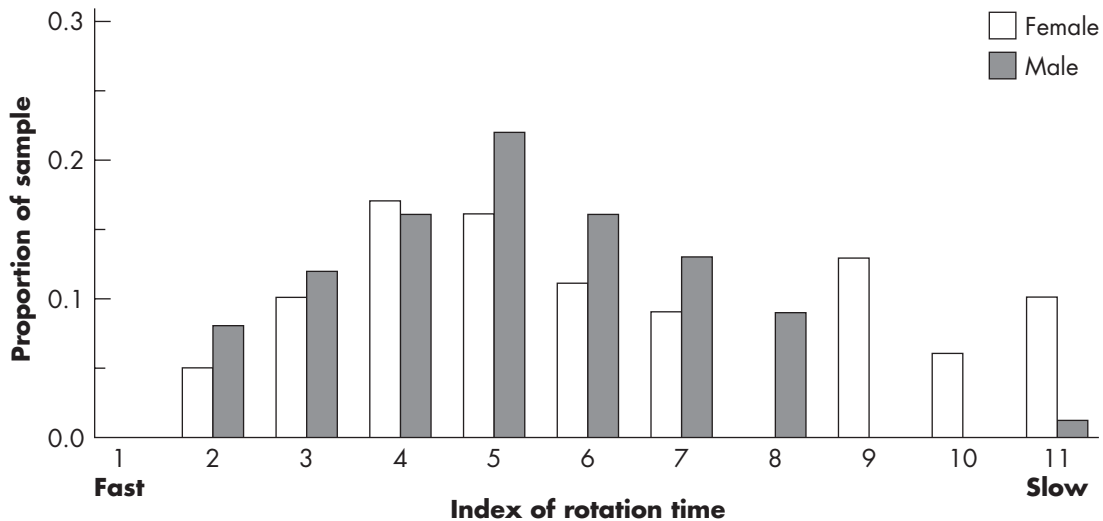
FIGURE **5.5** Amount of time required to mentally rotate a geometric figure, showing a large overlap between males' scores and females' scores.

Note: Faster scores represent better performance.

Sources: Based on Favreau (1993) and Kail et al. (1979).

Explaining the Gender Comparisons

We began this chapter by considering a large number of cognitive skills on which males and females are similar. Then we saw that the gender differences for most cognitive skills are minimal. However, the gender differences on a few tasks are somewhat larger, so we'll investigate some potential reasons for the difference.

Let's first consider the biological explanations, and then we'll examine the factors that focus on people's experiences, as well as their attitudes. However, it is important to note that the various explanations can be intertwined. For instance, suppose that you spend many weeks playing computer games that emphasize spatial knowledge. This experience can potentially modify both the structure of your brain and your attitudes. Therefore, keep in mind that biological factors, experience, and attitudes cannot be divided into three completely separate lists (D. F. Halpern, 2004a, 2007; D. F. Halpern & Ikier, 2002).

Biological Explanations

It's ironic that the media and some researchers are extremely eager to embrace a biological explanation of gender differences (Brescoll & LaFrance, 2004; Hyde & Lindberg, 2007), even though those differences are not well established.[1] In this section, we'll divide the biological explanations into three major categories: genetics, sex hormones, and brain organization.

1. A genetic explanation suggests that spatial ability might be a recessive trait carried on the X chromosome. However, it's not clear how genetic factors would operate. Furthermore, research does not support the idea that genetic factors directly produce cognitive gender differences (D. F. Halpern, 2000; Hines, 2004, 2007; Newcombe, 2007b).

2. Hormones are critically important before birth and during puberty. Could the level of hormones in males and females also account for gender differences in cognitive skills? However, it's not clear how hormonal factors would operate. In addition, the results are often complex or contradictory (Hampson & Moffat, 2004; Newcombe, 2007b). Furthermore, in some of the studies, the research methods were not carefully controlled (M. Hines, 2004, 2007).

3. The last category of biological explanations focuses on brain organization, specifically, the potential gender differences in brain lateralization. **Lateralization** means that the two halves (or hemispheres) of the brain function somewhat differently. In humans, the left hemisphere tends to be faster and more accurate on language tasks, and the right hemisphere tends to be faster and more accurate on spatial tasks.

A typical lateralization theory might argue that males use only the right hemisphere to perform spatial tasks. In contrast, females may use both

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[1] Biological factors—such as genetics and brain structure—are clearly important in accounting for individual differences in various cognitive abilities. For example, these biological factors help explain why some people (both male and female) earn high scores on a math test, whereas other people (again both male and female) earn low scores. As emphasized in this discussion, however, biological factors cannot adequately account for gender differences on cognitive tasks.

hemispheres to perform all cognitive tasks (D. F. Halpern, 2000; M. Hines, 2004). This approach argues that females work slowly on a spatial task because only a small portion of the right hemisphere is available to process this spatial information.

However, there's little evidence that males actually *do* have more complete lateralization, and the results of studies are often contradictory (Clements et al., 2006; Hyde & Lindberg, 2007; Sommer et al., 2004; Sommer et al., 2008). For example, one study was widely cited in the media as "proof" that men's brains show more lateralization (B. A. Shaywitz et al., 1995). However, the media failed to mention that only 11 of the 19 female participants showed the balanced-hemisphere pattern proposed by lateralization theory (Favreau, 1997).

Still other studies report gender similarities in lateralization, or else only weak gender differences (D. F. Halpern & Collaer, 2005; Hyde & Lindberg, 2007; Medland et al., 2002; Ullman et al., 2008). For instance, Frost and her colleagues (1999) studied language processing in a large sample of males and females. The brain-imaging data revealed gender similarities: Both women and men showed strong lateralization, with most activity in the left hemisphere (Gernsbacher & Kaschak, 2003). In addition, no one has yet shown that these brain differences actually *cause* the gender differences on cognitive tests (Caplan & Caplan, 2009; D. F. Halpern, 2000; Hyde & Lindberg, 2007).

Conceivably, at some time in the future, researchers might identify a biological factor that helps to explain gender differences. However, keep in mind that the differences requiring explanation are typically small and inconsistent. Indeed, biological explanations may be more powerful than they need to be to explain such small and inconsistent gender differences. Relying on biological explanations is like trying to kill a fly with a baseball bat, when a fly-swatter would be more appropriate. In summary, we need to be cautious about assuming that cognitive gender differences can be explained by genetics, hormones, or brain structure.

Experience as an Explanation

Many theorists have suggested additional approaches to explaining cognitive gender comparisons. For example, let's consider how males and females differ in the amount of experience they have had with mathematics and spatial tasks.

1. As we noted on page 153, males and females now take a similar number of math courses during high school (Chipman, 2004; De Lisi & McGillicuddy-De Lisi, 2002). However, males are more likely to belong to a chess club, be members of a math team, learn about numbers in sports, and have more experience with computers (J. Cooper & Weaver, 2003; J. E. Jacobs et al., 2004; Newcombe et al., 2002).

Compared to girls, boys also have more experience with maps, videogames, and other spatial tasks. As we noted earlier, this additional practice helps boys perform a mental-rotation task relatively quickly and accurately (D. F. Halpern & Ikier, 2002; Sanz de Acedo Lizarraga & García Ganuza, 2003).

2. Parents and teachers may provide different experiences for males and females (Wigfield et al., 2002). For example, parents spend more time

explaining science concepts to their sons than to their daughters (Crowley et al., 2001; Tenenbaum et al., 2005).

3. The media seldom feature females in nontraditional situations. When elementary textbooks show how people use mathematics, they often include more pictures of boys than girls. The girls also appear primarily in helping roles (Kimball, 1995). Similarly, computer magazines include more pictures of males than females. When a picture does show a woman using a computer, the text frequently includes a stereotypical comment, such as the attractive colors produced by the printer (Burlingame-Lee & Canetto, 2005). These ads imply that females focus on superficial "feminine" aspects of computers, rather than their usefulness in math and science.

Attitudes as an Explanation

We have reviewed several *biological* explanations for gender differences, as well as explanations that focus on mathematics and spatial *experience*. Let's now examine gender differences in *attitudes* about mathematics.

1. Parents' and teachers' attitudes can influence their children's self-confidence indirectly. For instance, if parents and teachers hold strong stereotypes about females' poor performance in math and science, they may convey these stereotypes to their daughters (Bhanot & Jovanovic, 2005; Hyde, 2007; J. E. Jacobs et al., 2004). Teachers may have especially low expectations for Black and Latina girls (S. Jones, 2003; Ruffins, 2007).

2. By the age of 11—or even earlier—boys often perceive themselves as more competent in math than girls do, even though boys may actually receive lower grades (Byrnes, 2004; Crombie et al., 2005; Rudman & Glick, 2008; Skaalvik & Skaalvik, 2004). In addition, boys typically have more positive attitudes toward mathematics than girls do (E. M. Evans et al., 2002).

3. By about the age of 10, many students believe that math, computers, and science are primarily associated with males (J. Cooper & Weaver, 2003; Räty et al., 2004; J. L. Smith et al., 2005). As noted in Chapter 3, people tend to prefer activities that are consistent with their gender role. Accordingly, many females may avoid math because it seems "too masculine."

4. Stereotype threat may decrease females' performance on mathematics and spatial tests. In Chapter 2, we introduced the concept of **stereotype threat**; if you belong to a group that is hampered by a negative stereotype, and you are reminded about your membership in that group, your performance may suffer (Chipman, 2004; Davies & Spencer, 2004; C. M. Steele et al., 2002). Take a moment to review the important study by Shih and her colleagues (1999) about stereotype threat, which we discussed on pages 67–68.

Now, imagine that a young woman is beginning to take a challenging math test. Suppose that she thinks to herself, "This is a test where women just can't do well." She is likely to have many more negative thoughts than a young man with similar math ability (Cadinu et al., 2005). As a result, she might make more errors on this important test.

Researchers have conducted numerous studies about stereotype threat in connection with mathematics (e.g., Good et al., 2003; Gresky et al., 2005;

J. L. Smith, 2004; Smith et al., 2005). Most of them report that females earn lower scores when stereotype threat is present than when it is absent. Furthermore, when Dustin Thoman and his colleagues (2008) told college women that males score higher on math tests because they try harder, these women actually *improved* their math scores.

We have discussed three categories of factors that can contribute to the gender differences in spatial and mathematics tasks. These three categories focus on gender differences in biology, experience, and attitudes. However, as Janet Hyde and Amy Mezulis (2001) concluded, "If the extensive examination of gender differences over the past several decades has taught us anything, it may be that gender differences are (1) often small in magnitude and (2) low in frequency compared with the vast similarities between the sexes" (p. 555). Furthermore, not one of these cognitive gender differences is so substantial that it has major implications for the career performance of women and men, a topic we will explore in Chapter 7.

SECTION SUMMARY

Cognitive Abilities

1. No consistent gender differences are found in areas such as general intelligence, general knowledge, concept formation, problem solving, creativity, or learning style.
2. On memory tasks, females are more skilled than males in remembering life events, recognizing faces, and remembering objects they had seen previously. However, females and males are equally skilled in remembering abstract shapes.
3. At present, gender differences in verbal skills are minimal, but boys are somewhat more likely than girls to have reading disabilities.
4. Gender differences in mathematics ability are negligible on most tests. Females generally receive higher grades than males in their math courses. However, males generally receive higher scores on the SAT mathematics test, a test that underpredicts women's college math grades.
5. Gender differences are minimal on spatial visualization tasks, moderate on spatial perception tasks, and more substantial on mental rotation tasks. Still, most males and females receive similar scores on mental rotation tests. Also, gender differences on mental rotation tests disappear when the task is described as a feminine one or when people receive training on the task.
6. Biological explanations for gender differences in cognitive skills include genetics, hormones, and brain organization (e.g., brain lateralization); current research does not strongly support any of these explanations.
7. Social explanations for gender differences in cognitive skills include several that emphasize gender differences in experience (extracurricular activities, illustrations in books and magazines, and treatment by adults). Several other social explanations focus on math attitudes (parents' and teachers' attitudes, perceptions of math competence, beliefs about math being masculine, and stereotype threat).

ATTITUDES ABOUT ACHIEVEMENT

So far, we've seen that women and men are generally similar in their cognitive abilities. The cognitive differences are never large enough to explain the tremendous imbalances in the gender ratios found in many professions. Some observers argue that these imbalances can be traced, instead, to women's lack of motivation: Perhaps women simply don't want to achieve? In this section, we'll explore aspects of **achievement motivation**, which is the desire to accomplish something on your own and to do it well (Hyde & Kling, 2001).

In a classic article, Arnold Kahn and Janice Yoder (1989) noted that many theorists have claimed that women are missing from certain prestigious fields because they have personal "deficiencies" that inhibit their achievement. However, the research actually shows that females are *more* likely than males to (a) have positive attitudes toward school, (b) spend time studying, and (c) earn higher grades (Ellis et al., 2008; Halpern, 2006a; Van de gaer et al., 2007). Females are also less likely than males to drop out of school and more likely to enroll in college (Eccles et al., 2003; Wigfield et al., 2006).

As we'll see in this section, the research reveals gender similarities in almost every area related to attitudes about achievement. Personal deficiencies cannot explain the gender differences in career patterns. In Chapter 7, we will explore several more valid explanations. Now, try Demonstration 5.2.

Let's begin our exploration of motivation by discussing gender similarities in people's desire for achievement. We'll see that women and men sometimes differ in self-confidence, although gender similarities are often reported. Our next topic addresses gender comparisons in people's personal definitions of success. We'll also see that women and men usually provide similar explanations for their achievements.

DEMONSTRATION 5.2

Reactions to Comments from Other People

Imagine that you have given a presentation on a project to an important group of people. Afterward, someone approaches you and says that you did a very good job: You used wonderful examples, and your ideas were interesting. Someone else rejects everything you had to say and disagrees with all your proposals. Then a third person comments, not on the content of your presentation but on your excellent speaking style.

How much would the feedback from these other people influence your self-confidence? Would your confidence rise or fall, depending on the nature of the comments, or would your self-evaluations tend to remain fairly stable?

Source: Based on T. Roberts (1991, p. 297).

Achievement Motivation

To measure achievement motivation, researchers often ask the study participants to look at drawings of people in various situations and then to create stories based on these drawings. A person receives a high achievement motivation score if these stories emphasize working hard and excelling. The research, conducted with both Black and White participants, shows that males and females are similar in achievement motivation (Eccles et al., 2003; Hyde & Kling, 2001; Krishman & Sweeney, 1998; Mednick & Thomas, 1993).

Males and females are also similar in their **intrinsic motivation**, which is your tendency to work on a task for your own satisfaction, rather than for rewards such as money or praise (Grolnick et al., 2002). Furthermore, males and females are equally likely to emphasize motivation when they describe important events in their lives (Travis et al., 1991).

Now try Demonstration 5.3 (below) before reading further.

DEMONSTRATION 5.3

Defining Personal Success

A study by Laura Dyke and Steven Murphy (2006) asked successful women and men to define describe how they defined success for themselves. Below are several randomly selected definitions. For each quotation, guess whether the person is a woman or a man. Then check page 172 to see whether you guessed correctly.

_____ 1. Success for me on a personal level is being happy, being at ease with myself, being able to sleep at night knowing that the decisions I am making are reasonable decisions, to be content in the direction that my life is going.

_____ 2. Well there are two things. I do like the outside recognition and certainly had a lot of that [in a previous job] … I do enjoy that but the rest of the success is being good at a challenging job, being recognized as being good at it and knowing myself that I have done a good job.

_____ 3. I think it's just if you have peace of mind, and it has to do with family, your job, your friends, and if you can really just go home and only really worry about the files on your desk, and not have any other concerns about how your marriage or children are doing, where the next bump is coming from, or that you don't have debtors banging on your door. I think peace of mind and good health.

_____ 4. My success would be measured by acceptance by clients, being able to communicate with those people, establish myself as a key player. I really want to be considered one of

(continues)

Demonstration 5.3 *(continued)*

    the key players in the industry ... Someone asked me when I took this job what my goal was in this company, and I said by the time I am finished in 3 years I want my face on the cover of a business magazine.

5. So success would be defined as applying energy to relationships that are symbiotic and that way you can grow as a person, you can grow as a mentor to people. One of my biggest successes is helping people grow in their own jobs, to actually help them develop their careers and things. From my perspective the money comes naturally anyway so it's not a problem.

6. Probably the biggest thing for me is the freedom to pursue what I feel I would like to achieve as a person or to explore as a person in the time that I have. So my idea of success is to free myself as much as possible from feeling what I'm doing seems just to maintain the lifestyle or just to maintain money, just to get enough money, as much as possible.

Source: With kind permission from Springer Science+Business Media: Sex Roles, "How We Define Success: A Qualitative Study of What Matters Most to Women and Men," Vol. 55, 2006, pp. 357–71, L. S. Dyke and S. Murphy.

Confidence in Your Own Achievement and Ability

Self-confidence is another concept that is intertwined with achievement motivation. As we'll see, gender differences do sometimes emerge in two areas: (1) Men often report more self-confidence than women do, and (2) men's self-confidence may be less influenced by the evaluations provided by other people.

Level of Self-Confidence

Boys and girls may not differ significantly in their academic self-confidence (Stevens et al., 2007). However, several studies suggest that men are more self-confident about their ability than women are (Eccles et al., 2003; Ellis et al., 2008; Furnham, 2000).[2] In a representative study, Pallier (2003) administered a test of general knowledge to college students. Males gave much higher estimates of their scores on this test, compared to females. However, their actual scores were similar. Let's consider several factors that can influence gender differences in self-confidence.

---

[2] People sometimes assume that women are underconfident. An alternative viewpoint is that men are overconfident and that women have the appropriate level of self-confidence (Hyde & Mezulis, 2001; Tavris, 1992).

1. **The Type of Setting.** Researchers have found that gender differences in self-confidence are larger when people make public rather than private estimates (J. Clark & Zehr, 1993; Daubman et al., 1992; Lundeberg et al., 2000). Women are especially likely to give low estimates for their grade-point average when another student has already announced that he or she has low grades (Heatherington et al., 1993, 1998). One possible explanation is that women are more likely than men to be modest when they are with other people (Daubman et al., 1992; Wosinska et al., 1996).

2. **The Type of Task.** Gender differences in self-confidence tend to be larger on a task that is considered traditionally masculine, rather than one that is considered neutral or traditionally feminine (S. Beyer, 1998; Eccles et al., 2003). For instance, Brownlow and her colleagues (1998) compared the strategies of contestants on the TV game show *Jeopardy*. On stereotypically masculine topics, men bet a higher percentage of their earnings than the women did. On neutral and stereotypically feminine topics, men and women used similar betting strategies.

3. **Personal Characteristics of the Individual.** Chatard and his colleagues (2007) asked French high school students to recall their score on an important mathematics examination that they had completed two years earlier. For students with strong stereotypes about gender differences in math ability, the boys overestimated their scores and girls underestimated their score. For students who believe in gender similarities in math ability, girls and boys provided similar estimates.

Furthermore, Buchanan and Selmon (2008) studied **self-efficacy**, which is a person's belief that he or she has the ability to achieve a goal. They found that Black women, Black men, and White women had higher self-efficacy if they had nontraditional beliefs about gender roles. In contrast, for White men, there was no relationship between self-efficacy and gender roles.

Be sure to try Demonstration 5.2, on page 163, above before reading further.

Self-Confidence and Evaluation Provided by Others

Now let's consider a second issue, focusing on the *stability* of a person's self-confidence. Specifically, Tomi-Ann Roberts and Susan Nolen-Hoeksema (1989, 1994) demonstrated that comments from other people can influence women's self-confidence. In contrast, men's self-confidence is more stable. Compared to these findings, how did you respond to Demonstration 5.2?

In an important study on responses to other people's comments, Roberts and Nolen-Hoeksema (1989) asked students to work on a series of challenging cognitive tasks. After several minutes, the participants rated their self-confidence in terms of the likelihood that they could do well on the task. A few minutes later, half of the participants—chosen at random—received positive comments from the researcher (e.g., "You are doing very well" or "You are above average at this point in the task"). The other half of the participants received negative comments (e.g., "You are not doing very well" or "You are below average at this point in the task"). Several minutes later, they all rated their self-confidence a second time.
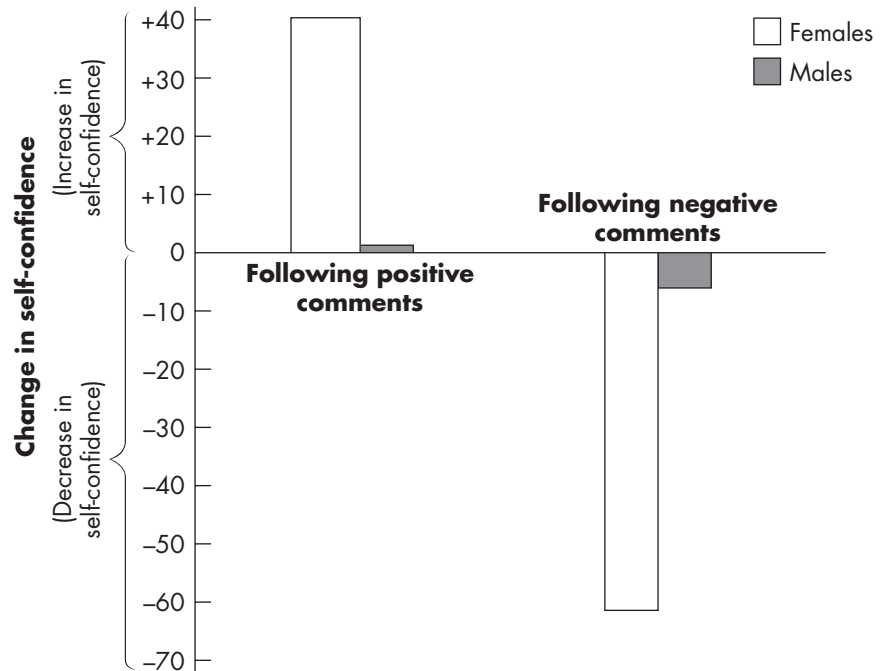
FIGURE **5.6** Change in self-confidence, following either positive or negative comments.

Note: Negative numbers indicate a decrease in self-confidence; positive numbers indicate an increase.

Sources: Based on T. Roberts and Nolen-Hoeksema (1989).

Figure 5.6 shows the change in self-confidence between the first and the second rating period. Notice that the men's self-confidence ratings were not significantly changed by the nature of the comments other people made. In contrast, the women's self-confidence rose dramatically after receiving positive comments, and it fell even more dramatically after receiving negative comments.

DEMONSTRATION 5.4

Explaining Successful Performance

Think about the last time you received a good grade on a test. A number of different factors could have been responsible for your success. Four possible factors are listed below. You have 100 points to divide among these four factors. Assign points to reflect the extent to which each factor contributed to your success; the points must add up to 100.

_____ I have high ability for the subject that was covered on that test.
_____ I put a lot of effort into studying for that test.
_____ The test was easy.
_____ It was just luck.

This research has been replicated in the workplace, after bank employees had been evaluated by their supervisor (M. Johnson & Helgeson, 2002). Once again, women were more responsive to the feedback from other people. But why should men and women react differently to people's comments? One reason is that women may be more likely than men to believe that other people's evaluations are accurate assessments of their performance (Johnson & Helgeson, 2002; Roberts & Nolen-Hoeksema, 1994). Furthermore, women may be more likely to use the information from these evaluations in assessing their own performance, even when the evaluations are not accurate (Van Blyderveen & Wood, 2001).

When I first read about these gender differences in response to others' comments, I'll confess that I was dismayed. Men apparently trust their own judgments, whereas women seem to adjust their self-confidence in response to whatever comments they happen to hear. But then I recalled the male-as-normative issue, which we discussed on page 65 in Chapter 2. Maybe we shouldn't conclude that men are stable and that women are fickle. Instead, men may be overly rigid, not questioning their initial judgment. In contrast, women may be appropriately flexible, willing to listen and respond to new information. Ideally, people *should* respond to an evaluation when it comes from well-informed experts.

Personal Definitions of Success

Before reading further, be sure to try Demonstration 5.3, and then check page 172 to see whether your guesses were accurate. Lorraine Dyke and Steven Murphy (2006) selected highly successful professional women and men in the Ottawa region of Canada. A trained interviewer then asked each person to define success for herself or himself. Demonstration 5.3 on page 164, includes representative quotations from each of six individuals.

Dyke and Murphy found that women were somewhat more likely than men to emphasize a balance between professional achievement and personal relationships, rather than focusing primarily on their profession. Furthermore, men were more likely than women to emphasize material success. Still, you can see from Demonstration 5.3, that the gender differences are not clear-cut.

Attributions for Your Own Success

Try Demonstration 5.4 on page 167 before reading further. This demonstration asks you to make attributions about your own performance on an achievement task. **Attributions** are explanations about the causes of your behavior.

Check your answers to Demonstration 5.4. When people have been successful on an achievement task, they often attribute that success to some combination of four factors: (1) ability, (2) effort, (3) task easiness, and (4) luck. Keep your own answers to this demonstration in mind as we examine the research on gender comparisons in the relative importance of ability.

Incidentally, this topic of attributions may seem familiar, because we examined a similar topic in connection with gender stereotypes in Chapter 2. In that chapter, we saw that the *gender of the stimulus* often influences attributions. Specifically, when people make judgments about men, they tend to attribute the success of men to their high ability. In contrast, when they

make judgments about women, they tend to attribute the success of women to other factors, such as an easy task or luck.

In this chapter, though, we are examining the *gender of the person making the judgments*. Several early studies suggested that males are more likely than females to give credit to their own ability (e.g., Deaux, 1979). However, two meta-analyses concluded that gender differences in attributional patterns are minimal (D. Sohn, 1982; Whitley et al., 1986). More recent studies also conclude that women and men are generally similar in the reasons that they provide for their success or failure (Mednick & Thomas, 1993; Mezulis et al., 2004; Wigfield et al., 2002).

Let's consider several factors that influence whether women and men have different patterns of attribution for their own success on a task.

1. **The Type of Setting.** When other people are around, men are more likely than women to credit their own ability. When men and women provide attributions in private, their responses are typically similar (J. H. Berg et al., 1981).
2. **The Type of Task.** Men are more likely than women to use the "ability explanation" on stereotypically masculine tasks such as earning high grades in mathematics (C. R. Campbell & Henry, 1999; A. K. F. Li & Adamson, 1995). Similarly, women are more likely than men to use the "ability explanation" on stereotypically feminine tasks such as earning high grades in an English course (S. Beyer, 1998/1999; R. A. Clark, 1993). However, when women are told that they earned a *low* score on a math test, they tend to attribute this poor performance to a lack of math ability (Kiefer & Shih, 2006).
3. **The Age of the Individual.** Between the ages of about 13 and 25, females and males tend to have similar attribution patterns. However, among people older than 25, men are more likely than women to say, "I did well because I have high ability" (Mezulis et al., 2004).

At the beginning of this section on achievement motivation, we noted that theorists have often favored a "women are deficient" rationale to explain why women are less likely than men to hold prestigious positions in society. However, the discussion of achievement motivation, self-confidence, and attributions reveals the same pattern we have seen throughout most of this chapter. Consistent with Theme 1, women and men are typically similar. When gender differences do emerge, they can usually be traced to characteristics of the social setting or the task. With attribution patterns, the gender differences are so small and readily modifiable that a blame-the-person explanation does not seem useful.

We have emphasized in this chapter that women resemble men in both cognitive ability and motivational factors. In Chapter 6, we will continue our search for explanations about the lack of women in prestigious occupations. Specifically, we will consider gender comparisons in social and personality characteristics. Then, in Chapter 7, we will turn our attention to women's work experiences to try to identify external factors that account for gender differences in employment patterns.

SECTION SUMMARY

Achievement Motivation and Attitudes About Success

1. Women and men are similar in their achievement motivation and intrinsic motivation.
2. Males are sometimes more self-confident than females on achievement tasks, especially (a) on tasks involving public estimates of self-confidence, (b) on traditionally masculine tasks, and (c) when a person has strong beliefs about gender differences.
3. Comments from other people are more likely to influence women's self-confidence than men's.
4. Women are somewhat more likely than men to define personal success in terms of a balance between professional achievement and personal relationships.
5. Women and men tend to use similar attributions when explaining their successes. However, gender differences may emerge (a) when making statements in public, (b) when performing gender-stereotyped tasks, and (c) for adults older than 25.

CHAPTER REVIEW QUESTIONS

1. Suppose that your local newspaper carries the headline: "Test Shows Males Are More Creative." The article reports that males had an average score of 78 on a creativity test compared to an average score of 75 for females. Based on the cautions discussed at the beginning of this chapter, why would you be hesitant to conclude that the gender differences in creativity are substantial?

2. Recall the cognitive abilities for which researchers have reported no consistent gender differences. Think of several men and several women whom you know well. Do the conclusions about those abilities match your observations about these individuals?

3. When we examined gender comparisons in memory, we noted that researchers have not conducted general meta-analyses in this area. Describe the specific gender comparisons that researchers have conducted, and note whether these results apply to the women and men whom you know well.

4. Imagine that a third-grade teacher tells you that the girls in her class are much better

readers than the boys. What would you answer, based on the information in this chapter?

5. The sections on mathematics and spatial abilities revealed inconsistent gender differences. Which areas showed the smallest gender differences, and which showed the largest? Which potential biological and/or social explanations might account for these differences?

6. Imagine that your local newspaper features an article that claims there are large gender differences in math ability. You decide to write a letter to the editor; describe four points that you would emphasize in your letter.

7. The research on topics related to achievement motivation illustrates how gender differences rarely apply to all people in all situations. Describe some variables that determine whether gender differences will occur in self-confidence and in attributions for one's own success.

8. We discussed two factors that influence whether women and men differ with respect

to self-confidence in achievement settings. Keeping these factors in mind, think of a concrete situation in which gender differences are relatively large. Then think of an example of a situation in which gender differences are probably minimal.

9. In Chapter 6, we'll see that—in comparison to men—women are somewhat more attuned to the emotions of other people. How is this sensitivity to emotions related to an observation in the current chapter that women are somewhat more attuned to social factors and other people's emotions when they make judgments about self-confidence and attributions for success? Also, how is sensitivity to others related to the discussion of self-confidence on pages 164 to 168?

10. To solidify your knowledge in preparation for the chapter on women and work (Chapter 7), think of a prestigious profession that employs relatively few women. Review each of the cognitive abilities and motivational factors discussed in this chapter. Do any of these factors sufficiently explain the relative absence of women in that profession?

KEY TERMS

frequency distribution (p. 145)

box-score approach (p. 147)

counting approach (p. 147)

meta-analysis (p. 147)

verbal fluency (p. 151)

reading disability (p. 152)

validity (p. 155)

spatial abilities (p. 155)

spatial visualization (p. 155)

spatial perception (p. 157)

mental rotation (p. 157)

lateralization (p. 159)

stereotype threat (p. 161)

achievement motivation (p. 163)

intrinsic motivation (p. 164)

self-efficacy (p. 166)

attributions (p. 168)

RECOMMENDED READINGS

Ceci, S. J., & Williams, W. M. (Eds.). (2007b). *Why aren't more women in science? Top researchers debate the evidence*. Washington, DC: American Psychological Association. Here is an excellent book that examines an extremely important question about women and science. The editors chose superb researchers to provide a variety of perspectives on this topic.

Gallagher, A. M., & Kaufman, J. C. (Eds.). (2004). *Gender differences in mathematics: An integrative psychological approach*. New York: Cambridge University Press. It's not clear why the editors chose the term "gender differences," rather than "gender comparisons." However, I strongly recommend this book, which includes 15 chapters that address the research on gender and math.

Halpern, D. F., Aronson, J., et al. (2007). *Encouraging girls in math and science*. Washington DC: National Center for Education Research. This book is an excellent resource for both psychologists and educators, providing clear summaries of the relevant research, as well as important recommendations about policy and practice.

Wigfield, A., et al. (2006). Development of achievement motivation. In W. Damon & R. M. Lerner (Series Eds.) & N. Eisenberg (Vol. Ed.), *Handbook of child psychology:* Vol. 3. *Social, emotional, and personality development* (6th ed., pp. 933–1002). Hoboken, NJ: Wiley. Surprisingly few resources in the current decade focus on topics related to achievement. Therefore, this chapter is especially useful for a general orientation about achievement, as well as information about gender comparisons.

ANSWERS TO THE DEMONSTRATIONS

Demonstration 5.1: a.1: Rotate the pattern so that it looks like two mountain peaks, and place the leftmost segment along the top-left portion of the little white triangle. a.2: This pattern fits along the right side of the two black triangles on the left. a.3: Rotate this figure about 100 degrees to the right, so that it forms a slightly slanted z, with the top line coinciding with the top line of the top white triangle. b. The line should be horizontal, not tilted. c. 1c, 2d.

Demonstration 5.3: Numbers 1, 2, and 4 are women; Numbers 3, 5, and 6 are men.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. True (p. 148);   2. False (pp. 149–151); 3. False (pp. 151–152);   4. False (p. 154); 5. True (pp. 157–158);   6. False (pp. 159–160); 7. False (p. 164);   8. True (pp. 164–165); 9. True (pp. 166–167);   10. False (pp. 168–169).

6 Gender Comparisons in Social and Personality Characteristics

True or False?

_____ 1. Gender differences in social behavior tend to be larger in situations where everyone has the same occupation.

_____ 2. In social conversations, females tend to be more talkative than males.

_____ 3. Women tend to look at their conversational partners more than men do, especially when talking with someone of the same gender.

_____ 4. During the Nazi holocaust, non-Jewish women were more likely than non-Jewish men to save the lives of Jewish people.

_____ 5. Females are consistently more interested in infants than males are, according to several different measures of interest.

_____ 6. The research shows that women are more likely than men to make moral decisions on the basis of caring relationships with other people.

_____ 7. According to self-reports, men and women are equally satisfied with their friendships.

_____ 8. One of the few very consistent gender differences is that men are more physically aggressive than women.

_____ 9. The current research shows that male leaders are more likely than female leaders to encourage employees to develop their potential strengths.

_____10. Men are more likely to be persuaded by a woman who uses tentative language than by a woman who uses assertive language.

A popular magazine featured an article titled "Uncommon Valor." Think of the word _valor_. Many people envision a heroic man rescuing a weeping woman. However, the stories were refreshingly gender balanced. Yes, 24-year-old Ryan Lane had rescued five people from a flood in Kansas. Also, two teenagers, Jonathan Griswold and Clay Cheza, had tackled a classmate who had aimed a handgun at the students in his English class. However, the feature story described how Roxanna Vega, 16 years old, rescued her young cousins after their mother had deliberately driven over a cliff. When the car crashed, Roxanna had broken her back, ankle, and arm, yet she struggled up the 160-foot cliff to get help from passing motorists (Jerome & Meadows, 2003).

In Chapter 5, we saw that gender similarities are common when we consider cognitive abilities and achievement. In this chapter about social and personality characteristics, we'll once again observe many gender similarities, although we'll see several small to moderate gender differences (Eagly, 2001; M. C. Hamilton, 2001; J. D. Yoder & Kahn, 2003). For example, we'll see that males are typically more likely than females to be heroic rescuers, although the overall differences in helping behavior are not large (S. W. Becker & Eagly, 2004).

In Chapter 6, we will explore gender comparisons in three areas: (1) communication patterns, (2) characteristics related to helping and caring, and (3) aggression and power. The social constructionist approach is especially useful when we consider these socially oriented topics. According to the **social constructionist approach,** we construct or invent our own versions of reality, based on prior experiences, social interactions, and beliefs. The social constructionist approach often focuses on language as a mechanism for

categorizing our experiences—for example, our experiences about gender (K. J. Gergen & M. M. Gergen, 2004; Lorber, 2005b; Marecek et al., 2004).

Here's an example of the way we construct personality characteristics. Quickly answer the following question: Who are more emotional, men or women? Most people immediately respond, "Women, of course" (K. Bursik, personal communication, 1997; J. R. Kelly & Hutson-Comeaux, 2000). But what kinds of emotions did you consider? Only sadness and crying? Why don't we include anger, one of the primary human emotions? When a man pounds his fist into a wall in anger, we don't comment, "Oh, he's so emotional." Our culture constructs the word *emotional* to emphasize the emotions that are typically associated with women.

Notice, too, that we interpret a behavior differently, depending upon who is displaying the behavior. Suppose that you are walking to a classroom, and you see someone sitting alone and crying. If the person is a male, you are likely to think that he is upset about a genuinely important problem (L. Warner & Shields, 2007). Now imagine that the person is a female. Would you judge her problem to be equally important?

The final section of this chapter shows how social constructionism also shapes the way we view aggression. Specifically, we define the word *aggression* primarily in terms of the kinds of aggression associated with men. The social constructionist approach forces us to consider alternative interpretations of our communication patterns and our social interactions (K. J. Gergen & M. M. Gergen, 2004). When social constructionists examine gender, they focus on a central question: How does our culture create gender and maintain it in our communication patterns and in our interpersonal relationships?

You and I do not construct gender independently. Instead, our culture provides us with schemas and other information. All this information operates like a set of lenses through which we can interpret the events in our lives (Bem, 1993). In Chapters 2 and 3, we examined how the media provide cultural lenses for both adults and children. Females are typically represented as gentle, nurturant, and submissive, whereas men are represented as independent, self-confident, and aggressive. Our culture has established different social roles for women and men, so we should find that people usually want to uphold these ideals (Popp et al., 2003; Shields, 2005).

These cautions are also relevant when we consider gender comparisons in social and personality characteristics. For example, we saw in Chapter 5 that the social setting influences people's academic self-confidence and their attribution patterns. However, the social setting has a relatively modest impact on cognitive and achievement tasks because people typically perform these tasks in relative isolation.

The social setting is more important when we consider social and personality characteristics. Humans talk, smile, help, and act aggressively in the presence of other people. The social setting provides a rich source of information that people examine to make sense of the world (J. D. Yoder & Kahn, 2003). If the social setting has such an important influence on whether people

act in a gender-stereotyped fashion, then a characteristic such as "nurturant" is not an inevitable, essential component of all females. Furthermore, a characteristic such as "aggressive" is not an inevitable, essential component of all males.

Several factors related to the social setting have an important influence on the size of the gender differences in social and personality characteristics (Wester et al., 2002; J. D. Yoder & Kahn, 2003; Zakriski, et al., 2005). Here are some examples:

1. *Gender differences are usually largest when other people are present.* For instance, women are especially likely to react positively to infants when other people are nearby.
2. *Gender differences are generally largest when gender is prominent and other shared roles are minimized.* For example, at a singles' bar, a person's gender is very relevant, so gender differences are likely to be large. In contrast, at a professional conference of accountants—where men and women have the same occupations—the work role will be emphasized, and gender differences will be relatively small.
3. *Gender differences are usually largest when the behavior requires specific gender-related skills.* For example, men might be especially likely to volunteer to change a tire or perform a similar skill traditionally associated with men in our culture.

Notice, then, that gender differences are especially prominent when a social setting encourages us to think about gender and to wear an especially powerful set of gender lenses. In other social settings, however, women and men usually behave with remarkable similarity. Now let's explore our first topic, which focuses on verbal and nonverbal communication patterns. Later, we'll consider characteristics related to helping and caring, as well as characteristics related to aggression and power.

COMMUNICATION PATTERNS

The term *communication* typically suggests verbal communication, or communication with words. However, communication can also be nonverbal. **Nonverbal communication** refers to all forms of human communication that do not focus on the actual words—including tone of voice, facial expression, and even how far you stand from another person.

Both verbal and nonverbal communication are essential in our daily interactions. Unless you are reading this sentence before breakfast, you've probably already spoken to many people, smiled at others, and perhaps avoided eye contact with still others. Let's now examine gender comparisons in both verbal and nonverbal communication.

Verbal Communication

John Gray's best-selling book, *Men Are From Mars, Women Are From Venus,* claims that men and women "almost seem to be from different planets, speaking different languages" (Gray, 1992, p. 5). However, Gray's

book is based on speculation and informal observations rather than actual research. In reality, women and men are fairly similar in their patterns of verbal communication. The research also shows great individual differences—*within* each gender—in verbal communication patterns. Furthermore, social factors frequently influence whether the studies show gender similarities or gender differences (Athenstaedt et al., 2004; R. C. Barnett & Rivers, 2004; R. Edwards & Hamilton, 2004; Shields, 2002). Let's consider the research.

Talkativeness

According to the long-standing stereotype, women chatter for hours. In reality, however, several studies show no substantial gender differences in the length of college students' conversations with their friends, their oral descriptions, and their written descriptions of vivid memories (Athenstaedt et al., 2004; Mehl et al., 2007; Niedźwieńska, 2003). Men and women are also equally talkative when they are being interviewed on talk shows (Brownlow et al., 2003).

In other research, males are *more* talkative than females, based on data gathered in elementary classrooms, college classrooms, and college students' conversations (Aries, 1998; M. Crawford, 1995; Eckert & McConnell-Ginet, 2003; Romaine, 1999; Thomson et al., 2001). In short, the research shows mixed results, but it does not support the "talkative female" stereotype.

Interruptions

Suppose that you are telling a story about meeting a famous person. A listener interrupts after your first two sentences to say, "Oh, that sounds like the time I...." When researchers examine this kind of intrusive interruption, they find that men tend to interrupt more frequently than women do (Athenstaedt et al., 2004; Ellis et al., 2008).

Some of the research on interruptions compares high-status men in conversation with low-status women. These studies typically find that men interrupt more than women do. However, in these cases, the interruptions can be at least partially explained by power, rather than gender (R. C. Barnett & Rivers, 2004; Romaine, 1999). Other research suggests that men interrupt significantly more often than women do in conversations with strangers and in competitive task settings. Still, gender differences may be minimal in other settings (Aries, 1996, 1998; Athenstaedt et al., 2004; C. West & Zimmerman, 1998b).

Language Style

Some theorists suggest that women's language style is very different from men's (e.g., Lakoff, 1990; Tannen, 1994). In reality, the gender differences are more subtle (Mulac et al., 2001; Thomson et al., 2001; Weatherall, 2002). Boys and men are likely to curse more often and to use a larger vocabulary of obscene words, in comparison to girls and women (Blakemore et al., 2009; Jay, 2000; Newman et al., 2008; Pennebaker et al., 2003). However, other research shows only minimal gender differences in politeness during conversations or in writing style (S. Mills, 2003; Timmerman, 2002).

How about hesitant phrases such as "I'm not sure" or "It seems that"? A review of the literature suggests that women are more likely than men to use this speech pattern (Mulac et al., 2001). Once again, however, the social setting can be important. For example, Carli (1990) found that people rarely used these hesitant phrases when they were talking with another person of the same gender. In contrast, when a woman was talking with a man, the woman was much more likely than the man to use this hesitant speech pattern.

The Content of Language

We have discussed how women and men talk, but what do they talk about? R. A. Clark (1998) asked female and male students at the University of Illinois to report on all topics mentioned in their most recent conversation with a student of the same gender. Women and men were equally likely to talk about four categories of topics: (1) a person of the other gender; (2) a person of the same gender; (3) academic issues; and (4) jobs. The only statistically significant gender difference was that men were more likely than women to talk about sports.

In general, women and men also use similar kinds of words in their conversations. Matthew Newman and his colleagues (2008) gathered data on the spoken and written language of 14,000 people. Next, they calculated the percentage of the time that each speaker talked about positive emotions, negative emotions, social processes, and so forth. As you would expect with such a large sample, some of the gender differences showed statistical significance. However, you can see in Table 6.1 that the gender differences did not show practical significance.

Let's consider one other important point about conversations. In our list of three generalizations about gender comparisons (page 176), we noted

TABLE **6.1**
Gender comparisons in the relative number of sentences about a variety of topics, during conversations with same-gender friend (Newman et al., 2008).

Category	Examples	Relative Number of Words for Women	Relative Number of Words for Men
1. Positive emotions	happy, good	2.49	2.41
2. Negative emotions	nervous, hate	2.05	1.89
3. Social words	share, brother	9.54	8.51
4. Cognitive processes	think, know	7.35	7.17
5. Occupation	work, class	2.34	2.50
6. Sex	lust, pregnant	0.30	0.27

Source: Copyright 2008 From Discourse Processes 45 (3), "Gender Differences in Language Use: An Analysis of 14,000 Text Samples" by Matthew L. Newman, Carla J. Groom, Lori D. Handelman, and James W. Pennebaker. Reproduced by permission of Taylor & Francis Group, LLC., http://www.taylorandfrancis.com.

that gender differences are small when shared roles are emphasized. S. A. Wheelan and Verdi (1992) observed professionals in business, government, and service-oriented occupations who were attending a four-day group relations conference. This is clearly a setting in which work-related roles would be prominent. The researchers found that the men and the women were similar in the number of statements that challenged the leadership and also in the number of statements that supported other people's remarks.

The groups in Wheelan and Verdi's study met for many hours; most other studies have recorded relatively brief conversations. In Chapter 2, we saw that stereotypes are especially likely to operate when people do not have enough information about a person's qualifications. When people initially meet each other, these stereotypes may inhibit a competent woman's comments. As time passes, however, other group members begin to appreciate the woman's remarks, and their expectations become less gender based. As a consequence, gender differences typically grow smaller as conversations become longer (Aries, 1998).

| DEMONSTRATION 6.1 | ## Gender Differences in Body Posture |

Which of these figures is a girl, and which is a boy? What cues are you using when you make your decision?
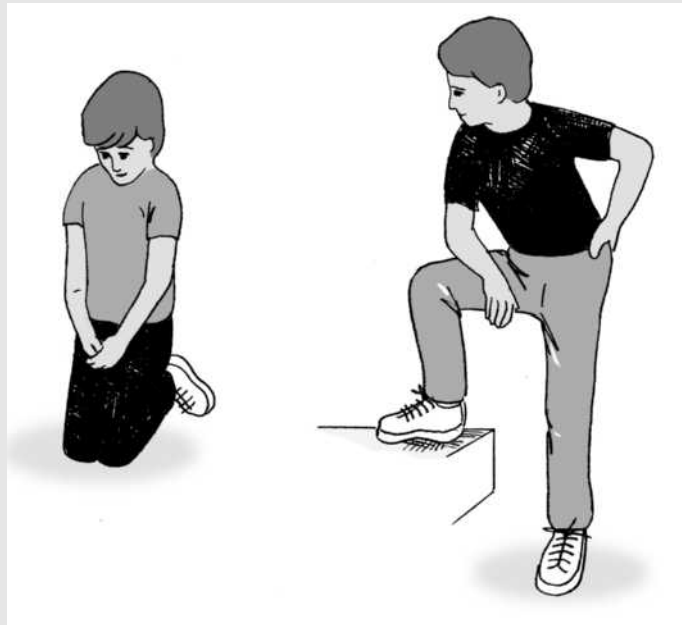
Nonverbal Communication

Try turning off the sound on a television game show and observing the non-verbal behavior. A transcript of the conversation between Mr. Game Show Host and Ms. Contestant would fail to capture much of the subtle communication between these two people. The nonverbal aspects of conversation are extremely important in conveying social messages. As we'll see, gender differences are often substantial in certain kinds of nonverbal behavior, such as personal space, body position, and smiling.

Let's examine several components of nonverbal communication, beginning with the nonverbal messages that people send by means of their personal space, body posture, visual gaze, and facial expression. A fifth topic, decoding ability, examines gender comparisons in *interpreting* these nonverbal messages. As we'll see throughout this section, gender differences in nonverbal communication are typically larger than other kinds of gender differences (J. A. Hall, 1998). We'll also consider explanations and implications of these gender comparisons. Now try Demonstration 6.1 on page 179 before you read any further.

Personal Space

The term **personal space** refers to the invisible boundary around each person—a boundary that other people should not invade during ordinary social interactions. You are probably most aware of personal space when a stranger comes too close and makes you feel uncomfortable. In general, women have smaller personal-space zones than men (LaFrance & Henley, 1997; Payne, 2001). As a result, when two women are talking to each other, they typically sit closer together than two men do.

In the world of work, high-status individuals occupy larger physical work spaces than low-status individuals (Bate & Bowker, 1997). In general, the executives (mostly men) occupy spacious offices. In contrast, the low-ranking employees (mostly women) work in relatively cramped conditions.

Body Posture

Gender differences in body posture develop early in life. The drawings in Demonstration 6.1 were traced from yearbook pictures of two fifth-graders, and then other cues about gender—such as clothing—were equated. You can easily identify that the figure on the left is girl, whereas the one on the right is clearly a boy.

A glance through magazines will convince you of further gender differences in body posture. Notice that females keep their legs together, with their arms and hands close to their bodies. In contrast, males sit and stand with their legs apart, and their hands and arms move away from their bodies.

Men look relaxed; however, even when resting, women keep their postures more tensely contained (Bate & Bowker, 1997; J. A. Hall, 1984). When talking to another person, men are less likely than women to maintain an erect body posture (J. A. Hall et al., 2001). When walking, men are more likely to shift their shoulders from side; women seldom "swagger" when they are walking (Johnson & Tassinary, 2005).

Notice how this observation meshes with the gender differences we discussed at the beginning of the chapter. Men often use more "conversational space" in

their verbal interactions because they may talk for longer and they may interrupt more often. Similarly, men use more personal space (distance from other people), and their own postures require greater physical space. As Demonstration 6.1 illustrates, even young children have mastered "gender-appropriate" body language.

Visual Gaze

When we consider gaze, gender as a subject variable is important. Research shows that females typically gaze more at their conversational partners than males do (Briton & Hall, 1995; LaFrance & Henley, 1997). This gender difference emerges during childhood; young girls spend more time looking at their conversational partners.

Gender as a stimulus variable is even more powerful than gender as a subject variable. Specifically, people gaze at females more than they gaze at males (J. A. Hall, 1984, 1987). As a result, two women speaking to each other are likely to maintain frequent eye contact. In contrast, two men in conversation are likely to avoid looking at each other for long periods of time. Prolonged eye contact is relatively uncommon between two men.

Facial Expression

Gender differences in facial expression are substantial. The most noticeable difference is that women smile more than men do (Ellis et al., 2008; Else-Quest et al, 2006; Kalat & Shiota, 2007). In a meta-analysis of 418 gender comparisons of smiling frequency, the d was 0.41 (LaFrance et al., 2003).

The magazines you examine in Demonstration 6.2 are likely to reveal smiling women and somber men. An inspection of yearbooks will probably confirm this gender difference. For example, Ragan (1982) examined nearly 1,300 portrait photographs and found that women were nearly twice as likely as men to smile broadly. In contrast, men were about eight times as likely as women to show no smile.

DEMONSTRATION 6.2

Gender Differences in Smiling

For this demonstration, you will first need to assemble some magazines that contain photos of people. Inspect the photos to identify smiling faces. (Let's define a smile as an expression in which the corners of the mouth are at least slightly upturned.) Record the number of women who smile, and divide it by the total number of women to calculate the percentage of women who smile. Repeat the process to calculate the percentage of men who smile. How do those two percentages compare? Does the gender comparison seem to depend on the kind of magazine you are examining (e.g., fashion magazine versus news magazine)?

Next, locate a high-school or college yearbook. Examine the portraits, and calculate the percentages of women and of men who are smiling. How do these two percentages compare?

Gender differences in smiling are especially large when people interact with strangers (LaFrance et al., 2003). Furthermore, the gender differences are relatively large when people pose, for instance for a yearbook photo, or when they know that someone is videotaping them. In contrast, women and men have more similar facial expressions in candid photos (J. A. Hall et al., 2001; LaFrance et al., 2003).

The gender difference in smiling has important social implications. For example, positive responses, such as smiling, can affect the person who receives these pleasant messages. For example, you are likely to move closer to someone who is smiling (Miles, 2009). Furthermore, you often act in a more competent fashion when someone is smiling (P. A. Katz et al., 1993; Word et al., 1974). Therefore, when a typical man and woman interact, the woman's smiles and other positive reactions may encourage a man to feel competent and self-confident (Athenstaedt et al., 2004). However, the typical man does not smile much to encourage a woman.

The gender difference in smiling also has a dark interpretation. You may have noticed that some women smile bravely when someone makes fun of them, tells an embarrassing joke in their presence, or sexually harasses them. In fact, social tension is a strong predictor of smiling in women. In other words, women often smile because they feel uncomfortable or embarrassed in the current social setting, not because they are enjoying the social interaction (J. A. Hall & Halberstadt, 1986; LaFrance et al., 2003). Related research shows that women are more likely than men to be aware that they are using false smiles, rather than genuine smiles (Woodzicka, 2008).

A related issue is that men and women may "send" different messages through their facial expressions. For instance, when people judge adults' facial expressions, they are more likely to detect anger in a man's facial expression (Becker et al., 2007; Shields et al., 2006).

Let's consider a study by Algoe and her colleagues (2000) in more detail. These researchers asked college students to make judgments about the facial expressions of adult males and females in photographs. These photos were carefully chosen so that the males and the females showed similarly intense emotions.

As part of this study, Algoe and her colleagues (2000) asked people to judge a photo of either an angry man or an angry woman. In both cases, the person was described as an employee involved in a workplace incident. Figure 6.1 shows that the male was judged to be somewhat angrier than the female. Furthermore, the angry female was judged to be showing a moderate amount of fear, much more than the angry male showed. Apparently, when people look at an angry woman, they perceive that she is actually somewhat afraid.

Other research demonstrates that people also perceive more sadness than anger in a female's ambiguous facial expression. In contrast, they perceive more anger than sadness in a male's ambiguous facial expression (Plant et al., 2004).

Decoding Ability

So far, we have seen evidence of gender differences in several kinds of nonverbal behavior: personal space, body posture, visual gaze, and the facial
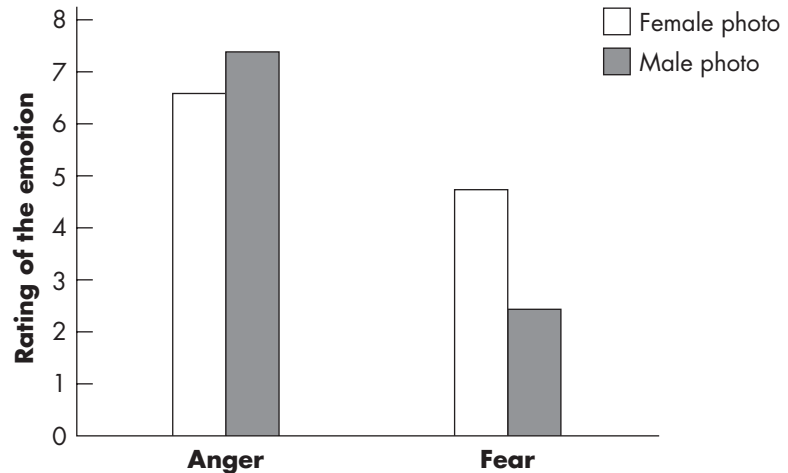
FIGURE **6.1** Ratings of anger and fear when judging the photo of an angry female or male employee

Note: Minimum rating = 0; Maximum rating = 8
Source: Based on Algoe et al. (2000).

expressions that people send to others. Decoding ability is different because it requires *receiving* messages, rather than sending them. Specifically, **decoding ability** refers to your skill in looking at another person's nonverbal behavior and figuring out what emotion that person is feeling. A person who is a skilled decoder can examine a friend's facial expression, posture, and tone of voice and determine whether that person is in a good mood or a bad mood.

The research shows that females are more likely than males to decode nonverbal expressions accurately (L. R. Brody & Hall, 2000; Lim et al., 2008; Shields, 2002). For example, one meta-analysis of the research yielded a moderate effect size ($d = 0.41$); women were better decoders in 106 of 133 gender comparisons (J. A. Hall, 1984; J. A. Hall et al., 2000). Girls are also more accurate decoders than boys are (Bosacki & Moore, 2004; Einav & Hood, 2008; McClure, 2000).

For adults, the gender difference in decoding also holds true cross-culturally, as shown in studies conducted in Greece, New Guinea, Japan, and Poland (Biehl et al., 1997; J. A. Hall, 1984). Incidentally, the research in Canada and the United States typically examines White individuals. It would be interesting to see whether the gender differences are consistent in all ethnic groups.

So far, we have focused on gender differences in decoding emotion from facial expressions. Bonebright and her colleagues (1996) examined people's ability to decode emotion from voice cues. They instructed trained actors to record paragraph-long stories, each time using their voice to portray a specified emotion—fear, anger, happiness, or sadness—or neutrality. Then, under-graduate students listened to each recorded paragraph and tried to determine which emotion the speaker was trying to portray.
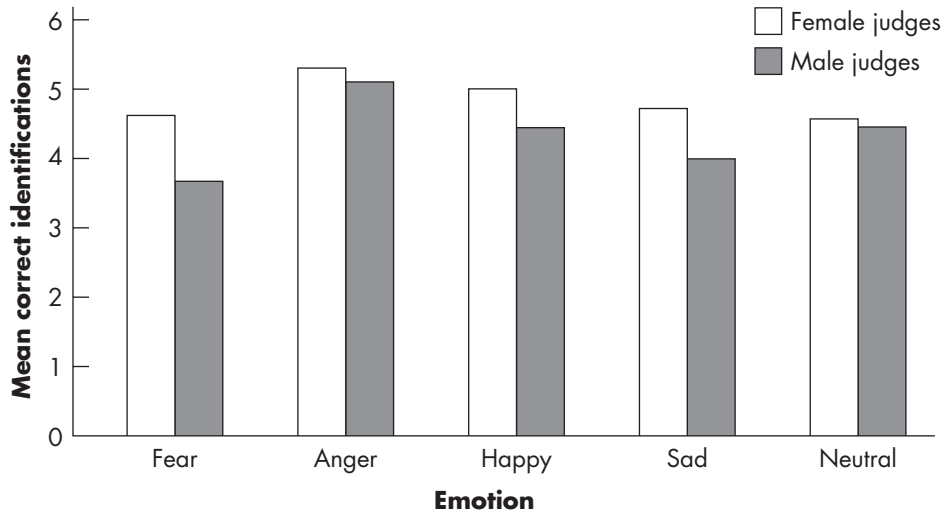
FIGURE **6.2** Male and female accuracy in decoding emotions from vocal cues.

Note: Maximum score = 6.

As you can see from Figure 6.2, women were significantly more accurate than men in decoding voices that expressed fear, happiness, and sadness. These gender differences were small but consistent. No gender differences were found for neutral expressions or for anger—the one emotion where we might have expected men to be more accurate.

Potential Explanations for Gender Differences in Communication

Consistent with Theme 4 of this textbook, we must consider the large individual differences within each gender (R. Edwards & Hamilton, 2004). Still, we need to explain the gender differences in some kinds of verbal and nonverbal communication. Specifically, men often talk more, interrupt more, have larger personal-space zones, use more relaxed postures, gaze less, and smile less. Men also tend to be less skilled at decoding other people's facial expressions. Let's consider two explanations, which primarily address the gender differences in decoding ability and in smiling.

Power and Social Status Explanations

Researchers such as Marianne LaFrance and her coauthors argue that the most effective explanation for gender differences in communication is that men have more power and social status in our culture (Helwig-Larsen et al., 2004; LaFrance et al., 2003; A. J. Stewart & McDermott, 2004). Powerful people are allowed to talk for a long time; less powerful people must listen. Powerful people don't need to smile, whereas low-power people are supposed to smile, even if they do not feel happy (Athenstaedt et al., 2004; LaFrance et al., 2003; Pennebaker et al., 2003).

Marianne LaFrance and Nancy Henley (1997) are especially interested in explaining the gender differences in decoding ability. They argued that low-power individuals must be especially attentive to powerful individuals so that they can respond appropriately. A low-ranking assistant must be vigilant for signs that the boss is angry, because those signs suggest that the boss shouldn't be interrupted or brought any bad news. In contrast, the boss doesn't need to be equally sensitive. According to the power-based explanation, the boss has little to gain from decoding the assistant's facial expression.

LaFrance and Henley (1997) argue that our current culture usually assigns dominant status to men and subordinate status to women. Therefore, even when a man and a woman are equivalent in other characteristics—such as age and occupation—the man will generally have more power. With that status, the man will use the verbal and nonverbal communication patterns that are characteristic of a boss, leaving the woman in the position of a relatively submissive assistant.

Social Learning Explanations

Judith Hall and her colleagues believe that social status and power cannot account for the gender differences in nonverbal decoding ability (J. A. Hall, 2006; J. A. Hall et al., 2005). For example, Hall and her colleagues (2001) studied interactions between high-status university employees and low-status university employees. They found that high-status employees smiled just as much as low-status employees.

Instead, researchers such as Hall and her colleagues argue that our culture provides roles, expectations, and socialization experiences that teach males and females how to communicate (Athenstaedt et al., 2004; J. A. Hall et al., 2000; Pennebaker et al., 2003; Weatherall, 2002). In other words, these researchers emphasize a social learning approach, which we discussed in Chapter 3.

According to the social learning approach, children are reinforced for behavior that is consistent with their gender. They are also punished for behavior that is more typical of the other gender. Thus, a young girl may be scolded and told, "Let's see a smile on that face!" when she has been frowning. If she values the approval of other people, she will tend to smile more often. The girl also notices that females often smile and gaze intently at their conversational partners. In contrast, a boy will be criticized if he uses "feminine" hand gestures. A boy can certainly notice stereotypically masculine body movements by watching the men in his family, his community, and the media.

Girls also learn that they are supposed to pay attention to people's emotions, so they are likely to develop sensitivity to facial expressions. In addition, girls learn that they are supposed to look out for people's emotional well-being, and a smile makes people feel welcome and accepted. Boys are less likely to learn these skills.

Conclusions

As with so many debates in psychology, both perspectives are probably at least partially correct. My own sense is that the power hypothesis and the social learning approach combine fairly well to explain the gender differences in the communications that people send to others. However, the social

learning approach seems more relevant than the power hypothesis in explaining people's ability to decode the emotions of other people. Consistent with J. A. Hall and Halberstadt's (1997) argument, I've known some executives and other high-power individuals who are skilled at reading other people's emotions from relatively subtle cues. Social sensitivity makes some people popular, and so they rise to positions of power.

Even if we aren't certain about the explanations, some gender differences remain. What should we do about them? With respect to verbal communication, women should feel comfortable about claiming their fair share of the conversation. Women do not have to smile when they are unhappy, and they do not need to occupy the smallest possible space on a couch. Men can interrupt less, they can smile more, and they can sit so that they occupy less space.

In discussing how communication patterns can be changed, let's remember that women should not necessarily strive to be more masculine in their behavior. This reaction would assume that male behavior must be normative. I recall an article in a magazine—intended for women executives—that urged woman to master high-powered, masculine verbal and nonverbal behavior. However, as we'll see later in the chapter, this strategy may backfire.

Furthermore, we should not assume that women are the only ones who need to change their behavior. Instead, we should note that men may have learned inappropriate communication strategies. They have much to gain from adopting some of the strategies typically associated with women.

SECTION SUMMARY

Communication Patterns

1. The social constructionist perspective helps us understand how our culture has different standards for the ideal social behavior of women and men.
2. Gender differences are largest when other people are present, when gender roles are emphasized, and when a task requires gender-related skills.
3. Research often shows no gender differences in talkativeness, or else men talk more than women; in some settings, men also interrupt more.
4. With respect to language style, women may be less likely than men to use profanity; also, women use hesitant phrases (e.g., "I'm not sure…") more often when talking with men than when talking with other women.
5. Gender differences in the content of conversations are usually minimal.
6. Women generally have smaller personal-space zones than men do, and their posture is less relaxed.
7. Compared to males, females often gaze more at their conversational partners, especially when speaking with someone of the same gender.

8. Women usually smile more than men do, but their smiles may indicate social tension rather than pleasure. Also, people may misread women's angry facial expressions as being partly fearful.
9. Women are generally more accurate than men at decoding nonverbal messages that other people send, both in North America and in other countries.
10. Some gender differences in communication can be traced to gender differences in power; however, social learning explanations (e.g., roles, expectations, and socialization) are equally important.
11. To change communication patterns, we must not emphasize how women should become more "masculine." Instead, men would benefit from adopting some of the strategies that are usually associated with women.

CHARACTERISTICS RELATED TO HELPING AND CARING

Take a moment to form a mental image of a person helping someone else. Try to picture the scene as vividly as possible. Now inspect your mental image. Is this helpful person a male or a female?

In North America, we have two different stereotypes about gender differences in helpfulness. Males are considered more helpful in activities requiring heroism; they are supposed to take risks, even to help strangers. In contrast, females are considered more helpful and generous in offering assistance and emotional support to family members and close friends (Eisenberg et al., 2006; Frieze & Li, 2010). In later chapters, we'll explore how women provide this less visible kind of helpfulness when we discuss child care (Chapter 7), love relationships (Chapter 8), and care of elderly relatives (Chapter 14).

DEMONSTRATION 6.3

A Personal Dilemma

Suppose you have been looking forward for some time to watching a special television program: an old movie you have always wanted to see, a sports championship game, or a special program such as *Masterpiece*. Just as you are all settled in and the show is about to begin, your best friend calls and asks you to help with something you had promised several days ago you would do—for example, painting a room or hanging wallpaper. You had assumed that your friend would need you sometime during the week, but had not expected it to be right now. You want nothing else but to stay in your comfortable chair and watch this show, but you know your friend will be disappointed if you do not come over to help (R. S. L. Mills et al., 1989). For purposes of this demonstration, assume that you cannot record the program for future viewing. What would you choose to do in this dilemma?

Furthermore, women's paid employment often emphasizes this low-visibility kind of helpfulness. Women are more likely than men to choose occupations in the "helping professions," such as nursing and social work (Eagly & Diekman, 2006; Frieze & Li, 2010).

In summary, helpfulness actually includes both the high-visibility activities that are stereotypically masculine and also the less visible activities that are stereotypically feminine. Let's consider several topics related to helping and caring: altruism, nurturance, empathy, moral judgments involving social relationships, attitudes about social justice, and friendship. Try Demonstration 6.3 before you read further.

Altruism

Altruism means providing unselfish help to others who are in need, without anticipating any reward. Research with children and with adults shows gender similarities (N. Eisenberg et al., 1996). For example, one meta-analysis of 182 gender comparisons yielded an overall effect size (d) of only 0.13 (Eagly & Crowley, 1986). Gender similarities are common, although men are more helpful on tasks that are physically dangerous or require expertise in a traditionally "masculine" area (Eisenberg et al, 2006; Ellis et al., 2008; Rankin & Eagly, 2008).

Let's consider a representative study that showed gender similarities. Researchers distributed questionnaires to adult visitors at a Canadian science museum (R. S. L. Mills et al., 1989). Each person read three stories, such as the one in Demonstration 6.3, and was instructed to choose between two specified options. The results showed that both women and men selected the altruistic choice 75% of the time. In other words, the researchers found no gender differences in responses to this hypothetical scenario not involving danger.

An important article by Selwyn Becker and Alice Eagly (2004) examined helpfulness in more dangerous situations. Specifically, they studied **heroism**, which they defined as risking one's life for the welfare of other people. One category of heroes that Becker and Eagly considered was the list of Carnegie Hero Medal recipients. This award is given to individuals in the United States and Canada who risk their own life to save the lives of other people (e.g., from drowning or electrocution). Becker and Eagly discovered that 9% of these individuals were female.

The next category of heroes that Becker and Eagly considered was individuals whose helpfulness was less dangerous, although still very risky. Here, the majority of these individuals were female. For instance, 57% of "living kidney donors" were women. In other words, women are somewhat more likely than men to undergo pain and potential medical problems, in order to help another person.

The last category in Becker and Eagly's study was the individuals who earned the title "Righteous Among the Nations." These were non-Jews who risked their lives during the Nazi holocaust to save Jews. For this category, 61% were female.

Alice Eagly and her colleagues believe that the pattern of gender differences in helpfulness can be explained by social roles (S. W. Becker &

Eagly, 2004; Eagly, 2001; Rankin & Eagly, 2008). A **social role** refers to a culture's shared expectations about the behavior of a group that occupies a particular social category, for example, the social category "men." Men typically have greater size and strength than women, which means that they are more likely to perform activities requiring these physical characteristics, such as saving someone from drowning. Their heroism is also more public.

What about women's heroism? The social-role explanation points out that women's social role is partly based on their giving birth to children. They are therefore more likely to take care of children, most often in a home setting. Their kind of heroism is less likely to require physical strength and more likely to occur in private. For example, most people who rescued Jews during the Nazi holocaust were very careful to conceal their heroism. In summary, then, both men and women can be heroic, but the nature of their heroism is somewhat different (Rankin & Eagly, 2008).

Nurturance

Nurturance is a kind of helping in which someone gives care to another person, usually someone who is younger or less competent. The stereotype suggests that women are more nurturant than men (Cole et al., 2007). Furthermore, women rate themselves higher on this characteristic than men do (Feingold, 1994; Frieze & Li, 2010; P. J. Watson et al., 1994).

Here's a related question: Do females find babies more interesting and engaging than males do? As we've seen before, the answer to this question depends on the operational definitions that researchers use. For example, women and men are equally responsive to babies when the operational definition requires a physiological measure (e.g., heart rate). However, when the operational definition is based on self-report, women rate themselves as being more attracted to babies (Berman, 1980; M. C. Hamilton, 2001).

Judith Blakemore (1998) examined whether preschool girls and boys differ in their interest in babies. She asked parents to observe their children interacting with an unfamiliar baby on three separate occasions—for example, when a family with a baby came to visit in the home. The analysis of the ratings showed that preschool girls scored higher than boys in their amount of nurturance toward the baby, degree of interest in the baby, and kissing and holding the baby. Recent research confirms that girls tend to be more nurturant than boys when interacting with babies (Blakemore et al., 2009).

However, Blakemore (1998) noted that some parents had rated themselves as being tolerant of "girl-like behavior" in their sons. Interestingly, these parents tended to have sons who were highly interested in babies and very nurturant toward these babies. Notice, then, that preschool girls are often higher than boys on behavioral measures of both nurturance and interactions with a baby, although some preschool boys can overcome the stereotypes.

Empathy

You show **empathy** when you (1) understand the emotion that another person is feeling, (2) you experience that same emotion, and (3) you are concerned about that person's well-being (Frieze & Li, 2010; Hatfield et al.,

2008). When empathic people watch someone lose a contest, they can experience the same feelings of anger, frustration, embarrassment, and disappointment that the loser feels. According to the stereotype, women are more empathic than men. However, the actual research shows substantial gender differences only when the results are based on self-reports (Blakemore et al., 2009; Cowan & Khatchadourian, 2003; N. Eisenberg et al., 2006). The research findings will remind you of our discussion about responsiveness to babies:

1. *Females and males are equally empathic when the operational definition requires physiological measures.* Specifically, measures such as heart rate, pulse, skin conductance, and blood pressure typically show no gender differences in empathy.

2. *Females and males are equally empathic when the operational definition requires nonverbal measures.* For example, some studies have measured empathy in terms of the observer's facial, vocal, and gestural measures. A typical study examines whether children's facial expressions change in response to hearing an infant cry. Using this nonverbal measure, boys and girls usually do not differ in their empathy.

3. *Females are more empathic than males when the operational definition is based on self-report.* To assess empathy, a typical questionnaire includes items such as "I tend to get emotionally involved with a friend's problems." Studies with adolescents and adults usually find that females report more empathy than do males (Frieze & Li, 2010). Furthermore, males who rate themselves relatively high in "feminine characteristics" also report that they are high in empathy (Karniol et al., 1998).

   In related research, K. J. K. Klein and Hodges (2001) examined empathic accuracy. A person is high in empathic accuracy if she or he can correctly guess which emotions another person is experiencing. In the control condition, women earned higher scores in empathic accuracy. However, women and men were equally accurate if (a) they received feedback on their accuracy or (b) if they were paid when their empathic accuracy was high.

In summary, the research demonstrates that gender differences in self-reported empathy are far from universal. As we have emphasized, we cannot answer the question of whether males or females are more empathic unless we know how empathy is measured and whom we are studying. Once again, we see an illustration of Theme 1: Gender differences certainly are not found in every condition.

Moral Judgments About Social Relationships

Do males and females differ in the way that they make moral judgments about other people? As you can imagine, this question has important consequences for the way we interact with other people. Lawrence Kohlberg (1981, 1984) had proposed a theory of moral development, and he argued that men are more likely than women to achieve sophisticated levels of moral development. Carol Gilligan disagreed with this perspective, and she

developed a feminist perspective on moral development (Clinchy & Norem, 1998). Specifically, Gilligan and several other theorists have argued that women are *not* morally inferior to men, but they do "speak in a different voice" (Gilligan, 1982; Gilligan & Attanucci, 1988; Jordan, 1997).

Gilligan (1982) contrasted two approaches to moral decision making. She argued that men tend to support a justice approach. According to the **justice approach**, each individual is part of a hierarchy in which some people have more power and influence than others. Gilligan argued that women tend to support a care approach. According to the **care approach**, individuals are interrelated with other people in a web of connections. Notice, then, that Gilligan's approach favors the **differences perspective**, which tends to emphasize that males and females are different from each other.

In contrast, the **similarities perspective** tends to minimize gender differences, arguing that males and females are generally similar. As you know from Theme 1, this textbook typically favors the similarities perspective. With respect to helping and caring about other people, women and men do not live on separate planets.

Most of the research on moral judgments has supported the similarities perspective. When men and women make these judgments, they typically respond similarly (e.g., Brabeck & Brabeck, 2006; Brabeck & Shore, 2002; W. L. Gardner & Gabriel, 2004).

An occasional study shows that men are somewhat more likely than women to endorse the "caring" perspective. Consider a study by Skoe and her coauthors (2002). In one part of this study, college students rated the importance of moral dilemmas that focused on the justice approach, as well as moral dilemmas that focused on the care approach. Women thought that the "care dilemmas" were slightly more important than the "justice dilemmas." However, men were even more likely to endorse the "care dilemmas," rather than the "justice dilemmas." These results contradict Gilligan's proposal that women are more likely than men to focus on caring and interpersonal relationships.

Furthermore, a meta-analysis by Jaffee and Hyde (2000) found gender similarities in 73% of the 160 studies they examined. The d was 0.28, indicating only a small gender difference. Men and women seem to live in the same moral world, sharing similar basic values that include both justice and care (Brabeck & Shore, 2002; Kunkel & Burleson, 1998).

It's likely that Gilligan's theory was initially appealing because it matched people's stereotypes that men are hierarchical and women are interconnected (Brabeck & Shore, 2002; Schmid Mast, 2004). However, psychologists have pointed out an important problem. If we were to glorify women's special nurturance and caring, then would be less likely to recognize and develop their own competence in that area (H. Lerner, 1989; Tavris, 1992).

Attitudes About Social Justice

For several years, I have collected quotations that focus on social justice and compassion for groups that experience disadvantages. One of my favorite quotes comes from an unusual source, the Greek philosopher Thucydides, who lived from about 460 to 400 B.C. Thucydides was once asked when

there would be justice in Athens. He replied, "There will be justice in Athens when those who are not injured are as outraged as those who are."

In general, the research shows that women are somewhat more likely than men to endorse social justice issues, indicating that they are concerned about people who are frequently "injured" in our society. If you emphasize **social justice**, you are concerned about the well-being of a large group of people who experience discrimination and danger, such as people of color, sexual minorities, and people who are living in a war zone.

Fortunately, we have an excellent resource for information about gender comparisons in social-justice attitudes. Every year in the United States, approximately 240,000 first-year college students complete a survey that asks them about their personal characteristics, their attitudes about education, and their opinions about political issues and social justice (Higher Education Research Institute, 2008). Table 6.2 shows how women and men compare on a variety of social-justice issues. As you can see, women are somewhat more likely than men to express concern for the well-being of other people, including those from social categories that often experience injustice.

These data on college students are echoed in the general U.S. population. For example, Eagly and Diekman (2006) examined data from the General Social Survey during the years from 1973 to 1998. They compared women and men on "social compassion attitudes" for the years 1973 to 1998. Their analysis showed, for example, that women are somewhat more likely than men to *support* (1) gun control and (2) the reduction of income differences between the rich and poor. They are also more likely to *oppose* (1) police brutality and (2) racial discrimination in housing.

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Neither of these surveys shows that men and women live on different planets, with respect to their attitudes about social justice. You certainly have some male friends who are much more socially compassionate than most of your female friends. Still, the modest "gender gap" is intriguing.

Friendship

For many decades, psychologists ignored the topic of friendship; aggression was a much more popular topic! However, in recent years, many books and articles have discussed issues relevant to gender comparisons in friendship (e.g., Blakemore et al., 2009; Fehr, 2004; Foels & Tomcho, 2005; Rose & Rudolph, 2006). Let's consider three components of gender comparisons in friendship: (1) Do the friendships of girls and boys differ? (2) Are there gender differences in the nature of women's and men's friendships? (3) Do women and men use different strategies to help their friends?

The Nature of Girls' and Boys' Same-Gender Friendships

As we saw in Chapter 3, children show gender segregation; that is, they tend to play with children of the same gender. In general, girls tend to have a smaller number of friends than boys do. Furthermore, girls are more likely than boys to have friends who do not know each other. In contrast, boys are more likely than girls to have friends who all belong to the same group (Blakemore et al., 2009).

When people engage in **self-disclosure**, they reveal information about themselves to another person. Girls are more likely than boys to engage in self-disclosure with their friends. In contrast, boys are more likely than girls to engage in sports or games with rules with their friends (Blakemore et al., 2009; Rose & Rudolph, 2006).

The Nature of Women's and Men's Same-Gender Friendships

Try to create a mental image of two women who are good friends with each other, and think about the nature of their friendship. Now do the same for two men who are good friends. Are female-female friendships basically different from male-male friendships? You can probably anticipate the conclusion we will reach in this section: Athough gender differences are observed in some components of friendship, gender similarities are more striking (Marshall, 2010).

We find gender similarities when we assess what friends do when they get together. Specifically, both female friends and male friends are most likely to just talk. They are generally less likely to work on a specific task or project together. And they rarely meet for the purpose of working on some problem that has arisen in their friendship (Duck & Wright, 1993; Fehr, 2004; P. H. Wright, 1998). Another gender similarity is that females and males report the same degree of satisfaction with their same-gender friendships (Brabeck & Brabeck, 2006; Crick & Rose, 2000; Foels & Tomcho, 2005). However, females also value physical contact with the friend, whereas—no surprise— males mentioned this less often (Brabeck & Brabeck, 2006).

According to research in both Canada and the United States, women are slightly more likely than men to value self-disclosure and to engage in

self-disclosure with their friends (Dindia & Allen, 1992; Fehr, 2004; Marshall, 2010). However, both women and men typically believe that self-disclosure increases the intimacy of a friendship (Fehr, 2004; Monsour, 1992).

Why do women tend to be more self-disclosing? One reason is that women value talking about feelings more than men do. As we've already discussed, females receive greater training in emotions. In addition, North Americans have gender-related norms about self-disclosure. Men may *want* to self-disclose. However, they choose not to share their private feelings with other men, especially if they are guided by our culture's anti-gay messages (Fehr, 2004; Winstead & Griffin, 2001).

Research by Beverley Fehr (2004) compares women's and men's perspectives on qualities that are important for a close, intimate friendship. Try Demonstration 6.4 now to see whether you can predict which characteristics women rate higher than men do.

DEMONSTRATION 6.4	**Characteristics of Intimate Friendships**

Beverley Fehr (2004) conducted a study at the University of Winnipeg in which she asked female and male students to indicate how important certain characteristics would be for an intimate friendship. For five of the items below, females gave higher ratings to the characteristics than males did; for the remaining five, females and males supplied similar ratings of importance. Select the five characteristics that you think revealed gender differences. The answers appear at the end of this chapter, on page 206.

1. If I need to talk, my friend will listen.
2. If I have a problem, my friend will listen.
3. If someone were insulting me or saying negative things behind my back, my friend would stick up for me.
4. No matter who I am or what I do, my friend will accept me.
5. Even if it feels as though no one cares, I know my friend does.
6. If I need to cry, my friend will be there for me.
7. If something is important to me, my friend will respect it.
8. If I do something wrong, my friend will forgive me.
9. If I need cheering up, my friend will try to make me laugh.
10. If something is bothering me, my friend will understand how I feel.

Source: Based on Fehr (2004).

How Women and Men Help Their Friends

Several researchers have focused on how people help their friends in real-life settings. These studies often show that women are more helpful (D. George et al., 1998; S. E. Taylor, 2002). For example, George and his colleagues (1998) asked 1,004 community residents to describe a recent situation in which they helped a friend of the same gender. Compared to men, women reported spending more time helping their friend.

Women and men may also differ in the kind of help they provide to their friends. When a friend has a problem, women tend to report that they would encourage the friend to talk about it. Men report that they would tend to split their vote evenly between the "let's talk about it" strategy and a strategy such as encouraging the friend to make a list of pros and cons about possible solutions to the problem (Belansky & Boggiano, 1994).

Several recent studies have explored whether women and men differ in the kind of emotional support they offer their friends. As you might expect, the research shows that the gender differences are subtle rather than widespread. For example, both women and men are much more likely to offer sympathy or advice to a worried friend, rather than changing the subject or telling the friend not to worry (MacGeorge et al., 2004). However, men are somewhat more likely than women to blame their same-gender friends for a problem they have (MacGeorge, 2003). Taking everything into account, MacGeorge and her coauthors (2004) comment on the idea of two different cultures—a Mars culture and a Venus culture—that cannot communicate with each other. As these researchers conclude, "The different cultures thesis is a myth that should be discarded" (p. 143).

SECTION SUMMARY

Characteristics Related to Helping and Caring

1. Overall gender differences in helpfulness are not strong; men are more likely to help on dangerous tasks and on tasks requiring expertise in masculine areas. When helping family members and friends, women may help more.

2. The research on heroism is consistent with Eagly's social role theory; men are likely to be more heroic when the tasks require physical strength, and women are more likely to be heroic when the tasks require secrecy.

3. Research shows gender similarities when nurturance is measured in terms of physiological measures, but women are more nurturant in terms of self-report measures. Preschool girls may show more interest in infants than most preschool boys do; however, boys who have been reared in nontraditional households are very nurturant toward babies.

4. In general, women and men do not differ in empathy; gender similarities are common for physiological and nonverbal measures, but women are typically more empathic on self-report measures.

5. Carol Gilligan (1982), who supports the gender-differences perspective, proposed that men favor a justice approach, whereas women emphasize a care approach. However, most of the research supports a similarities perspective.

6. Women are somewhat more likely than men to express concern about social-justice issues such as racism and government spending on the military.

(continues)

SECTION SUMMARY *(continued)*

7. Girls tend to have a smaller number of same-gender friends, whereas boys tend to have friends who belong to the same group; girls are more likely to self-disclose to their friends.
8. Men and women have similar friendship patterns in terms of the activities that same-gender friends engage in when they get together and in terms of satisfaction with their friendships; women are typically somewhat more self-disclosing than men are.
9. Women tend to report spending more time helping their friends and using somewhat different helping strategies; however, the gender differences are relatively small.

CHARACTERISTICS RELATED TO AGGRESSION AND POWER

We have seen that the research on helping and caring does not permit simple conclusions about gender differences. The situation is similar for the research associated with aggression and power.

In the previous section, we focused on characteristics that are stereotypically associated with females. In this section, we will focus on characteristics that are stereotypically associated with males (Schmid Mast, 2005). An important central topic in this cluster is **aggression**, which we'll define as behavior that is directed toward another person, with the intention of doing harm (Blakemore et al., 2009; J. W. White, 2001).

Let's begin by considering some issues raised by social constructionists about the nature of aggression, and next we'll examine the research on aggression. Then we'll shift our focus from aggression to power, as we look at the topics of leadership and persuasion. In other words, we will begin by discussing the negative components of aggression, and we will end by examining the more positive components of power.

Gender and Aggression: The Social Constructionist Perspective

As we saw in the introduction to this chapter, social constructionists argue that we actively construct our views of the world. This point also holds true for theorists and researchers trying to make sense out of human behavior. As a result, researchers who are studying aggression are often guided by the way scholars have constructed the categories. The customary language has limited the way that researchers tend to view aggression (Marecek, 2001a; Underwood, 2003; J. W. White, 2009). Consequently, the cultural lenses that researchers wear will often restrict their vision (Ostrov et al., 2005).

In particular, researchers have frequently constructed aggression so that it is considered a male characteristic. To appreciate this point, reread the definition of aggression in the second paragraph of this section. What kinds of aggression do you visualize—hitting, shooting, and other kinds of physical violence? True, but aggression can be verbal as well as physical. When

someone makes an extremely negative, hurtful comment about you, it can have a profound effect on your self-esteem. Still, our cultural lenses usually prevent us from seeing the kinds of aggression that might be more common in females (White, 2009).

Social constructionists point out that each culture devises its own set of lenses (K. J. Gergen & Gergen, 2004; M. M. Gergen, 2010; Matsumoto & Juang, 2004). As a result, cultural communities may differ in their construction of social behaviors such as aggression. For example, M. G. Harris (1994) reported on female members of Mexican American gangs in the Los Angeles area. The young women she interviewed stated that they had joined the gang for group support, but also because of a need for revenge. One young woman emphasized, "Most of us in our gangs always carry weapons. Guns, knives, bats, crowbars, any kind…. Whatever we can get hold of that we know can hurt, then we'll have it" (p. 297). In a cultural community that admires physical aggression, gender differences may disappear as both females and males adopt violent tactics (Miller-Johnson et al., 2005).

Throughout our discussion of aggression, keep in mind the cultural lenses that we wear. Also, remember that the way we frame our questions has an important influence on the answers we obtain.

Comparing Physical Aggression with Relational Aggression

We have noted that our cultural lenses typically encourage us to see aggression from a male perspective. That perspective emphasizes **physical aggression**, which is intentional aggression that could physically harm another person. In general, males are more likely than females to demonstrate physical aggression.

Let's consider the research on gender comparisons in crime rates, an important index of physical aggression. The data on crime show that men are more likely than women to be the offenders in almost every category of criminal behavior (C. A. Anderson & Bushman, 2002). For example, in the United States, men account for 73% of the arrests for violent crime, including murder, robbery, and assault (U.S. Census Bureau, 2006). In Canada, men account for 84% of those who are charged with a violent crime (Statistics Canada, 2006). We'll return to this topic in Chapter 13 when we consider sexual assault and the abuse of women.

What can we conclude from these data on criminal behavior? Women are clearly capable of committing horrifying acts of aggression, both in their home community and in the military services. For instance, when the newspapers reported that American soldiers had been terrorizing Iraqi citizens at Abu Ghraib Prison, one of the most chilling photos showed a petite and perky American soldier, Lynndie England. She had a wide grin on her face, as she dragged a naked Iraqi man around on a leash (Cocco, 2004). Yes, women may be somewhat more likely to commit crimes now than in earlier eras. Still, the gender differences in physical aggression remain relatively large.

Now let us consider a different kind of aggression, one that threatens interpersonal relationships (e.g., Crick, Casas, & Nelson, 2002; Remillard & Lamb, 2005; A. J. Rose et al., 2004). **Relational aggression** is aggression that could harm another person through intentionally manipulating interpersonal relationships, such as friendships (Crick et al., 2004; Frieze & Li, 2010). For

example, someone may spread a lie about a person or intentionally exclude a person from a group. This kind of aggression requires substantial cognitive sophistication, compared to hitting or other physical forms of aggression (Blakemore et al., 2009). Interestingly, adults have more difficulty recognizing relational aggression, compared to both physical aggression and prosocial (positive) behavior (Ostrov et al., 2005).

Relational aggression is often more common in females than in males, although some studies report no gender differences (Archer & Coyne, 2005; Basow et al., 2007; Ellis et al., 2008; Geiger et al., 2004). Furthermore, girls are more likely than boys to report that relational aggression is very upsetting (Crick & Nelson, 2002).

In a representative study, Jamie Ostrov and his colleagues (2004) studied 3- to 5-year-old children who attended a preschool program. These researchers observed groups of three same-gender children, who had been instructed to use a crayon to color in a picture—such as a cartoon of Winnie the Pooh—on a white sheet of paper. Each observation period began by placing three crayons in the center of the table. One crayon was an appropriate color, such as an orange crayon for coloring Winnie the Pooh. However, the other two crayons were white—clearly useless for coloring on white paper. As you might expect, the children in this condition wanted to have the orange crayon, rather than a white one, and they tried different tactics to take this crayon away from the child who was currently using it. Trained observers recorded measures of physical aggression, such as hitting or pushing another child. They also recorded measures of relational aggression, such as spreading rumors about a child or ignoring a child.

As you can see from Figure 6.3, the boys were more likely than the girls to use physical aggression. However, the girls were more likely than the boys to use relational aggression. For example, in one group of three girls, Girl 3 was holding the only useful crayon. Girl 1 said to Girl 2, "I gotta tell you something" (p. 367). She then got out of her seat to whisper something in Girl 2's ear, clearly excluding Girl 3 from the private interchange. Studies like these help us to reinterpret the myth of the nonaggressive female. However, in emphasizing females' use of relational violence, we must not lose sight of the harmful consequences of males' physical violence.

Other Factors Related to Gender and Aggression

So far, we have seen that males may be relatively high in physical aggression but that females are relatively high in relational aggression. What other factors play a role in gender comparisons?

For many years, psychologists seemed convinced that males are consistently more aggressive than females. However, a breakthrough in our understanding of gender and aggression came from a classic review of previous studies, conducted by Ann Frodi and her colleagues (1977). According to the studies they examined, males were often found to be more aggressive. However, only 39% of these studies showed males being more aggressive than females for all the research conditions.

The analysis by Frodi and her colleagues has now been joined by additional research and meta-analyses (e.g., Archer, 2004; L. R. Brody, 1999;
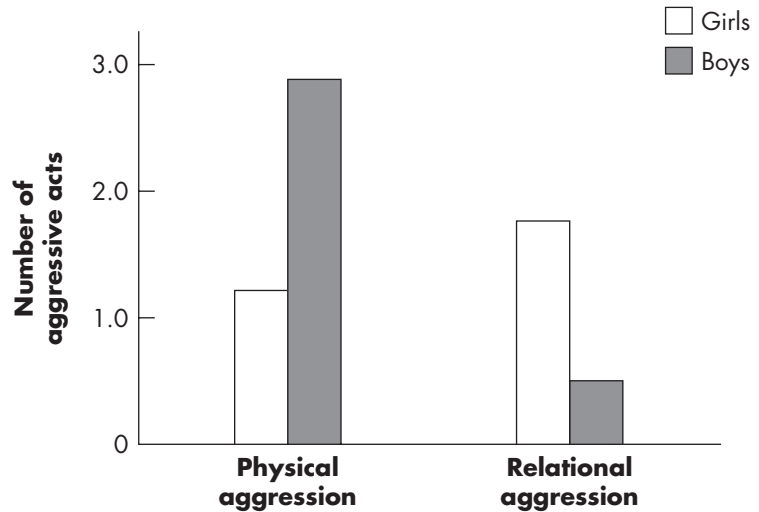
FIGURE **6.3** The number of acts of physical and relational aggression delivered by boys and girls

Source: Based on Ostrov et al. (2004).

Graham-Kevan & Archer, 2005). These reports inform us that gender differences in aggression depend on factors such as operational definitions and the nature of people's relationships.

For example, the gender differences are relatively large when researchers measure spontaneous aggression. Men are more likely than women to show spontaneous, unprovoked aggression—the kind of aggression that cannot be traced to a specific cause. In contrast, suppose that a person has been insulted, which provides a specific excuse for an aggressive response. In the case of provoked aggression, both men and women are likely to respond aggressively. (C. A. Anderson & Bushman, 2002; Archer, 2004; L. R. Brody, 1999).

A second factor is the nature of the relationship between the two individuals. This factor has a more complex influence on gender comparisons in aggression: Specifically, when two research participants have never met before, women can be as aggressive as men. However, when the participants have met briefly—in a research setting—men are more aggressive (Carlo et al., 1999; Lightdale & Prentice 1994). What happens when a man and a woman are in an intimate relationship, for example, if they are dating or married? In some cases, men and women are equally likely to be violent, but men typically inflict more physical injury (Archer, 2004; McHugh et al., 2008; Richardson, 2005).

When you think about gender and aggression, keep in mind the general principle that the psychological characteristics of males and females always show a substantial overlap (Archer, 2004). For example, some studies have compared boys and girls on measures of observed physical aggression (e.g., Archer, 2004; Favreau, 1993; Frey & Hoppe-Graff, 1994). In these studies, most of the boys and girls were similarly nonaggressive, and the gender differences could be traced to a small number of aggressive boys.

Also, researchers and theorists are less likely to study the kind of aggression in which women may be as aggressive or more aggressive. As a result, people tend to believe that females are rarely aggressive. This myth of the nonaggressive female has several disadvantages for North American society:

1. If women see themselves as weak and nonaggressive, some of them may believe that they cannot defend themselves against men's aggression.
2. Some people associate competitiveness with aggression, so women may sometimes be denied access to professions that value competition.
3. Aggressiveness may be seen as normal for males, so some men may choose not to inhibit their aggressive tendencies.

In short, both women and men suffer when we hold stereotyped views of the gender differences in aggression.

Leadership

So far, we have considered only the negative characteristics associated with power, such as physical and relational aggression. In contrast, leadership can play an important positive role associated with power. Let's look at gender comparisons in three areas related to leadership: (1) interest in leadership, (2) style of leadership, and (3) leadership effectiveness. However, try Demonstration 6.5 before you read further.

DEMONSTRATION 6.5

Leadership Styles

Imagine that you have completed college, and you are applying for a job. Try to imagine what characteristics your new boss will have. Place a check mark in front of every item you would *most* like to see in an ideal boss.

_____ 1. My boss will be optimistic and enthusiastic about the organization's goals.
_____ 2. My boss will give rewards when employees do satisfactory work.
_____ 3. My boss will have personal characteristics that encourage me to respect him or her.
_____ 4. My boss will focus on mentoring employees and will try to figure out what each person needs.
_____ 5. My boss will wait until a problem becomes serious before trying to fix the problem.
_____ 6. My boss will communicate with employees about the values of the organization's mission.
_____ 7. My boss will pay special attention to employees' mistakes.

Now read the section on leadership to determine which leadership style you prefer.

Source: Based on Eagly et al. (2003) and Powell & Graves (2003).

Interest in Leadership

Compared to men, women may be less interested in being a leader. For example, women often judge themselves to be less suitable for a leadership position (Bosak & Sczesny, 2008). They are also less likely to believe that it would be possible for them to become leaders (Killeen et al., 2006). Furthermore, women are less likely to feel comfortable in a leadership position. In fact, it may take a special incentive for a woman to decide that she will be a leader (Lips & Keener, 2007).

Several organizations are developing courses that encourage women to recognize that they could become effective leaders. For example, the University of Michigan invited female faculty members in medicine, science, and engineering to join a program that provided leadership training and networking opportunities. The program helped to increase the number of women who serve as the chairs of academic departments and important committees (Stewart & LaVaque-Manty, 2008).

Similarly, Jessica Daniel designed a workshop for junior-level women of color in psychology. At this workshop, senior women discussed how they had become leaders, and they encouraged the junior women to think how they could use their ethnic identities as a source of strength in becoming leaders (Porter & Daniel, 2007).

Leadership Style

Current researchers who study leadership often refer to two effective kinds of leadership styles (Eagly, 2007; Eagly & Carli, 2007; Eagly et al., 2003). Leaders who have a **transformational style of leadership** will inspire employees, gain their trust, and encourage them to develop their potential skills (Porter & Daniel, 2007). The term "transformational" makes sense because these leaders encourage employees to *transform* themselves. In Demonstration 6.5, items 1, 3, 4, and 6 represent a transformational boss.

In contrast, leaders who have a **transactional style of leadership** will clarify the tasks that employees must accomplish, rewarding them when they meet the appropriate objectives and correcting them when they do not meet these objectives. The name "transactional" makes sense because the leader focuses on straightforward exchanges: "If you do X, I will give you Y." In Demonstration 6.5, items 2, 5, and 7 represent a transactional style.

Alice Eagly and her colleagues (2003) conducted a meta-analysis of 45 studies that focused on the kind of leadership style adopted by men and women. As you might predict, the results were complex. However, women leaders were slightly higher on the transformational dimension. Women leaders were also slightly higher on the "reward" aspect of transactional leadership (item 2), but slightly lower on the other aspects of transactional leadership (items 5 and 6). However, it's important to note that some studies fail to find gender differences in leadership style (e.g., Barbuto et al., 2007).

Leadership Effectiveness

Which gender is actually more effective in the leadership role? Eagly and her coauthors (2003) performed a meta-analysis of the research conducted with

an assessment technique called the Multifactor Leadership Questionnaire (MLQ). Females scored somewhat higher than males on the MLQ ($d = .22$). Furthermore, research in the United States shows that companies with the largest percentage of women in top-management positions are also those that have the best financial performance (Eagly, 2007).

But how do people rate female leaders, compared to male leaders? As you might expect, the answer depends on the nature of the task (Van Vugt & Spisak, 2008). However, the research shows that female leaders receive negative ratings when they use a highly power-oriented leadership style or when they claim to be an expert about a stereotypically masculine topic (Chin, 2004; Lips, 2001; J. Yoder et al., 1998). Traditionally masculine males are especially likely to give negative ratings to female leaders (Rivero et al., 2004).

All this research on leadership ability has important implications for women and work, the topic of our next chapter. Specifically, the research tells us that women are, if anything, somewhat more effective as leaders. However, the research also tells us that people react differently to male and female leaders, consistent with Theme 2.

Unfortunately, few of the studies on leadership examine ethnic factors. We don't know, for example, whether Black men and women differ in their leadership style. We also don't know whether ethnicity has an influence on people's ratings of male and female leaders. For instance, would people be especially likely to downgrade a woman of color if she held a leadership position in a traditionally masculine field? People might also assume that a woman of color was appointed to a leadership position primarily because of affirmative action (Chin, 2007).

Persuasion

How do people respond to the persuasive efforts of men and women? In general, the research shows that men are more persuasive than women (Carli, 2001; Carli & Eagly, 2002). This gender difference can be partly traced to stereotypes about women. As we saw in Chapter 2 (pp. 57–58), people think women are friendly and nice, but not especially competent. Suppose that a woman tries to influence other people, and she therefore violates this stereotype. She is likely to encounter a variety of problems (Carli & Bukatko, 2000).

Consider, for example, a study by Bowles and her coauthors (2007). These researchers asked participants to imagine that they were senior managers in a corporation, trying to decide whether to hire a job candidate for a position that required working well with other employees. The participants then examined a description of the job candidate, who was either male or female and who either did not ask for a higher salary or did ask for a higher salary.

Bowles and her colleagues (2007) found that the evaluations of the male job candidate were similar, whether or not he asked for a higher salary. In contrast, the evaluations of the female job candidate were significantly less positive when she asked for a higher salary. In other words, women who request higher salaries may be less likely to be hired. Furthermore, both male

and female participants downgraded the female job candidate if she had requested a higher salary. This study contradicts the pattern you will see in other studies in this section, where women are often more sympathetic than men in evaluating a strong woman.

Our discussion of leadership pointed out that female leaders are downgraded if they use a high-power style. Similarly, women may be less persuasive if they appear too masculine. For example, men are not persuaded by a woman who uses assertive language. Instead, they are persuaded when a woman uses the kind of tentative language we discussed earlier, such as "I'm not sure" (Buttner & McEnally, 1996; Carli, 1990, 2001; Eagly & Carli, 2007).

Interestingly, though, *women* are often more persuaded by a woman who uses assertive language than by a woman who uses tentative language (Carli, 1990). A female politician who plans to give a persuasive speech to voters therefore faces a double bind: If she is too assertive, she'll lose the males, but if she is too tentative, she'll lose the females!

Other research shows this same pattern of gender differences in response to a competent, assertive woman (Carli & Eagly, 2002). For example, Dodd and her colleagues (2001) asked students to read a vignette focusing on a conversation among three friends: one woman and two men. In the story, one of the men makes a sexist comment, and the woman either ignores it or confronts it. The results of the study showed that the male students liked the woman more if she ignored the comment rather than confronted it. In contrast, the female students liked the woman more if she confronted the comment rather than ignored it.

Women also face a problem if they use nonverbal behavior that appears too masculine. An interesting analysis by Linda Carli and her colleagues (1995) compared women who used a competent nonverbal style and men who used the same style. A competent nonverbal style includes a relatively rapid rate of speech, upright posture, calm hand gestures, and moderately high eye contact when speaking. A male audience was significantly more influenced by a man who used this competent style than by a woman who used this same style.

According to other research, women are more successful if they act modest. In contrast, men are more successful if they are boastful and self-promoting (Carli & Eagly, 2002; Rudman, 1998). Again, behavior associated with high status is not acceptable when used by a person with relatively low status (Carli, 1999; Carli & Bukatko, 2000; Rudman, 1998).

As you can see, subtle sexism persists in social interactions. A competent woman finds herself in a no-win situation. If she speaks confidently and uses competent nonverbal behavior, she may not persuade the men with whom she interacts. But if she speaks tentatively and uses less competent nonverbal behavior, she will not live up to her own personal standards—and she might not persuade other women. Keep this issue in mind when you read about women's work experiences in Chapter 7.

Throughout this chapter, we have compared women and men on a variety of social and personality characteristics. For example, we noted occasional

gender differences in communication patterns, helpfulness, aggression, and leadership. However, gender similarities are typically more common. Furthermore, every characteristic we discussed demonstrates a substantial overlap in the distribution of female scores and the distribution of male scores.

In summary, we can reject the claim that men and women are from different planets and have little in common. The title of John Gray's (1992) book, *Men Are From Mars, Women Are From Venus,* was certainly enticing enough to produce a best-seller. However, its message does not match the gender similarities found in psychology research. Furthermore, in Chapter 7, we'll continue to search for factors that could explain why women are seldom employed in certain high-prestige occupations and why women are treated differently from men in the workplace. In the chapter you've just read, we have seen that major gender differences in social and personality characteristics are not powerful enough to explain why there are so few women in some occupations.

SECTION SUMMARY

Characteristics Related to Aggression and Power

1. According to the social constructionist perspective, North American scholars have emphasized the stereotypically masculine components of aggression. They have usually ignored the kinds of aggression that might be more common in females; they have also paid little attention to gender similarities in other cultures and subcultures.
2. Researchers currently differentiate between two kinds of aggression. Males are typically higher in physical aggression, whereas females are typically higher in relational aggression.
3. Gender differences in physical aggression are inconsistent. These gender differences are relatively large when spontaneous aggression is measured, and when individuals either do not know each other at all or when they have an intimate relationship.
4. Men are usually more interested than women in becoming a leader.
5. Women are slightly more likely than men to adopt a transformational leadership style and to reward employees who meet objectives (part of the transactional style). However, women are somewhat less likely to adopt other parts of the transactional style.
6. Women score somewhat higher than men on an assessment of leadership effectiveness. However, women who are leaders are likely to be downgraded when they act in a traditionally masculine fashion and when they are rated by traditionally masculine males.
7. According to the research, women tend to be downgraded if they ask for a higher salary. In addition, women face a double bind when they want to be persuasive. If they appear stereotypically masculine, they won't persuade men; if they appear less assertive and more stereotypically feminine, they won't persuade women.

CHAPTER REVIEW QUESTIONS

1. In the discussion of communication styles, we pointed out that men seem to take up more space than women, whether we use the word *space* to refer to physical space or, more figuratively, to conversational space. Discuss this point, making as many gender comparisons as possible.

2. Imagine that two college students—a male and a female—are sitting next to each other on a bench somewhere on your college campus. They have never met before, but they begin a conversation. Compare how they would act, with respect to verbal communication (talkativeness, interruptions, language style, language content) and nonverbal communication (personal space, posture, visual gaze, facial expression, decoding ability).

3. Turn back to Chapter 3, and review the social learning and cognitive developmental approaches to gender development (pp. 83–85). Point out how these two approaches could explain each of the gender differences in verbal and nonverbal communication. How could the power explanation and the social status explanation in this chapter (pp. 184–186) account for gender differences in communication?

4. The social constructionist perspective emphasizes that our cultural lenses shape the way we ask questions. In particular, these lenses influence the choices that psychologists make when they select topics for research. Summarize the topics of helpfulness, aggression, leadership, and persuasion, pointing out how the nature of the results could be influenced by the kinds of issues studied in each area (e.g., aggression in stereotypically masculine areas).

5. According to stereotypes, women care about interpersonal relationships, whereas men care about dominating other people. As with many stereotypes, this contrast contains a grain of truth. Discuss the grain of truth with respect to helping, friendship, aggression, leadership, and persuasion.

6. What kinds of factors influence gender differences in aggression? Combining as many factors as possible, describe a situation in which gender differences are likely to be exaggerated. Then describe a situation in which gender differences are likely to be small.

7. Some researchers argue that gender differences are likely to emerge in areas in which men and women have had different amounts of practice or training. Using the chapter outline on page 173, point out how differential practice might account for many of the gender differences.

8. Page 176 lists three circumstances in which we tend to find large gender differences in social and personality characteristics. Describe what these factors would predict about gender comparisons in the following situations: (a) a male professor and a female professor who have similar status are discussing a professional article they have both read; (b) a group of male and female students are asked to talk about the nurturing support that they have given to a younger sibling; (c) a lecture hall is filled with people, and the Powerpoint system is not working. The speaker asks for volunteers to figure out the problem. Who will help?

9. In most of this chapter, we focused on the gender of the *subject*. However, we also discussed the gender of the *stimulus*. How do people react to male and female leaders and to females who are trying to influence other people? Why is the phrase "double bind" often relevant to this question?

10. To solidify your knowledge in preparation for studying women and work (Chapter 7), think of a profession in which relatively few women are employed. Review each of the social and personality characteristics that this chapter discusses. Note whether any of these factors provides a sufficient explanation for the relative absence of women in that profession.

Then point out the number of *similarities* shared by males and females.

KEY TERMS

social constructionist approach (p. 174)

nonverbal communication (p. 176)

personal space (p. 180)

decoding ability (p. 183)

altruism (p. 188)

heroism (p. 188)

social role (p. 189)

nurturance (p. 189)

empathy (p. 189)

justice approach (p. 191)

care approach (p. 191)

differences perspective (p. 191)

similarities perspective (p. 191)

social justice (p. 192)

self-disclosure (p. 193)

aggression (p. 196)

physical aggression (p. 197)

relational aggression (p. 197)

transformational style of leadership (p. 201)

transactional style of leadership (p. 201)

RECOMMENDED READINGS

Barnett, R., & Rivers, C. (2004). *Same difference: How gender myths are hurting our relationships, our children, and our jobs*. New York: Basic Books. This is the book to buy for friends who believe that men and women come from different planets. In contrast to the standard pop psychology, Barnett and Rivers' book critically evaluates the gender-difference myths in areas such as emotions, power, and helping behavior.

Chrisler, J. C., & McCreary, D. R. (Eds.). (2010). *Handbook of gender research in psychology* (Vols. 1–2). New York: Springer. This comprehensive handbook about gender and the psychology of women includes sections on relevant topics such as gender comparisons in communication, aggression, and altruism. New York: Springer.

Eckert, P., & McConnell-Ginet, S. (2003). *Language and gender*. New York: Cambridge University Press. Here is an excellent book that approaches language and gender from the perspective of linguistics, rather than psychology; it also conveys the subtlety of gender comparisons in language use.

Underwood, M. K. (2003). *Social aggression among girls*. New York: Guilford. In recent years, many books have been published about aggression in girls and women. Most are intended for either a general audience or for researchers. This book is both readable and scholarly.

ANSWERS TO THE DEMONSTRATIONS

Demonstration 6.4. The statements that females were more likely than males to endorse are numbers 1, 2, 5, 6, and 10. No gender differences were found for numbers 3, 4, 7, 8, and 9.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. False (p. 176); 2. False (p. 177); 3. True (p. 181); 4. True (p. 188); 5. False (p. 189); 6. False (p. 191); 7. True (p. 193); 8. False (p. 197); 9. False (p. 201); 10. True (p. 203).

7   Women and Work

True or False?

_____ 1. Most U.S. women who have been on welfare (TANF)—and then find jobs—are still living below the poverty level.

_____ 2. The U.S. affirmative action policy sets strict quotas on the number of women and the number of people of color that companies must hire.

_____ 3. Women earn lower incomes than men, but this wage-gap can be explained by gender differences in education, specific occupations, and the number of years of full-time employment.

_____ 4. Men who are employed in traditionally female occupations—such as nursing—are often quickly promoted to management positions.

_____ 5. Many women who live in Latin America make clothes in a U.S.-run sweatshop (a factory that violates labor laws); these women typically earn about $1.00 an hour.

_____ 6. Women and men in the same profession, such as medicine, are typically similar in their personality characteristics and academic experiences.

_____ 7. Women in blue-collar jobs are usually dissatisfied with their work, especially because their salaries are typically so much lower than the salaries of other employed women.

_____ 8. Research in the United States shows that Latina and Asian American wives spend about twice as long as their husbands on household chores; however, in White and Black families, the wives and husbands spend about the same time.

_____ 9. Children in day-care centers have normal cognitive development, compared to children cared for at home by their mothers; however, they have many more social and emotional problems.

_____10. Employed women are significantly more likely than nonemployed women to experience problems with their physical and psychological health.

During the week when I was editing this chapter on women and work, I received an article from Truthout, one of my favorite news sources. The U.S. Senate had been considering the Paycheck Fairness Act, a bill that would help to close the gap between men's and women's income. Unfortunately, the Senate voted 58 to 41 against even debating this proposed policy (Lefton, 2010).

I immediately checked with the National Committee on Pay Equity (2010) to determine the size of the wage gap. If we consider all full-time U.S. workers—who work during an entire year—women earn 77% of the wages that that men earn. Specifically, the median wage for men is $47,127 and the median wage for women is $36,278. In other words, half of the men earn more than $47,127 and half of the women earn more than $36,278; the difference in these salaries is $10,849. We'll consider more information about this wage gap on pages 216 to 219.

Women experience a "promotion gap" as well as a "wage gap." A few years ago, a student described her mother's experience with gender discrimination. Her mother—whom we will call Ms. W.—had worked at the same small business for 14 years. She knew every aspect of the business, from supervising the factory to managing the office. Several years ago, Ms. W. learned that her boss had decided to hire a man to help with some of her

work. This man had the same educational credentials and much less job experience, yet he would earn twice the salary that Ms. W. was earning. Furthermore, Ms. W. would be responsible for training this new employee. At this point, Ms. W. decided to leave that job and pursue a new career.

As we will see throughout this chapter, the gender differences in work-related skills and characteristics are often small, consistent with Theme 1 of this book. Even so, consistent with Theme 2, women and men are often treated differently. For example, women frequently face barriers with respect to hiring, salary, treatment, and advancement in the workplace.

Let's begin this chapter by exploring some general information about women and work, and next we'll consider several kinds of discrimination in the workplace. We'll then look at a variety of traditional and nontraditional occupations. In the final section of the chapter, we'll discuss how women coordinate their employment with family responsibilities.

BACKGROUND FACTORS RELATED TO WOMEN'S EMPLOYMENT

To eliminate confusion, we first need to introduce some terms related to work. The general term **working women** refers to two categories:

1. **Employed women**, or women who work for pay. Employed women may receive a salary or be self-employed.
2. **Nonemployed women**, or women who are not paid for their work. They may do work for their families in their own homes, or for volunteer organizations, but they receive no money for these services.

As this chapter demonstrates, employment has become an increasingly important part of women's lives in North America. For example, in 1970, 43% of women over the age of 16 were employed. That percentage has now increased to 65% (Bureau of Labor Statistics, 2010d). The comparable percentage in Canada is 67%. Some employment rates for women in other countries are 59% for Japan, 59% for France, and 65% for Sweden (Bureau of Labor Statistics, 2010d).

Here is another change: The number of women has increased dramatically in some fields that were once reserved for men (M. R. Walsh, 1990). Currently, 49% of U.S. medical school graduates are women ("Student Demographics," 2010).

Several decades ago, law schools also enrolled very few women. Ruth Bader Ginsburg, a Supreme Court Justice, was one of nine women in 1956 when she enrolled at Harvard Law School. The Law School also enrolled 500 men that year. The Dean of the Law School gathered the nine women together at the beginning of the year, and he demanded to know why they had decided to come to law school (Strebeigh, 2009). At present, 47% of U.S. law school graduates are women ("Student Demographics," 2010. It's encouraging to see the large percentage of women currently in the professional pipelines.

In this chapter, we will examine areas in which women have made progress in recent decades, as well as areas in which women still face

disadvantages. Let's begin this first section by considering some basic information about women's employment. Then we'll briefly explore two issues that are critical for women who are seeking employment: welfare and discrimination in hiring.

General Information About Employed Women

What situations or characteristics predict whether a woman works outside the home? One of the best predictors of women's employment is her educational background. As you can see from Figure 7.1, U.S. women with at least a master's degree are much more likely than women with less than four years of high school to be employed outside the home (Bureau of Labor Statistics, 2000b). Education and employment are also highly correlated in Canada; 75% of women with a university degree are currently employed, compared to 37% of women who had attended high school but had not graduated (Statistics Canada, 2006).

Several decades ago, one of the best predictors of a woman's employment was whether she had young children. However, the current U.S. data show that women with preschool children do not differ from other women in their rate of employment (Bureau of Labor Statistics, 2008a; Halpern, 2006).

The current data also show that ethnicity is not strongly related to participation in the labor force. For example, U.S. data show employment for 56% of European American women, 53% of Latina women, 56% of Black women, and 59% of Asian women (Bureau of Labor Statistics, 2008a).
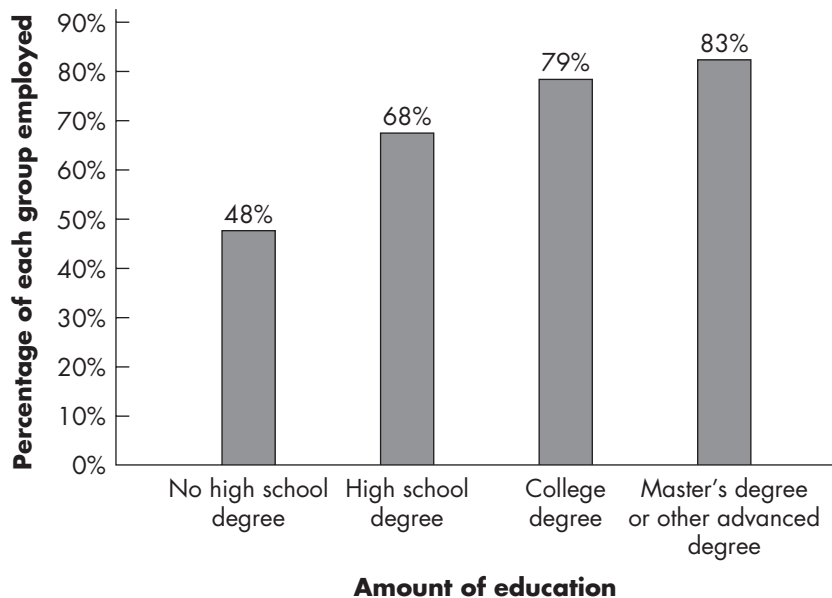
FIGURE **7.1** Percentage of women in the U.S. labor force, as a function of education.

Source: Based on Bureau of Labor Statistics (2004c).

However, women of color are underrepresented in most high-salary occupations (DeFour, 2008).

Immigrant women face different barriers to employment. Many of them are not fluent in the language of their new country. Their educational degrees, professional licenses, and work experience in another country may not be given full credit when they apply for a North American job (Berger, 2004; Naidoo, 2000). Furthermore, many immigrants experience discrimination, because current North American residents are concerned about competition for jobs (Deaux, 2006).

Many immigrant women have little formal education. Immigrant women are likely to find low-paying work on the assembly line or in domestic settings (Naidoo, 2000; Phizacklea, 2001). For example, many immigrant women in New York City are domestic workers. They may earn as little as $200 a month by working 18-hour days, with no days off (Das Gupta, 2003).

However, immigrants from some countries are relatively well educated. For instance, of the Asian women in Canada, 47% have had at least some university education, in contrast to only 30% of women who list their ethnicity as "Canadians" (Finnie et al., 2005). In general, however, immigrants' salaries are significantly lower than nonimmigrants with comparable training (Berger, 2004; Hesse-Biber & Carter, 2000).

In summary, education and immigrant status are related to women's employment situation. However, two factors that are *not* related to employment are parental status and ethnicity.

Women, Welfare, and TANF

In the United States, an important long-standing debate has focused on mothers who are not currently employed. If a mother does not find employment after an "appropriate" period of time, should the government suspend payments for her children? This debate is especially crucial because welfare policy has important effects on women's lifetime prospects for employment.

The previous policy, called the Aid to Families with Dependent Children (AFDC) program, was created to provide welfare payments for children whose parents could not supply economic support. That program was far from perfect, but it did benefit numerous low-income families. In 1996, AFDC was replaced by a new program, called Temporary Assistance for Needy Families (TANF). This program includes many regulations that jeopardize economically poor women. For example, individuals can only receive TANF for a lifetime maximum of 5 years (P. Kahn et al., 2004; Lein & Schexnayder, 2007; Madsen, 2003).

The long-term goal of the TANF policy should presumably be for a mother to earn enough money for the family to be self-sufficient (Kahne, 2004; Stevens, 2008). Unfortunately, very few families manage to meet this goal (Lein & Schexnayder, 2007; Belle, 2008). In addition, each of the 50 states is allowed to decide which individuals are desperate enough to need financial assistance. TANF has had tragic consequences for many women. Consider those former recipients who are currently employed; the majority

of these women still live below the U.S. federal poverty line (Belle, 2008; P. Kahn & Polakow, 2004).

Furthermore, women in the TANF program in most states are specifically discouraged from pursuing education beyond the level of high school (Belle, 2008; Ratner, 2004). Imagine, for example, that a college student who is a mother wants to escape from an abusive marriage. If she leaves the marriage and applies for TANF funding to support her children, she will be forced to leave college and earn a minimum wage in a low-level job (Evelyn, 2000).

A few states include the option of higher education for TANF recipients. For example, the state of Maine created the "Parents as Scholars" program. This program allows TANF recipients to attend college, with the long-term goal of empowering them and helping them move out of poverty. Here is a comment from a 39-year-old woman, now a college senior with a 3.7 grade point average:

> My self-esteem has greatly improved. For most of my life I believed I was not intelligent enough to go to college. When I began school I was very nervous and stressed about whether I could succeed; I have! I now feel confident in my ability to think, process, and produce answers both academically and personally. (Deprez et al., 2004, p. 225)

You already know from Figure 7.1 that a woman's education is one of the best predictors of her employment. Compared to college graduates, women without college degrees are significantly more likely to live in poverty (Deprez et al., 2004; Mathur et al., 2004). The current TANF policy has not solved the employment problem, and it also has important consequences for the children of these women. If mothers are poorly educated, then their children are likely to have more cognitive and behavioral problems (Deprez et al., 2004). The current TANF program is obviously shortsighted for both women and their children.

Discrimination in Hiring Patterns

Consider the following study. Rhea Steinpreis and her colleagues (1999) wrote to psychology professors, asking them to evaluate the qualifications of a potential job candidate. All the professors received the same, identical resume; however, half the resumes used the name "Karen Miller" and half used the name "Brian Miller." Of those who thought that the candidate was female, 45% said that they would hire her. Of those who thought that the candidate was male, 75% said that they would hire him. Incidentally, female professors were just as likely as male professors to demonstrate this biased hiring pattern. This evidence of discrimination is especially worrisome because this study surveyed psychology professors, who are well aware of the research on gender stereotypes (Powell & Graves, 2003).

The term **access discrimination** refers to discrimination used in hiring—for example, rejecting well-qualified women applicants or offering them less attractive positions. Once women have been hired, they may face another kind of discrimination, called treatment discrimination, which we'll discuss later in this chapter. In later chapters, we will encounter additional examples

of access discrimination during hiring when we consider women with disabilities (Chapter 11) and women who are overweight (Chapter 12).

When Does Access Discrimination Operate?

As you might guess, the research on access discrimination is complex. Several factors determine whether women face access discrimination when they apply for work.

1. *Employers who have strong gender stereotypes are more likely to demonstrate access discrimination.* In general, supervisors who endorse traditional gender roles tend to avoid hiring women (Masser & Abrams, 2004; Powell & Graves, 2003). In addition, people who consider themselves strongly religious are likely to have negative attitudes toward employed women (Harville & Rienzi, 2000).
2. *Access discrimination is particularly likely to operate when the applicant's qualifications are ambiguous.* For instance, employers will hire a man rather than a woman when both candidates are not especially qualified for a job. In contrast, employers are less likely to discriminate against a woman if they have abundant information that she is well qualified and if her experience is directly relevant to the proposed job (Powell & Graves, 2003).
3. *Employers often discriminate against women candidates who are assertive, rather than feminine.* We discussed this tendency at the end of Chapter 6. According to related research, people believe that strong, assertive women are not socially skilled (Hopkins, 2007; Phelan et al., 2008; Rhode & Williams, 2007). As a result, these women may not be hired.
4. *Access discrimination is particularly likely to operate when women apply for a prestigious position.* For example, the Canadian government designed a program of awarding research grants to attract outstanding professors to Canadian universities. Unfortunately, only 17% of the approximately 1,000 awards went to women, although 26% of all the full-time Canadian faculty members were female (Birchard, 2004).
5. *Access discrimination often operates for both women and men when they apply for "gender-inappropriate" jobs.* In general, employers and career-placement consultants select men for jobs when most of the current employees are male, and they select women when most of the employees are female (Lawless & Fox, 2005; Powell & Graves, 2003).

In summary, a woman is less likely to be considered for a job when the evaluators hold strong stereotypes, when a woman's qualifications are ambiguous, or when she is considered too assertive. She is also less likely to be considered when the position is prestigious, and when the job is considered appropriate for males.

How Does Access Discrimination Operate?

We examined gender stereotypes in some detail in Chapter 2. Unfortunately, people's stereotypes about women may operate in several ways to produce

access discrimination (Lawless & Fox, 2005; Powell & Graves, 2003; Rudman & Glick, 2008; Schmader et al., 2007; Steinberg et al., 2008).

1. *Employers may have negative stereotypes about women's abilities.* An employer who believes that women are typically unmotivated and incompetent will probably react negatively to a specific woman candidate.
2. *Employers may assume that the candidate must have certain stereotypically masculine characteristics to succeed on the job.* Female candidates may be perceived as having stereotypically feminine characteristics, even if they are actually assertive and independent. As you know from Chapter 2, people's stereotypes can bias their memory and their judgment.
3. *Employers may pay attention to inappropriate characteristics when female candidates are being interviewed.* The interviewer may judge a woman in terms of her physical appearance, secretarial skills, and personality. They might ignore characteristics relevant to the executive position that she is seeking. In this situation, called **gender-role spillover**, beliefs about gender roles and characteristics spread to the work setting (Rudman & Glick, 2008). Employers are likely to emphasize the kinds of stereotypically female traits we discussed in Chapter 2.

In each case, notice that stereotypes can encourage employers to conclude that a man ought to receive a particular position. In fact, employers may hire a moderately qualified man, instead of a somewhat more qualified woman (Powell & Graves, 2003).

What Is Affirmative Action?

Affirmative action is designed to reduce access discrimination and other biases in the workplace and other institutions. According to the current federal law in the United States, every company that has more than 50 employees must establish an affirmative action plan. **Affirmative action** means that an employer must make special efforts to consider qualified members of underrepresented groups during hiring, as well as decisions about salary and promotion (Crosby et al., 2003). Affirmative action also means that the employer has actively worked to remove any barriers that prevent genuine equality of opportunity. Most often, the underrepresented groups are women and people of color.

The average U.S. citizen is not well informed about affirmative action (Crosby, 2004, 2008; Crosby et al., 2006). You may hear talk-show hosts or politicians claiming that the government is forcing companies to hire unqualified women instead of qualified men. They may also claim that the government sets quotas, for instance, about the specific number of Black individuals that a company must hire. Neither of these claims is correct (Crosby et al., 2006). Instead, affirmative action specifies that (1) companies must encourage applications from the underrepresented groups, based on ethnicity and gender, and (2) companies must make a good-faith effort to meet the affirmative action goals they have set (Bisom-Rapp et al., 2007).

The goal of affirmative action is to make sure that fully qualified women and people of color are given a fair consideration in the workplace, to compensate for past or present discrimination (Cleveland et al., 2000). For example, a company's administrators may discover that the company employs a smaller percentage of women than the data indicate to be available for a specific job title. The administrators must then analyze their procedures to see whether the hiring procedures are somehow biased (Sincharoen & Crosby, 2001).

Research demonstrates that those U.S. companies with affirmative action programs do indeed have greater workplace equality for women and people of color (Crosby et al., 2003) A comparable program in Canada, called Employment Equity, has shown similar success (Konrad & Linnehan, 1999).

Some people think that affirmative action will produce **reverse discrimination,** in which a woman would be hired instead of a more highly qualified man. However, reverse discrimination is relatively rare. According to a study of 3,000 U.S. affirmative action court cases, only 3 cases represented had to do with reverse discrimination (Blau et al., 2006; Crosby et al., 2003).

The research also shows that affirmative action can provide an advantage for White employees. Specifically, White individuals actually learn more cognitive skills and conflict-resolution skills if they interact frequently with people from other ethnic groups (Hurtado, 2005).

SECTION SUMMARY

Background Factors Related to Women's Employment

1. Women's employment status is influenced by factors such as education and immigrant status; parental status and ethnicity are not strongly related to being employed.
2. The current TANF policy on welfare has long-term consequences for U.S. women; for example, women may be forced to leave a career-oriented college program to earn money in a low-level job.
3. Women are especially likely to experience access discrimination when (a) the employer has strong gender stereotypes, (b) the applicant's qualifications are ambiguous, (c) the applicant is assertive, (d) the position is prestigious, and (e) they apply for "gender-inappropriate" jobs.
4. Gender stereotypes encourage access discrimination because employers may (a) have negative stereotypes about women, (b) believe women lack "appropriate" stereotypically masculine characteristics, and (c) pay attention to characteristics that are irrelevant for the positions women are seeking.
5. Affirmative action policy specifies that companies must make appropriate efforts to consider qualified members of underrepresented groups in work-related decisions.

DISCRIMINATION IN THE WORKPLACE

So far, we've discussed one kind of discrimination against women: the *access discrimination* that women face when applying for a job. A second problem, **treatment discrimination**, refers to the discrimination that women encounter after they have obtained a job. Let's examine salary discrimination, promotion discrimination, other workplace biases, and the discrimination that lesbians experience in the workplace. We'll also consider what people can do to combat workplace discrimination.

Discrimination in Salaries

The most obvious kind of treatment discrimination is that women earn less money than men do. As of 2010, as we noted earlier, U.S. women who worked full time earned only 77% of the median[1] annual salary of men (National Committee on Pay Equity, 2010). Let's make this discrepancy more vivid: The average female college graduate will earn $1.2 million less during her lifetime than the average male college graduate, if both of them work full time (E. F. Murphy, 2005).

As Figure 7.2 shows, the gender gap in salaries holds true for European Americans, Blacks, and Latinas/os (Bureau of Labor Statistics, 2004b; Steinberg
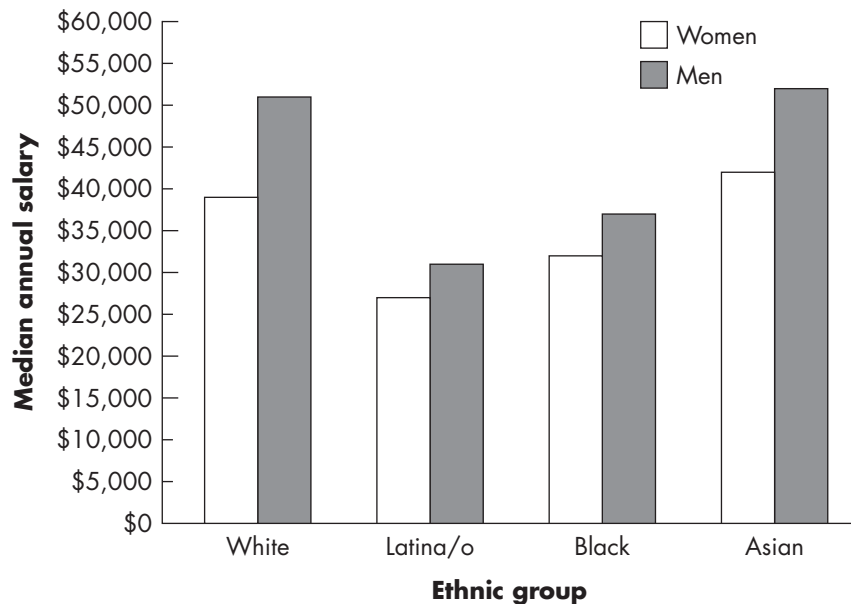
FIGURE **7.2** U.S. median annual salaries for full-time employent (aged 15 and older), as a function of gender and ethnic group.

Source: Institute for Women's Policy Research (2010).

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[1] The median is the exact midpoint of a distribution; in this case, it is a dollar amount above which half the men were receiving higher salaries and below which half were receiving lower salaries.

et al., 2008). Other data show a similar gender gap for Asian Americans (Mishel et al., 2004). However, comparable data for Native American workers do not seem to be available. Canadian workers also experience a gender gap. The research shows that Canadian women who worked full time earned only 71% of the average[2] annual salary of men (Statistics Canada, 2006).

Salary discrimination cannot be explained by gender differences in education (Dey & Hill, 2007; Institute for Women's Policy Research, 2009; Statistics Canada, 2006). Women earn substantially lower salaries at every educational level. For instance, studies have shown that men with associate degrees actually earn about $200 more each year than women with bachelor's degrees (Dey & Hill, 2007). In other words, these women attend college for approximately 2 more years than these men do, and the women then earn lower salaries.

One important reason for the discrepancy in salaries is that men enter jobs that pay more money (Bergmann, 2006; Lovell et al., 2007; Rudman & Glick, 2008). Lawyers, who are usually male, earn more than twice as much as social workers, who are usually female. However, males earn more than females, even in the same job (E. F. Murphy, 2005; Rudman & Glick, 2008). For instance, male lawyers have a median annual income of $101,000 versus $75,000 for female lawyers. Male social workers have a median annual income of $45,000 versus $40,000 for women (Bureau of Labor Statistics, 2010c).

Other variables that can explain part of the wage discrepancy include gender differences in the number of years of work experience and family responsibilities. However, studies conducted in the United States and Canada demonstrate that women are simply paid less than men, even when other factors are taken into account (Blau & Kahn, 2006; Dey & Hill, 2007).

Researchers have reported similar wage gaps in countries other than the United States and Canada. For instance, in Great Britain, Switzerland, and Germany, women earn between about 65% and 75% of men's pay. The gap is even larger in Japan, where women earn about 50% of men's pay. However, in countries such as Norway, Denmark, and Australia, women earn close to 90% of men's pay (Powell & Graves, 2003). The salary gap is smaller in countries in which the government has instituted a policy of pay equity.

Let's look at two more specific aspects of the salary gap: (1) a concept called "comparable worth" and (2) women's reactions to receiving lower pay.

Comparable Worth

Most people are willing to agree that a man and a woman with equivalent performance at the same job should receive the same salaries. That is, women and men should receive equal pay for equal work.

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[2] In contrast to the median, the average is calculated by adding together every person's salary and dividing by the number of people. Because the U.S. data and the Canadian data used different measures to represent the typical salary, they cannot be directly compared.

Comparable worth is more complicated. The concept of **comparable worth** argues that women and men should receive equal pay for different jobs when those different jobs are comparable—that is, when the jobs require equal training and equal ability (Lips, 2003; Lovell et al., 2007).

People who favor comparable-worth legislation point out that we can attribute much of the gender gap in wages to **occupational segregation**; as we noted, men and women tend to choose different occupations. Specifically, "women's jobs" (such as librarians and child-care workers) pay less than "men's jobs" (such as engineers and tree-trimmers). Consistent with Theme 3 of this book, the work that women do is devalued in terms of the actual dollar value placed on their accomplishments in the workplace. In other words, these female-stereotypical jobs pay less, simply because it is women—rather than men—who do this work (Lips, 2003; Lovell et al., 2007; E. F. Murphy, 2005).

In general, the strategy behind comparable worth is to pay the same salaries for "men's jobs" and "women's jobs" that have been matched on characteristics such as education, previous experience, skills, level of danger, and supervisory responsibilities (Lips, 2003; Lovell et al., 2007). By this reasoning, a woman with a bachelor's degree who works with children in a day-care center should earn a larger salary than a mechanic with a high-school degree who works with air conditioners. So far, however, comparable worth legislation has had only limited success.

DEMONSTRATION 7.1	## Gender Comparisons in Salary Requests

Ask a number of friends to participate in a brief study. Ideally, you should recruit at least five males and five females. (Make sure that the two groups are roughly similar in average age and work experience.) Ask them the following question:

"I want you to imagine that you are an undergraduate who has been employed as a research assistant to Dr. Johnson, who is a professor of psychology. You will be working with him all summer, entering data that are being collected for a summer research project. What hourly salary do you believe would be appropriate for this summer job?"

When you have gathered all the data, calculate the average wage the males suggested and the average wage the females suggested.

The text lists the salary requests that students provided in a study several years ago. Do you find a similar wage gap in the requests you gathered?

Source: Based on Bylsma and Major (1992).

Reactions to Lower Salaries

How do women feel about their lower salaries? One answer to this question comes from research in which women and men decide how much they ought

to receive for doing a particular job. According to research in both the United States and Canada, women specify lower salaries, suggesting that they are satisfied with less money (Bylsma & Major, 1992; Heckert et al., 2002; Hogue & Yoder, 2003; McGann & Steil, 2006; Steinberg et al., 2008).

Now try Demonstration 7.1, which illustrates a classic study by Bylsma and Major (1992). These researchers found that male and female undergraduates who received no additional information provided very different salary requests. Specifically, men asked for an average of $6.30, whereas women asked for an average of $5.30. In a study that was similar but more recent, Hogue and Yoder (2003) found that men asked for an average of $10.27, whereas women asked for $7.48. With respect to salary, men seem to have a greater sense of **entitlement**; based on their membership in the male social group, they believe that they have a right to high rewards (McGann & Steil, 2006).

How do women react to the overall gender gap in wages? Both women and men know that women actually earn lower wages (McGann & Steil, 2006). However, women are typically more concerned about women's lower wages than men are (Desmarais & Curtis, 2001). For instance, Reiser (2001) asked 1,000 men and women a variety of questions that focused on anger. She found that 62% of the women and only 38% of the men agreed with the statement, "It makes me angry when men have greater job opportunities and rewards than women" (p. 35). Still, isn't it surprising that 38% of the women and 62% of the men were *not* concerned about this inequity?

Now let's consider a more personal question. In general, women are not especially angry about *their own* salaries: Why aren't women outraged? One reason may be that they often fail to acknowledge that they have the right skills for the job (Hogue & Yoder, 2003; Steinberg et al., 2008).

Faye Crosby identified another important reason. According to her research on the **denial of personal disadvantage**, many women are reluctant to acknowledge that they—personally—are the victims of discrimination (Crosby, 2008; Crosby et al., 2006; Steinberg et al., 2008). Yes, they know that *women in general* experience discrimination. However, if a woman acknowledges that she herself is underpaid, then she must explain this inequity. She may be reluctant to conclude that her boss and the organization that employs her are villains. Unfortunately, if she continues to deny her personal disadvantage, she is not likely to fight for pay equity and other social justice issues.

Discrimination in Promotions

We've seen that women earn lower salaries than men, even in comparable occupations. A related problem is that women are less likely than men to be promoted into the top leadership positions in universities, corporations, and other organizations (Duehr & Bono, 2006; Goldman et al., 2006; Hogue & Lord, 2007; Hoyt & Blascovich, 2007; Rudman & Glick, 2008).

A relevant term that was especially popular several years ago is "the glass ceiling." The **glass ceiling** is an invisible but rigid barrier that seems to prevent women and people of color from reaching the top levels in many professional organizations (Atwater et al., 2004; Betz, 2006).

However, Alice Eagly and Linda Carli (2007) point out that the glass-ceiling metaphor is no longer appropriate. They reject that term for a variety of reasons. For example, a "a glass ceiling" implies that women and men have had equal opportunities—throughout their early employment—until they suddenly encounter this glass ceiling. Furthermore, in recent years, women and people of color do occasionally make it to the most prestigious leadership positions, such as the president of a corporation or the president of the United States.

Eagly and Carli (2007) propose a new metaphor, called the "labyrinth". According to their concept of this **labyrinth metaphor,** women in search of a promotion will encounter many difficulties along the route, including dead ends, detours, and puzzling pathways. To successfully reach the goal at the end of the labyrinth, women must be extremely competent, and they also need to develop flexible strategies that blend warmth and compassion with strength and decisiveness.

Labor theorists have created a different metaphor to describe a problem that women are statistically more likely to encounter. The metaphor of the **sticky floor** describes the situation of women who are employed in low-level, dead-end jobs with no chance of promotion (Gutek, 2001; Whitley & Kite, 2010). Many women are office workers, cashiers, and waitresses. They are likely to remain in these jobs throughout their work life, never being considered for positions with greater responsibility (Padavic & Reskin, 2002). In fact, these women have no opportunity to even see the entrance to a labyrinth, let alone reach the glass ceiling.

A fourth metaphor describes another component of gender bias. The **glass escalator** phenomenon applies to men who enter fields that are often associated with women, such as nursing, teaching, library science, and social work; in these occupations, men are often quickly promoted to management positions (Furr, 2002; Whitley & Kite, 2010; J. D. Yoder, 2002). The glass escalator whisks them up to a more prestigious position. For example, a male teacher in elementary special education was asked about his career choice. He replied, "I am extremely marketable in special education. That's not why I got into the field. But I am extremely marketable because I am a man" (C. L. Williams, 1998, p. 288).

In short, women generally face discrimination with respect to promotion (Eagly & Karau, 2002; Whitley & Kite, 2010). The three stereotypes that we mentioned on page 214 in connection with hiring patterns also operate when women want a promotion (Sczesny, 2003). After reviewing the research on treatment discrimination, Mark Agars (2004) concluded, "It is clear that substantial discrepancies in gender distributions at high levels of organizations are attributable, at least in part, to gender stereotypes" (p. 109).

Other Kinds of Treatment Discrimination

In addition to discrimination in salary and promotions, women experience treatment discrimination in other areas. For example, several studies show

that women in the workplace are more likely than men to receive negative evaluations (e.g., Chrisler & Clapp, 2008; Settles et al., 2006). As we saw in Chapter 2 and Chapter 6, women are often downgraded for their performance, especially if they are assertive (Chin, 2004; Rivero et al., 2004).

For women teaching at colleges and universities, students provide other forms of treatment discrimination. For instance, students rate young male professors as more conscientious and interested in their material, compared to young female professors (Arbuckle & Williams, 2003). Students also think that their male professors should be entertaining, but their female professors should be caring and nurturing (Sprague & Massoni, 2005).

Sometimes the treatment discrimination depends on the gender of the students. For example, male students are more likely than female students to give their female college professors poor ratings on their teaching performance and classroom interactions (Basow, 2004; Basow et al., 2006).

In addition, students often assume that their male professors have had more education than their female professors (J. Miller & Chamberlin, 2000). When students address their female professors who have Ph.D. degrees, they are likely to call them "Miss ___" or "Ms. ___," instead of "Dr. ___" (Laube et al., 2007; Wilbers et al., 2003).

Another form of treatment discrimination is sexual harassment, a topic we'll explore in Chapter 13. **Sexual harassment** refers to unwanted gender-related behavior, such as sexual coercion, offensive sexual attention, sexual touching, and hostile verbal and physical behaviors that focus on gender (Fitzgerald et al., 2001; Gutek, 2007). Women frequently experience this kind of treatment discrimination, when other workers convey the message that women are sexual objects or incompetent employees. For example, a Black female firefighter recalled her first encounter with her White male supervisor:

> The first day I came on, the first day I was in the field, the guy told me he didn't like me. And then he said: "I'm gonna tell you why I don't like you. Number one, I don't like you cuz you're Black. And number two, cuz you're a woman." And that was all he said. He walked away. (J. D. Yoder & Aniakudo, 1997, p. 329)

You won't be surprised to learn, then, that women in blue-collar jobs are typically more likely than men to report negative interactions in the workplace (Betz, 2006; Settles et al., 2006). In addition, women may be excluded from informal social interactions where employees may exchange important information and form useful friendships. Women of color are especially likely to be left out of the social interactions and mentoring (Fassinger, 2002). In addition to facing other forms of discrimination, women certainly do not have equal opportunities in informal social interactions.

Discrimination Against Lesbians in the Workplace

In Chapter 2, we noted that **heterosexism** is a belief system that devalues lesbians, gay males, and bisexuals—any group that is not heterosexual. Lesbians

frequently face heterosexism in the workplace. As you might guess, many employers refuse to hire individuals who are known to be gay. For example, public schools often discriminate against hiring lesbians, gays, and bisexuals as teachers. The unjustified argument is that these individuals may try to persuade young people to adopt a nonheterosexual orientation. Furthermore, in some parts of the United States, employers can fire employees for any reason they choose, including being a lesbian or a gay male (Horvath & Ryan, 2003; Peplau & Fingerhut, 2004).

The research suggests that people who are open and accepting of their gay identity are higher in self-esteem (Badgett, 2008). Sadly, many jobs seem to require that gay individuals remain in the closet. Many lesbians say they spend so much energy trying to hide their sexual orientation that their work is less productive (Badgett, 2008; Hambright & Decker, 2002). Lesbians may also internalize some of the prejudiced beliefs they encounter in their coworkers (Herek, 2009).

Should lesbians, gay men, and bisexuals disclose their sexual orientation to potential employers? Openness makes sense for people who plan to be "out" in their work setting, if they wouldn't want to work in a heterosexist environment (Wenniger & Conroy, 2001). However, some lesbians prefer to receive the job offer first and then come out gradually to coworkers. As you know from this chapter, bias is less likely when people are already familiar with an employee's high-quality work. Incidentally, lesbian and gay male workers sometimes find that their labor unions can support them when they encounter workplace discrimination (Hunt & Boris, 2007).

In a related study, undergraduates judged the qualifications of a potential job applicant, using a scale from 0 to 100. The description of the job applicant's characteristics were identical, except for gender and sexual orientation, The students gave a rating of 85 to the heterosexual man, 81 to the gay man, 80 to the lesbian woman, and 76 to the heterosexual woman (Horvath & Ryan, 2003). These results are not especially hopeful for anybody other than heterosexual men, except for the fact that there was only a 9-point range among all four ratings.

The research also provides interesting perspectives on lesbians and their work experiences. For instance, several studies show that lesbian workers earn higher salaries than heterosexual female workers. One explanation is that lesbians are almost twice as likely as married women to have at least a bachelor's degree, and education is correlated with a person's income. Another explanation is that lesbians are more likely than other women to pursue nontraditional careers, which also pay better than traditionally feminine careers (Peplau & Fingerhut, 2004).

What to Do About Treatment Discrimination

The title of this section is daunting: How can we possibly try to correct all the forces that encourage gender discrimination in the workplace? A few guidelines may be helpful with respect to the actions of both individuals and institutions.

Individuals can have an impact on their own work experiences as well as on the experiences of other women:

1. Women should be aware of the conditions in which stereotypes are least likely to operate, for example, when the job applicant's qualifications are clear-cut rather than ambiguous. Find work you enjoy. Then develop skills and experiences that are especially relevant to your occupation, so that you are clearly well qualified (O'Connell, 2001). You should also know your legal rights (Rhode & Williams, 2007).
2. Join relevant organizations, use the Internet, and make connections with other supportive people (Kimmel, 2007; Padavic & Reskin, 2002; Wenniger & Conroy, 2001). Feminist organizations may be especially helpful. For example, a survey of female psychologists showed that many regarded feminism as "a life raft in the choppy, frigid waters of gender discrimination" (Klonis et al., 1997, p. 343).
3. Locate someone who has achieved success in your profession; ask whether she can serve as a mentor (Hart, 2008; O'Connell, 2001; Rhode & Williams, 2007). Employees who have mentors are likely to be especially successful and satisfied with their occupation (Padavic & Reskin, 2002).

In reality, however, individual employees cannot overcome the major problem of gender discrimination. Institutions must also change. It is often in their best interests to become more diversified. For example, a company's sales may increase if their workplace diversity resembles the diversity in the real world outside that company (Cleveland et al., 2000; Powell & Graves, 2003). In addition, gender discrimination is legally prohibited. Organizations that are genuinely committed to change can take the following precautions:

1. Understand affirmative action policies and take them seriously; make sure that women are well represented in the pool of candidates for hiring and promotion. Develop guidelines within the organization (Karsten, 2006; Wetchler, 2007).
2. Appoint a task force to examine gender issues within the organization. The chief executive must make it clear that the group's recommendations will be valued and carried out. Diversity training sessions are useful if their objective is genuine change (Powell & Graves, 2003).
3. Train managers so that they can evaluate candidates fairly, reducing gender stereotypes (Gerber, 2001; Rhode & Williams, 2007). For example, managers who rate employees should ask themselves questions such as, "How would I evaluate this performance if the person were a man rather than a woman?" (Valian, 1998, p. 309).

Realistically, creating gender-fair work experiences requires a massive transformation of our culture, beginning with nonsexist child rearing, acceptance of feminist concerns, and appreciation for the contributions of women and other underrepresented groups. Comparable worth must also become the standard policy (Karsten, 2006; J. D. Yoder, 2000). A truly gender-fair work world would also provide a national child-care plan, and it would ensure that men would perform an equal share of child-care and housework responsibilities—a topic we'll examine at the end of this chapter.

SECTION SUMMARY

Discrimination in the Workplace

1. For all ethnic groups, the average woman earns less than the average man; wage gap remains, even when factors such as occupation, education, and work experience are taken into account.
2. "Comparable worth" means that women and men should receive the same pay for occupations that require similar education, previous experience, skill, and other relevant factors.
3. A man typically feels entitled to a higher salary, compared to a woman. Also, a woman often demonstrates "denial of personal disadvantage"; she does not express concern that she herself is underpaid.
4. Women experience discrimination in terms of promotion; Eagly and Carli's metaphor of a labyrinth is more descriptive than the glass ceiling metaphor. Other related kinds of gender discrimination are called the sticky floor and the glass escalator.
5. Women may also experience other kinds of treatment discrimination, such as lower evaluations from supervisors and—in the case of professors—from students; women may also face sexual harassment and exclusion from social interactions.
6. Lesbians are especially likely to experience workplace discrimination; they may be fired because of their sexual orientation, and they may feel that they need to hide their sexual orientation. Lesbians often earn higher salaries than other women, partly because they are more likely to have a bachelor's degree.
7. The actions of individuals and institutions can address some aspects of treatment discrimination. However, a genuine solution must depend on more widespread societal change.

WOMEN'S EXPERIENCES IN SELECTED OCCUPATIONS

We have seen that women face access discrimination when they apply for work. They also encounter several types of treatment discriminations once they are employed. In this section, we will examine women's work experiences in several specific occupations.

News reports in North America often feature women who are physicians, heads of corporations, and steelworkers. Women who are nurses, cashiers, and cafeteria workers do not make headlines. Even though the majority of employed women hold jobs in clerical and service occupations, the work of millions of these women is relatively invisible.

Let's begin by discussing some traditionally female occupations. Then we'll look at two areas in which fewer women are employed: the traditionally male professions and traditionally male blue-collar work. We will then examine why women are so scarce in nontraditional occupations.

Employment in Traditionally Female Occupations

Table 7.1 lists some representative occupations that are traditional for women. Notice the percentage of employees who are female. Furthermore, roughly half of all female professional or technical workers are in traditional areas such as nursing and pre-college teaching.

This observation does not imply that something is wrong with traditionally female occupations. In fact, our children would probably be better off if we genuinely valued the people who work in day-care centers and in elementary schools. However, women in traditionally female jobs frequently struggle with problems such as low income, underutilization of abilities, and lack of independence in decision making.

Similar employment patterns operate in Canada. For example, 70% of all employed women work in teaching, health-care occupations such as nursing, clerical positions, or occupations such as sales or service. In contrast, only 31% of employed men work in one of these three areas (Statistics Canada, 2004).

Surprisingly, however, women in these traditionally female occupations report the same level of job satisfaction as people in other occupations (Buchanan, 2005). As we discussed on page 219, women tend to say that they are not disadvantaged, as far as factors such as salary.

It's also important to know that the work considered traditional for women may be quite different in developing countries. About 80% of women in Western Europe work in service occupations, but in sub-Saharan Africa, 65% of the women in the labor force work in agriculture (United Nations, 2000). We even see different work patterns within the same continent. For example, consider two countries in West Africa. In Sierra Leone, the men are responsible for the rice fields; in Senegal, women manage the rice fields (Burn, 1996).

Perhaps the only characteristic that all these traditionally female occupations have in common is relatively low pay (Ehrenreich, 2001). As we discussed in connection with welfare, many of these workers earn wages that are below the poverty level, even if they have worked for more than 25 years (Lovell et al., 2007). For example, some teacher's aides in upstate New York make as little as $16,000 a year, although they have worked for 25 years on

TABLE **7.1**

Percentage of Workers in Selected Traditionally
Female Occupations Who Are Women

Occupation	Percentage of Workers Who Are Women
Dental hygienist	97%
Secretary	97
Registered nurse	92
Bank teller	87
Librarian	81

Source: Based on Bureau of Labor Statistics (2010).

the job. They often need to take a second job, just to pay for basic living expenses (Saunders & Mulligan, 2008).

You probably know many women who work as secretaries, librarians, and other occupations listed in Table 7.1. Let's consider two traditionally female jobs that may be less familiar: domestic work and work in the garment industry. Consistent with Theme 3, this kind of women's work is generally invisible; women do the work, but few people notice (Zandy, 2001). Furthermore, women are especially likely to be exploited in these jobs.

Domestic Work

Many women emigrate from the Caribbean, Latin America, and other developing companies countries. They come to North America to live and work in private homes, doing child care and other domestic work until they can earn a green card, which will allow them to find better jobs. They may be expected to work every day—with no time off and no health insurance—for a fraction of the minimum-wage salary. Many of the women report that their employers insult them, do not let them leave the house, and treat them much like modern-day slaves (B. Anderson, 2003; Boris, 2003; Zarembka, 2003). For example, one woman reported:

> I work hard. I don't mind working hard. But I want to be treated with some human affection, like a human being.... I don't get any respect.... Since I came here this woman has never shown me one iota of ... human affection as a human being. (Colen, 1997, p. 205).

Many immigrant domestic workers do not know their legal rights (Ontiveros, 2007). In New York City, women who worked as nannies decided to organize a group called the "Domestic Workers' Union." These organizers went to parks and playgrounds, because dozens of nannies frequently go there with their employees' children. The organizers passed out fliers, inviting the women to meetings where they could learn more about their rights, as well as information about child development (J. Fine, 2007). Still, most of us know very little about the problem of poorly treated domestic workers.

Garment Work

A **sweatshop** is a factory that violates labor laws regarding wages and working conditions. Several years ago, I showed my psychology of women class a video about sweatshops. Afterwards, a young Chinese American woman—whom I will call "Ling"—said to us, "I worked in a sweatshop in New York City." Ling then described the inhumane working conditions in this clothing sweatshop.

Later, I asked Ling to write down some of the details. Ling wrote that at the age of 17, she was urged to quit high school so that she could work longer hours. She then worked every day at this sweatshop, from about 8:00 in the morning until as late as 1:00 the next morning, with just a 15-minute break for lunch. Several months later, Ling's mother began to work on a garment, without asking for the supervisor's permission. The supervisor then punched Ling's mother in the chest, and the family called the police to report the assault. The manager then fired the entire family.

Ling was one of the fortunate ones. She took this opportunity to complete high school and then enroll at SUNY Geneseo. As Ling wrote:

> Unfortunately, many young people still work there in order to live in the United States, and they are still suffering long working hours, low wages, and terrible working conditions. They are losing their sense of being interesting human beings day by day, and becoming boring and dehumanized machine-like humans…. After all these experiences, my American dream is that all workers deserve to have humane working conditions, living wages so that they can survive, and reasonable working hours, and that we will make better changes until these basic needs are met for all workers of all occupations.

Fortunately, Ling's story has a positive outcome. She graduated from my college with a strong academic record, and she is now employed as a union organizer. However, sweatshops still operate in many North American cities, from Los Angeles to Toronto (Bao, 2003; I. Ness, 2003; Seidman, 2007). These sweatshops typically employ recent immigrants from Asia and Latin America.

Furthermore, about half of all the clothing you can purchase in the United States was made in another country, typically under extremely poor working conditions. In Latin America, these sweatshops are called *maquiladoras* (pronounced mah-kee-lah-*door*-ahs) or *maquilas*, and they are typically run by U.S. corporations. In Latin America, a young woman may earn only 16 cents an hour, which cannot cover the cost of her food and housing (Bilbao, 2003). The work hours are also inhumane. In a typical sweatshop in China, the women work from 7:00 A.M. to 10:00 P.M. (Ngai, 2005). As one

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Burmese women stitch sports clothing in a garment factory for a Taiwanese company in Hlaing Tharyar, Myanmar. They make an average wage of 5 cents a day, which is a fairly normal salary.

woman commented, "In the eyes of the managers, workers are merely stuff that can be thrown away at will" (Ngai, 2005, p. 183).

These sweatshop workers cannot earn an education, save money, or train for a better job. In addition to the long hours, low pay, and unsafe working conditions, the women who work in these sweatshops often experience sexual harassment and physical abuse. If they try to organize a union, they may be fired; many have even received death threats (Bender & Greenwald, 2003a; Bilbao, 2003).

The sweatshop issue cannot be addressed without looking at our economic system to discover who is making the greatest profits from our clothing industry (Seidman, 2007). It certainly isn't the sweatshop workers! You can obtain more information from the websites of organizations that promote sweatshop reform, such as the Chinese Staff and Workers' Association, the National Mobilization Against Sweatshops, the National Labor Committee, the Workers' Action Center (Canada), and the United States Students Against Sweatshops. To bring the sweatshop issue closer to home, try Demonstration 7.2.

DEMONSTRATION 7.2

Where Were Your Clothes Made?

Go to your closet or your dresser, and search each item of clothing for a label indicating where it was made. Record each location. What percentage was made in the United States or Canada, and what percentage was made in other countries? Later, when you have the opportunity, look in your college bookstore or other location that sells caps and sweatshirts featuring your college's logo. Where were these items made?

Employment in Traditionally Male, High-Prestige Professions

Ironically, we have far more information about the relatively small number of women employed in the prestigious "male professions" than we have about the much larger number of women employed in traditionally female jobs. Unfortunately, this emphasis on nontraditional professions creates an impression that employed women are more likely to be executives and highly trained professionals, rather than clerical workers. A more accurate picture of reality appears in Table 7.2, which lists the percentage of workers who are women in several of these high-prestige occupations. Use Table 7.1 to compare the two groups.

Let's consider some of the characteristics of women in traditionally male professions. Then we'll examine the climate in which these women work.

Characteristics of Women in High-Prestige Professions

In general, the women who work in stereotypically masculine occupations are similar to the men in those areas. For example, Lubinski and his colleagues (2001) sent questionnaires to males and females enrolled in the most prestigious U.S. graduate programs in math and science. The males and females

TABLE **7.2**

Percentage of Workers in Selected Traditionally Male
Professions Who Are Women

Occupation	Percentage of Workers Who Are Women
Mechanical engineer	6%
Computer programmer	20
Architect	25
Dentist	30
Lawyer	32

Source: Bureau of Labor Statistics (2010).

reported highly similar academic experiences and attitudes toward their future careers. According to other research, males and females also tend to be similar in their attitude toward working in groups, rather than working alone (Hartman & Hartman, 2007).

To some extent, these similarities may occur because only those women with personal characteristics appropriate for that occupation would choose it for a career and persist in it (Cross & Vick, 2001; Eccles, 2007; Frome et al., 2008). For example, women who pursue nontraditional careers tend to be high achievers in their specific area of expertise (L. L. Sax & Bryant, 2003).

As we would expect, women and men in the same profession also tend to be similar in cognitive skills. For example, Cross (2001) found that men and women in science and engineering had earned similar scores on standardized tests, as well as similar grades in graduate school.

Other research shows that men and women have corresponding professional expectations, motivation, fascination with the discipline, and work involvement (R. C. Barnett & Rivers, 2004; T. D. Fletcher & Major, 2004; Preston, 2004). However, one area in which gender differences often appear is general self-confidence (Cross, 2001). This finding is not surprising. As we observed in Chapter 5, men are more self-confident than women in some achievement settings.

The Workplace Climate for Women in High-Prestige Professions

In Chapter 4, we noted that some young female students may face a chilly classroom climate in their academic classrooms. The chilly climate may continue for some women in their graduate training and in their professions (Betz, 2006; Fort, 2005; MacLachlan, 2006; Preston, 2004; Stewart & LaVaque-Manty, 2008; Valian, 2006). For example, women typically receive less mentoring than men do (Anyaso, 2008; Nolan et al., 2008; Stewart & LaVaque-Manty, 2008; "Welcoming women," 2004).

Unfortunately, when women apply for jobs, they may find that they are evaluated in terms of their physical appearance, rather than their job-related competence (Bhattacharjee, 2007a; Dowdall, 2003). Female scientists are also much less likely than men to be hired by prestigious universities (Kuck

et al., 2007). After women are hired, they may feel that their male colleagues have negative attitudes toward women and ignore women's contributions (Bergman, 2003; Preston, 2004; Settles et al., 2006). Furthermore, women are seldom nominated for prestigious national awards (Bhattacharjee, 2007b; Mervis, 2007).

Earlier in this chapter, we noted several forms of treatment discrimination. Unfortunately, treatment discrimination has an important effect on the professional environment. For instance, Dr. Frances Conley (1998), a prominent neurosurgeon, described how the male neurosurgeons would call her "honey" in front of patients. One of these men would sometimes invite her to go to bed with him, thrust his pelvis forward, look down at his genitals, and directly ask his genitals whether they would like that experience.

We saw on page 45 that women are downgraded if they are too self-confident and assertive; this principle also applies in the high-prestige professions. For example, Heilman and her colleagues (2004) asked students to rate successful male and female employees who were described in vignettes. The students liked the males much more than the females. In other words, a woman who is competent, confident, and assertive may encounter negative reactions from her coworkers.

Another problem for women in these high-prestige, traditionally male professions is that men may treat them in a patronizing fashion (Preston, 2004). For instance, one female astronomer remarked, "You will go through three or four days of professional meetings and never once hear the word 'her' used. Every scientist is 'he'" (Fort, 2005b, p. 187).

At times, male colleagues may be astonishingly sexist. For example, a male chemistry professor announced out loud to another man, "Why do you bother with women? They're almost as bad as foreigners" (Gleiser, 1998, p. 210). Obviously, this professor showed not only sexism but also U.S.-centered nationalism. In summary, women in high-prestige careers receive many messages that they are not really equal to their male colleagues.

Employment in Traditionally Male Blue-Collar Jobs

Several years ago, Barbara Quintela worked as a secretary for $10 an hour. When her husband left her—and their five children—she managed to persuade a school administrator to let her enroll in a high-school training program for electricians. After a grueling interview with eight hostile administrators, she was accepted into an apprenticeship program that later paid $22 an hour. As she said, "I like getting dirty, running wires, digging ditches, getting into crawl spaces. I would never want to go back to being a secretary. I can't afford to be a secretary" (J. C. Lambert, 2000, p. 6). Most women in blue-collar jobs report that the pay is attractive, especially compared to the salaries for jobs that are traditionally female.

Most of the information on working women describes women in such traditionally male professions as medicine, law, and college teaching. In contrast, women in blue-collar jobs are much less visible. Women are slowly entering these fields, but the percentages are still small (England, 2006). Table 7.3 lists some representative employment rates for women in these jobs.

TABLE **7.3**

Percentage of Workers in Selected Traditionally Male
Blue-Collar Occupations Who Are Women

Occupation	Percentage of Workers Who Are Women
Carpenter	2%
Firefighter	3
Pest control employee	3
Construction laborer	3
Bus Driver	5

Women in blue-collar jobs often report that they are held to stricter standards than their male coworkers. For example, a Black woman firefighter was forced by her White male supervisor to recertify after her vehicle skidded into a pole during an ice storm. In contrast, a male colleague received no penalty when his vehicle accidentally killed an elderly pedestrian who was crossing a street (J. D. Yoder & Aniakudo, 1997). Women firefighters frequently comment that they would probably have to keep proving—for the rest of their lives—that they are competent workers (J. D. Yoder & Berendsen, 2001).

Men often claim that women are physically unable to handle the work (Milkman, 2007). Furthermore, sexual harassment is common in these jobs (S. Eisenberg, 1998). In a survey of female firefighters, 41 out of 44 women reported that they had experienced at least some sexist reactions on the job (J. D. Yoder & McDonald, 1998).

Fortunately, some women report that they develop good working relationships with their male colleagues (Padavic & Reskin, 2002; J. D. Yoder, 2002). For instance, a White female firefighter described the friendship she shared with her Black male coworkers:

> It's neat. Because I think a lot of them … we kind of have a bond, too. And they understand more what I go through than a White guy would. So, yeah. They're pretty together guys. They've come through the fire too, I think, in a lot of ways. (J. D. Yoder & Berendsen, 2001, p. 33)

Other women mention additional advantages to blue-collar work, such as a sense of pride in their own strength and satisfaction in doing a job well (Cull, 1997; S. Eisenberg, 1998). Some women also enjoy serving as a role model and encouraging young women to pursue work in these nontraditional areas (Coffin, 1997).

Why Are Women Scarce in Certain Occupations?

Why do relatively few women work in the traditionally male professions or in the traditionally male blue-collar jobs? Researchers have identified two major classes of explanations. According to **person-centered explanations** (also called the **individual approach**), female socialization encourages women to

develop personality traits and skills that are inappropriate for these "male occupations" (Hesse-Biber & Carter, 2000). One example of a person-centered explanation would be to claim that women are somehow less motivated than men. However, as we saw in Chapter 5, women and men are similar in areas related to motivation and achievement.

Most current research and theory in the psychology of women supports a second explanation for the scarcity of women. According to **situation-centered explanations** (or the **structural approach**), the characteristics of the organizational situation explain why women are rarely employed in these traditionally masculine occupations; personal skills or traits cannot be blamed (Hesse-Biber & Carter, 2000). For example, access discrimination may block women's opportunities. If women do manage to be hired, they face several kinds of treatment discrimination when they try to navigate the labyrinth that leads to promotion (Eagly & Carli, 2007; Powell & Graves, 2003). Also, people in prestigious positions may be unwilling to help new female employees.

Notice that the person-centered explanations and the situation-centered explanations suggest different strategies for improving women's employment conditions. For example, if a woman aspires to a management position in a corporation, the person-centered explanations propose that women should take courses in handling finances, conducting meetings, and assertiveness training.

In contrast, the situation-centered explanations propose strategies that are designed to change the situation, not the person. For instance, companies should train managers to use objective rating scales (Gerber, 2001). They should also enforce affirmative action policies, and they should promote women to high-ranking positions (Crosby, 2008; Etzkowitz et al., 2000).

Although these suggestions sound excellent, they will not occur spontaneously. Executives need to realize that corporations will benefit if they hire competent women and treat them fairly (Krieger, 2007; Powell & Graves, 2003; Strober, 2003). When executives publicly state that a female employee is competent, other employees will also value her contributions (Yoder, 2002).

Furthermore, the gender gap in many professions will continue as long as women continue to do the majority of housework and child care (England, 2006; Myersson Milgrom & Petersen, 2006). We will examine this issue in the next section of this chapter.

SECTION SUMMARY

Women's Experiences in Selected Occupations

1. Women are especially likely to be exploited in two low-income, traditionally female jobs: domestic work and work in the garment industry (including sweatshops).
2. Women who are employed in traditionally male, high-prestige professions are generally similar to the men in these professions in terms of cognitive skills, personal characteristics, and work involvement. However, the women are often lower in self-confidence.

(continues)

COORDINATING EMPLOYMENT WITH PERSONAL LIFE

Most college women plan to combine a career with family life (Gutek & Gilliland, 2007; Hoffnung, 2004). However, the popular media often claim that an employed woman with a family must be a total wreck (R. C. Barnett & Rivers, 2004; Bennetts, 2007). Every day, she must juggle multiple commitments, to her work, her spouse, her children, and her housework. According to television sitcoms, fathers are incompetent in taking care of their children, even though we all know loving, competent fathers.

The articles in popular magazines imply that numerous well-educated women are quitting their jobs to escape the time crunch and enjoy life at home. However, those articles are typically based on small samples of White, upper-class women (Prince, 2004). These magazines seldom include articles about how women can successfully blend employment and family life (Bennetts, 2007; Wildgrube, 2008).

As we have noted throughout this textbook, reality often differs from the myth presented by the media. In this section, we'll see that employed women may find it challenging to combine their many roles. However, Moen (2008) points out that the majority are not dropping out of their careers, as some magazine articles imply. Let's see how employment influences three components of a woman's personal life: (1) her marriage, (2) her children, and (3) her own well-being.

Marriage

In 52% of all married couples in the United States, both the wife and the husband are employed (Bureau of Labor Statistics, 2008b). The comparable figure for Canada is 67% (Statistics Canada, 2006). Try Demonstration 7.3 on page 234 before you read further, and then we'll consider two questions:

1. How do families divide their household responsibilities?
2. Does a woman's employment influence marital satisfaction?

<table>
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**DEMONSTRATION
7.3**

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Division of Responsibility for Household Tasks

Think about a married heterosexual couple with whom you are familiar; it might be your parents, the parents of a close friend, or your own current relationship with someone of the other gender. For each task in the following list, place a check mark to indicate which member of the pair is primarily responsible. Is this pattern similar to the division of housework we are discussing in this chapter?

Task	Wife	Husband
Shopping for food	_____	_____
Cooking	_____	_____
Washing the dishes	_____	_____
Laundry	_____	_____
Vacuuming	_____	_____
Washing the car	_____	_____
Gardening	_____	_____
Taking out the trash	_____	_____
Paying the bills	_____	_____
Household repairs	_____	_____

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Dividing Household Responsibilities

While writing this chapter, I saw an article in a periodical aimed at college professors and administrators. The author of this article had interviewed female professors who have young children, asking them how they coped with child care and household tasks (Wilson, 2009). Among the eight who offered "Tips from the Trenches," only one mentioned that women should expect their partners to do some of the work!

Throughout this chapter, we've often noted that women are treated unfairly in the world of work. When we consider how married couples divide household tasks, we find additional evidence of unfairness. For example, the Bureau of Labor Statistics (2004a) studied a U.S. sample of approximately 21,000 women and men. Figure 7.3 shows that women in White, Latina/o, and Black families spend more time than men on housework.

These researchers then made an interesting calculation. They calculated the number of hours in a week. Then they subtracted the number of hours and minutes each person spent on the job, as well as the number of hours and minutes each person spent on housework. Compared to women, men had an average of 4 more hours each week to devote to leisure and sports.

Several studies in the United States suggest that men do somewhat more housework if they are married to employed women. However, men still perform between only 30% and 40% of the household tasks in two-job families (Coltrane & Adams, 2001a; Crosby & Sabattini, 2006; Perry-Jenkins et al., 2004). A Canadian study showed that men performed a median of about 7 hours of housework each week, in contrast to a median of about 13 hours for women (Statistics Canada, 2005c).
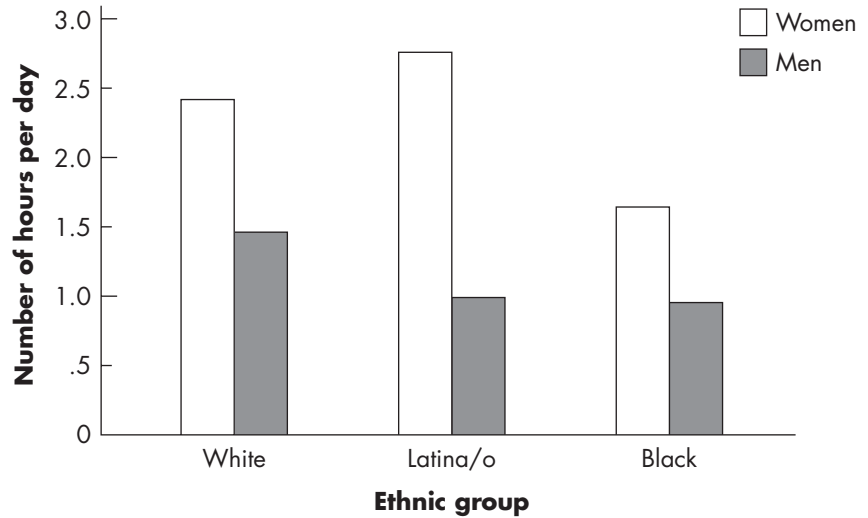
FIGURE **7.3** U.S. amount of time spent on housework, as a function of gender and ethnic group.

Source: Based on Bureau of Labor Statistics (2004b).

Women are much more likely than men to do the cooking, cleaning, laundry, dishwashing, and shopping. The only indoor chores that men are more likely to do are household repair and paying bills (Eagly & Carli, 2007). Another issue is that men seldom take responsibility for noticing when a household task needs to be done; instead, the typical husband waits for his wife to remind him (Coltrane & Adams, 2008).

Unfortunately, many men do not acknowledge how little housework they do; only 52% of men in one study agreed with the statement "Men typically don't do their share of work around the house" (Reiser, 2001, p. 35). Earlier in the chapter, we noted a wage gap between the salaries of employed men and employed women. Because women spend so much time on housework, there is also a leisure gap for employed men and women (Coltrane & Adams, 2008; Such, 2006; Weinshenker, 2005).

What factors influence the division of household tasks? As Figure 7.3 shows, U.S. women in the three largest ethnic groups do more housework than men do. However, the discrepancy is often largest for Latina/o couples (Bureau of Labor Statistics, 2004a; Stohs, 2000). Another factor is the couple's belief system. Research in the United States and in 13 European countries shows that men tend to share the housework more equally if they are nontraditional and politically liberal (Apparala et al., 2003; Sabattini & Leaper, 2004).

How do the men explain their lack of responsibility for household tasks? Although many men may be more sensitive, one man explained, "People shouldn't do what they don't want to do.... And I don't want to do it" (Rhode, 1997, p. 150). Earlier in this chapter, we noted that men often feel entitled to higher salaries than women receive. Apparently, many men also feel entitled to leave the housework to their wives (Crosby & Sabattini, 2006; Steil, 2000). Furthermore, even college students tend to believe that

men are entitled to perform less than half of the housework (Swearingen-Hilker & Yoder, 2002). Surprisingly, many women do not express anger toward their greater work in the home (Dryden, 1999; Perry-Jenkins et al., 2004), just as they fail to acknowledge that they are underpaid (see page 219). At some point in the near future, try Demonstration 7.4.

DEMONSTRATION 7.4	## College Students' Plans About Careers and Parenthood

Conduct an informal survey of your friends, ideally at least five females and five males. (Choose people who would feel comfortable discussing this topic with you.) Ask them each individually the following questions:

1. After you have finished your education, do you plan to seek employment? How many hours would you expect to work each week?
2. After you have finished your education, do you see yourself becoming a parent? (If the answer is no, you do not need to ask additional questions.)
3. Suppose that you and your partner have a 1-year-old child. How many hours a week would you expect to work outside the home? How many hours a week would you expect your partner to work outside the home?
4. How many hours a week do you expect to spend taking care of the baby? How many hours a week would you expect your partner to spend in child care?

Note the percentage of respondents who plan to be employed when they are the parents of a 1-year-old child. If you surveyed both women and men, did you notice any differences in their patterns of responses?

Satisfaction with Marriage

According to the research, a woman's employment status typically does not influence either her marital satisfaction or the stability of her marriage (Bennetts, 2007; Rogers, 1996; Viers & Prouty, 2001; L. White & Rogers, 2000). Furthermore, there is no correlation between an increase in a woman's salary and a couple's likelihood of divorce (Rogers & DeBoer, 2001).

Some studies even show that marriages are more stable if the woman is employed (R. C. Barnett & Hyde, 2001). However, some women in high-powered occupations decide to quit when the workload is too overwhelming. Unfortunately, these women often then find that their egalitarian marriages suddenly become traditional; their husbands expect them to do all the housework and child care (Stone, 2007).

Marital satisfaction is related to other workload-related factors. For example, it's no surprise that an employed woman is usually happier with her marriage if her husband performs a relatively large percentage of the housework (Coltrane & Adams, 2001b; Padavic & Reskin, 2002; Steil,

2000). In contrast, a woman whose husband performs relatively little house-work is at risk for depression (C. E. Bird, 1999), as we'll see in Chapter 12.

In summary, women who work outside the home may be busier than nonemployed women. However, the two groups of women seem to be equally satisfied with their marriages.

Children

In the United States and Canada, most young women expect to combine a career with motherhood (Hoffnung, 2000, 2004). Still, a substantial number plan to give up their career once they have children (Riggs, 2001). Demonstration 7.4 explores this question with your own friends.

The reality is that most North American mothers do work outside the home. In the United States, 71% of mothers with children under the age of 18 are currently employed (Bureau of Labor Statistics, 2008a). The data are comparable for Canada, where 73% of mothers with children under the age of 16 are currently employed (Statistics Canada, 2008). These observations suggest two important questions concerning the children of employed women:

1. How are the child-care tasks divided in two-parent families?
2. Does a mother's employment influence children's psychological adjustment?

Taking Care of Children

In the previous section, we saw that women perform more housework than men do. Who's taking care of the children? The research suggests that North American fathers have substantially increased their child-care responsibilities since similar studies were conducted 30 years ago (R. C. Barnett, 2004; Gottfried & Gottfried, 2008; Halpern, 2005; Pleck & Masciadrelli, 2004).

Still, researchers conclude that mothers perform most of the child care. For example, a large-scale study of U.S. residents included data on adults who had children younger than 18 years of age. In this study, the men spent about 50 minutes a day in child care, in contrast to 1 hour and 45 minutes for the women (Bureau of Labor Statistics, 2004a). In general, fathers tend to spend their child-care time playing with their children, whereas mothers are in charge of tasks such as diapering and discipline (Stone, 2007).

Other studies provide similar data; mothers perform between 60% and 90% of child-care tasks (Laflamme et al., 2002; Pleck & Masciadrelli, 2004; Statistics Canada, 2005c). If we combine the hours spent on housework and the hours spent on child care, we see that mothers devote many more hours working in the home, in comparison to fathers (Bureau of Labor Statistics, 2004b; M. Fine & Carney, 2001).

When fathers perform a high proportion of the child care, children show greater cognitive and social skills than when fathers seldom provide child care. The children are also higher in self-esteem, and they have fewer behavioral problems (Coltrane & Adams, 2001b; Deutsch et al., 2001). Apparently, children benefit from having two caring adults actively involved in their lives. Furthermore, fathers who spend more time in child care are healthier and more caring toward other people than are uninvolved fathers.

These fathers also have better relationships with their children (hooks, 2000a; Pleck & Masciadrelli, 2004). In other words, both fathers and children may benefit from the time they spend together.

Francine Deutsch and her colleagues have studied married couples who share their child-care activities reasonably equally (Deutsch, 1999, 2001; Deutsch & Saxon, 1998a, 1998b). Many fathers report the unexpected benefits of sharing child care. For example, a fire inspector who is married to a secretary commented:

> [I've gained] time with my wife. I mean it's not much time, but whatever time there is in the evening. If one of us had to do everything, then we wouldn't have the time together. I enjoy spending time with my wife too (as well as the kids). It's crazy sometimes, crazy most days, but I love my life. I love the way it is and I can't see living any other way. (Deutsch, 1999, p. 134)

Many women have no partner who can—even theoretically—share in the care of the children. Mothers who are single, separated, divorced, or widowed are likely to work outside the home for economic reasons. These families are especially likely to need the income to pay for basic needs. For these women, however, the logistical problems of arranging for child care and transporting children become even more complicated. In addition, these mothers usually have sole responsibility for nurturing their children, helping them with homework, and disciplining them (Halpern, 2005).

Maternal Employment and Children

Many people respond negatively to "nontraditional" families, with mothers employed full time (Brescoll & Uhlmann, 2005; Riggs, 2005). They also tend to believe that a mother's employment has a negative impact on her children (Newcombe, 2007a; Tan, 2008). Mothers who do not work outside the home also believe that children are harmed by their mother's employment (Johnston & Swanson, 2006, 2007).

The research contradicts these beliefs about maternal employment. We need to emphasize that the topic of maternal employment and children's adjustment is complex. Researchers have conducted a variety of studies. However, the most extensive research comes from a series of reports based on 1,261 children from many communities throughout the United States. These reports have been published by the National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network (2002, 2004, 2005, 2006).

The nature of the conclusions about maternal employment depends on a wide variety of variables, such as the quality of the child care, the age of the child, the economic background of the family, and the mother's sensitivity to her child's needs (Brooks-Gunn et al., 2002; Marshall, 2004; NICHD Early Child Care Research Network, 2004, 2005, 2006).

In general, the cognitive development of children who have been in a day-care setting is similar to that of children cared for by their mother at home (NICHD Early Child Care Research Network, 2005, 2006; Gottfried & Gottfried, 2008). When low-income families have high-quality day care, the children score higher on cognitive tasks, compared to children cared for at home (Loeb et al., 2004; NICHD Early Child Care Research Network, 2005, 2006).

Children who spend more time in day care interact slightly more negatively with their playmates (NICHD Early Child Care Research Network, 2006). However, children in *high-quality* day care are generally more cooperative, and they have fewer behavior problems, compared to home-care children (Marshall, 2004; NICHD Early Child Care Research Network, 2004, 2005, 2006).

In addition, most infants who spend time in a day-care center have the same kind of emotional closeness to their mothers as do children whose mothers do not work outside the home. The only exception is children who have poor-quality day care and whose mothers are not sensitive to their needs (NICHD Early Child Care Research Network, 2001, 2005).

Other research shows that employed mothers tend to encourage their children to be independent (Johnston & Swanson, 2002). Furthermore, children whose mothers work outside the home have an important advantage: Their mothers provide models of competent women who can achieve in the workplace (Casad, 2008).

In summary, the overall picture suggests that children's development is not substantially affected by nonmaternal care (NICHD Early Child Care Research Network, 2005, 2006; Tan, 2008). However, U.S. families face an important problem. Children clearly benefit from good day care, but high-quality child care at a reasonable price is not widely available (Brooks-Gunn et al., 2002; NICHD Early Child Care Research Network, 2006).

In the United States, we claim that our children are a top priority. However, child care is expensive—a particular problem for low-income families. For example, in the United States, migrant workers harvest 85% of our hand-picked fruit and vegetables (Kossek et al., 2005). Suppose that you were a migrant worker, and affordable child care was not available. You would probably bring your children work with you, where they would be exposed to rain, excessive heat, pesticides, and dangerous farm equipment.

In many European countries, parents can enroll their children in a variety of programs at no cost or at a minimal charge (Poelmans, 2005). However, the United States is one of a few industrialized countries that does not have comprehensive child-care policies (Bub & McCartney, 2004; Marshall, 2004). We clearly need to develop family-friendly work policies (Halpern, 2005, 2008; Patterson, 2008).

Personal Adjustment

We have examined the marriages of employed women, as well as their children. But how are the women themselves doing? Do they experience role strain? How is their physical and mental health?

Role Strain

Michelle Wildgrube is a partner in a law firm, a wife, and the mother of two girls. When she told her 11-year-old daughter that she was writing an article about finding balance between work and family, her daughter responded, "You can't do that, you don't have time" (Wildgrube, 2008, p. 31).

Wildgrube—and her daughter—are describing **role strain**, which occurs when people have difficulty fulfilling all their different role obligations. For

example, in research with both Canadian nurses and Canadian physicians, women reported excessive workloads and high levels of role strain (Bergman et al., 2003; K. Thorpe et al., 1998).

According to similar research in the United States, employed mothers in every ethnic group experience some kind of role strain between their jobs and their family responsibilities (Crosby & Sabattini, 2006; Powell & Graves, 2003). It's important to emphasize that women in low-paying, exhausting work are especially likely to experience role strain (Lundberg-Love & Faulkner, 2008).

However, many employed women say that they would miss their work identity if they stopped working outside the home. For example, at the age of 23, Leslie Bennetts (2007) discovered a career that matched her skills and interests. As she wrote, "Coming upon journalism was like finding the key that fit the lock…. *So this is what I'm supposed to do with my life!*" (p. 288).

Physical Health

We might imagine that role strain could lead to poor physical health for employed women. However, the data suggest that employed women are, if anything, healthier than nonemployed women (Crosby & Sabattini, 2006). Only one group of employed women has substantial health problems: women who have low-paying or unrewarding jobs, several children, and/ or an unsupportive husband (Cleveland et al., 2000; Lundberg-Love & Faulkner, 2008).

Mental Health

What can we conclude about the mental health of employed women? As you might expect, the answer depends on their job satisfaction. Employed women are often happier and better adjusted—compared to nonemployed women—if their work role is an important part of their positive self-concept and if their work allows them some degree of independence (Ahrens & Ryff, 2006; Betz, 2006, 2008). Many women enjoy the challenge of a difficult task and the enormous pleasure of successfully achieving a long-term occupational goal.

Furthermore, many women find that their multiple roles provide a buffer effect (Ahrens & Byff, 2006; R. C. Barnett & Hyde, 2001; Betz, 2006). Specifically, employment can act as a buffer against family problems, and family life can act as a buffer against problems at work. When these roles are generally positive, the benefits of multiple roles seem to outweigh the disadvantages.

Research also demonstrates that woman's self-esteem is often enhanced by employment. In general, employed women report a greater sense of competence, accomplishment, and life satisfaction, compared to nonemployed women. Employed women are also less likely to be depressed or anxious (Betz, 2006; Cleveland et al., 2000; S. J. Rogers & DeBoer, 2001). Research in Japan and South Korea shows similar results (Kikuzawa, 2006; Park & Liao, 2000).

Throughout this book, we have noted that psychologists often neglect the important issue of social class (Lott & Bullock, 2010). Unfortunately, most of the research on employment has focused on well-educated women who have

relatively high levels of freedom in their jobs. We need current research that focuses on women who are raising several children without a partner, and who have a low-paying, unsatisfying job. These women probably do not benefit from having multiple roles.

Furthermore, we cannot ignore the fact that employed women experience a leisure gap; their housework and child-care responsibilities are much greater than those of employed men (D. L. Nelson & Burke, 2002). Women cannot solve this problem by simply learning how to manage their time more effectively. Instead, couples need to navigate through work–family conflicts so that they can share the workload more equally (Casad, 2008; Crosby & Sabattini, 2006; MacDermid et al., 2001).

Most important, our society needs to acknowledge the reality of employed women and dual-earner families. Companies need to design genuinely family-friendly policies for their employees (Casad, 2008; Tan, 2008).

SECTION SUMMARY

Coordinating Employment with Personal Life

1. Among married North American families—when both members are employed—men do only about 30% to 40% of the household tasks.
2. In general, a woman's employment status is not related to her marital satisfaction.
3. In North America, women perform the clear majority of child-care tasks; however, both children and their fathers benefit from fathers' involvement with child care.
4. In general, children in day care do not experience disadvantages with respect to cognitive abilities, social relationships, or maternal attachment.
5. The quality of day care has an important influence on children's psychological development; unfortunately, many families cannot afford high-quality day care.
6. Employed women may experience role strain from conflicting responsibilities, but many report that their work enhances their feeling of competence.
7. Employed women are as healthy and as well adjusted psychologically as nonemployed women; women with satisfying jobs seem to be even healthier and better adjusted.

CHAPTER REVIEW QUESTIONS

1. In many ways, women's work experiences have changed dramatically during the past few decades. Turn to the chapter outline on page 207 and describe which factors have changed and which ones have stayed reasonably constant.

2. The beginning of Chapter 7 discusses "Women, Welfare, and TANF." Where have you previously heard information about this topic: from other classes, from the media, or from people you know? Which aspects of this chapter's discussion match

your previous information, and which aspects are new?

3. Based on this chapter's examination of access discrimination, describe a situation in which a woman would be especially likely to face access discrimination when she applies for a job. What five factors would make a woman least likely to face access discrimination? How should affirmative-action regulations operate in hiring situations?

4. What kinds of treatment discrimination do women usually face in the workplace? Discuss the research on this topic, and supplement it with some of the issues mentioned in the section on women's experiences in selected occupations.

5. Some people claim that the wage gap can be entirely explained by the fact that women are more likely than men to stop working once they have children and that women have less education than men. How would you respond to this claim? How should the concept of comparable worth apply to women's and men's salaries?

6. Compare the experiences of employed women and employed men with respect to the labyrinth metaphor, the sticky floor, and the glass escalator. Also compare the personal characteristics of men and women who have the same high-prestige occupation.

7. Outline the two general kinds of explanations that have been offered for women's under-representation in certain jobs (pp. 231–232). Review the section summaries in Chapters 5 and 6, and note which of these two explanations is most supported by the evidence from cognitive and social gender comparisons.

8. Suppose that you know several women who earn lower salaries than comparable men in the same company, yet they don't seem very upset by the discrepancy. How would you explain why they are not angry? What similar process operates when a woman considers the gap in the amount of housework and child care that she and her husband perform?

9. Imagine that you are a 25-year-old woman and that you have decided to return to your former job after the birth of your first baby. Suppose that a neighbor tells you that your child will probably develop psychological problems if you work outside the home. Cite evidence to defend your decision.

10. Imagine that you are part of a new task force in your state or province. This task force has been instructed to make recommendations to improve the situation of women in the workplace. Based on the information in this chapter, make a list of 8 to 10 recommendations.

KEY TERMS

working women (p. 209)

employed women (p. 209)

nonemployed women (p. 209)

access discrimination (p. 212)

gender-role spillover (p. 214)

affirmative action (p. 214)

reverse discrimination (p. 215)

treatment discrimination (p. 216)

comparable worth (p. 218)

occupational segregation (p. 218)

entitlement (p. 219)

denial of personal disadvantage (p. 219)

glass ceiling (p. 219)

labyrinth metaphor (p. 220)

sticky floor (p. 220)

glass escalator (p. 220)

sexual harassment (p. 221)

heterosexism (p. 221)

sweatshop (p. 226)

maquiladoras (*maquilas*) (p. 227)

person-centered explanations (p. 231)

individual approach (p. 231)

situation-centered explanations (p. 232)

structural approach (p. 232)

role strain (p. 239)

RECOMMENDED READINGS

Eagly, A. H., & Carli, L. L. (2007). *Through the laby-rinth: The truth about how women become leaders*. Cambridge, MA: Harvard Business School Press. Alice Eagly and Linda Carli are well known for their research about gender roles, gender compari-sons, and evaluations based on gender. This inter-esting book would be especially relevant for women aspiring to become leaders and executives.

Marcus-Newhall, A., Halpern, D. F., & Tan, S. J. (Eds.). (2008). *The changing realities of work and family*. Malden, MA: Wiley-Blackwell. I strongly recommend this book as a resource on combining work and family, as well as a guide for changes that need to be addressed in the United States.

Murphy, E. F. (2005). *Getting even: Why women don't get paid like men—and what to do about it*. New York: Simon & Schuster. Evelyn Murphy served as the Lieutenant Governor of Massachusetts from 1987 to 1991, and she has also held executive positions in corporations. This well-written book provides information about the gender gap—and steps that individuals can take to bridge the gap.

Paludi, M. A. (Ed.). (2008). *The psychology of women at work* (Vols. 1–3). Westport, CT: Praeger. Michele Paludi is the editor of this useful resource, which examines issues related to employment, including perspectives on obstacles, self-image, and family. All three volumes include "In My Own Voice" features, in which women describe their personal experiences related to the research-based chapters.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. True (pp. 211–212);   2. False (p. 214);
3. False (p. 217);   4. True (p. 220);
5. False (p. 227);   6. True (pp. 228–229);
7. False (pp. 230–231);   8. False (p. 235);
9. False (pp. 238–239);   10. False (pp. 240–241).

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8 Love Relationships

True or False?

_____ 1. When looking for an ideal marriage partner, both men and women value honesty, good personality, and intelligence.

_____ 2. Research consistently supports the evolutionary psychology theory that men prefer young, attractive women because these women are more fertile.

_____ 3. According to recent research, heterosexual women tend to have more stable relationships if their romantic partner is a feminist.

_____ 4. People's satisfaction with their marriage often drops during the first 20 years of marriage, but it typically increases later in life.

_____ 5. For most Latina/o married couples living in the United States, the research shows that the man is clearly dominant and the woman is clearly passive.

_____ 6. In at least half of current first marriages in the United States, the couples had lived together before they were married.

_____ 7. In general, lesbians have higher self-esteem if they have accepted their identity.

_____ 8. Researchers have provided compelling evidence that the sexual orientation of lesbians is largely based on biological factors.

_____ 9. Compared to married women, single women typically have more serious psychological problems.

_____10. In the United States, Black women and Latina women are more likely than White women to have never married.

During the week when I was editing this chapter on love relationships, I glanced over at the current issue of *People* magazine. Jessica Simpson is now engaged to Eric Johnson, Eva Longoria and Tony Parker are seeking a divorce, and Elin Nordegren has partially recovered after the split with Tiger Woods. However, the *real* news—requiring a 10-page article with dozens of photos—is that Great Britain's Prince William and Kate Middleton are now officially engaged! No matter how many times we hear about love and marriage, most people are eager for more. Grand operas, soap operas, movies, and television shows sometimes focus on power or danger or money. However, these topics are clearly outnumbered by themes about romantic love (Fletcher, 2002; Hedley, 2002a, 2002b). Social psychologists Laurie Rudman and Peter Glick (2008) provide the following definition of romantic love:

> Romantic love refers to the intense attachments formed between people who are in love, including feelings of wanting to merge with another person, sexual attraction, and the desire to protect the other's welfare. (Laurie Rudman and Peter Glick (2008), p. 205)

Does this definition seem accurate to you? Would you delete any of these components or include any additional iems?

The previous chapter focused on women and work, a central issue in the lives of contemporary women. In Chapters 8, 9, and 10, we'll examine women's close personal relationships as we consider love, sexuality, and motherhood. Our four major topics in the current chapter about love relationships are (1) dating and heterosexual relationships, (2) marriage and divorce, (3) lesbians and bisexual women, and (4) single women. As you'll see, these four categories are much more fluid than they may initially seem.

DATING AND HETEROSEXUAL RELATIONSHIPS

We'll begin by talking about heterosexual relationships, which is the category we encounter most frequently in the media. Notice that the title of this section uses the word *dating*. Dating is still common on many college campuses, when "dating" means that two people are romantically involved and spend substantial amounts of time together. However, it is rare on other campuses (e.g., Morr Serewicz, & Gale, 2008; Rudman & Glick, 2008; Wekerle & Avgoustis, 2003). We will refer to "dating" because popular culture has not yet invented a term that is appropriately broad.

Let's first consider the characteristics that heterosexual women and men want in an ideal romantic partner; we'll then discuss two explanations for gender differences in this area. Next, we'll compare women and men with respect to several characteristics of love relationships. Our final topic will focus on couples who break up.

The Ideal Romantic Partner

Before you read this section on ideal partners, try Demonstration 8.1. You may be convinced that you can tell whether a man or a woman wrote these personal ads, but be sure to check the answers. Let's first consider North American studies on this topic and then explore research from other cultures.

DEMONSTRATION 8.1

The Ideal Partner

This demonstration contains excerpts from advertisements in the personals column of *City Newspaper* (Rochester, New York). Each excerpt describes the kind of person the writer of the ad is looking for. I have left out any mention of the gender of the ideal partner; otherwise, this portion of the ad is complete. In front of each description, put an F if you think the writer of the ad is female or an M if you think the writer is male.

_____ 1. I am seeking a friend first and then maybe more. Warmth, intelligence, and sense of humor all pluses.

_____ 2. I'm looking for someone who is successful, but not a workaholic, with great sense of humor, healthy, honest, faithful, able to make commitment.

_____ 3. I am seeking a new best friend to laugh with. Interests include: movies, cards, antiques, the outdoors.

_____ 4. I'm looking for a 30-something nonsmoker. Trail-climbs and off-road bike by day, and share romantic cultured evenings. Friends first.

_____ 5. Looking for fun-loving single White Jewish [person] who enjoys dancing and dining.

_____ 6. I'm seeking a single White Protestant [person], 45–55 years old, who wants to share music, cooking, football Sundays,

(continues)

Demonstration 8.1 *(continued)*

weekend trips, and holiday fun. Love of walking and biking a plus. Smoking will get you nowhere.

_____ 7. I'm seeking a single White [person] under 34 to share a life of kindness, togetherness, friendship, and love.

_____ 8. [Ad writer] seeks single [person], 26–35, race unimportant. Must like dancing, dining, movies, and cuddling, for exciting Fall romance. Will not be disappointed.

_____ 9. Looking for career-oriented self-confident individual who desires to share a variety of outdoor activities, including bicycling, skiing, backpacking, gardening.

_____ 10. Seeking Black [person] 20's–40's who's honest, intelligent, positive, loving, caring, and tender for a relationship.

Check the accuracy of your answers at the end of this chapter (page 282).

North American Research

What do females and males want in their romantic partners? Young adolescents tend to emphasize physical attributes; older adolescents emphasize their compatibility with their partner (Collins & Steinberg, 2006).

The ideal characteristics also depend on whether people are discussing a sexual partner or a marriage partner (Impett & Peplau, 2006; Li & Kenrick, 2006). For example, Regan and Berscheid (1997) asked undergraduates at a Midwestern university to rank a variety of personal characteristics in terms of their desirability for (a) a partner for sexual activity and (b) a partner for a long-term relationship such as marriage. Table 8.1 shows the five most important characteristics for each type of relationship, for females judging males and for males judging females.

As you can see, both women and men emphasized physical attractiveness when judging an ideal sexual partner. However, a statistical analysis showed that men were more likely than women to rank physical attractiveness as the most important characteristic.

Notice, however, that the preferred characteristics shift when people judge an ideal marriage partner. The gender differences are small for a marriage partner, because both women and men value honesty, good personality, and intelligence. However, physical attractiveness is somewhat more important for men.

Other research confirms that physical appearance is extremely important when people first meet a potential romantic partner. Also, attractiveness and slimness are especially important when men are judging women (Fletcher, 2002; J. H. Harvey & Weber, 2002; Travis & Meginnis-Payne, 2001). We will return to this topic later in this book, when we discuss people's reactions to women with disabilities (Chapter 11) and women who are overweight (Chapter 12).

TABLE **8.1**

Characteristics That Males and Females Consider Most Important for a Sexual Partner and a Marriage Partner, Listed in Order of Importance

	Females Judging Males	Males Judging Females
Sexual partner	Physically attractive	Physically attractive
	Healthy	Healthy
	Attentive to my needs	Overall personality
	Sense of humor	Attentive to my needs
	Overall personality	Self-confident
Marriage partner	Honest or trustworthy	Overall personality
	Sensitive	Honest or trustworthy
	Overall personality	Physically attractive
	Intelligent	Intelligent
	Attentive to my needs	Healthy

Source: Copyright 1997 From Journal of Psychology & Human Sexuality 9 (1), "Gender Differences in Characteristics Desired in a Potential Sexual and Marriage Partner" by Pamela C. Regan and Ellen Berscheid. Reproduced by permission of Taylor & Francis Group, LLC., http://www.taylorandfrancis.com.

How accurate were you in guessing the gender of the people who wrote the personal ads in Demonstration 8.1? You may have hesitated because several of these ads could have been written by either a male or a female. Several systematic studies of personal ads in both the United States and Canada confirm that men are more likely than women to emphasize physical attractiveness in describing an ideal partner. In contrast, women are more likely than men to emphasize the financial status of an ideal partner. A recent memory study demonstrated a similar pattern of results. Specifically, people recalled more cues about a man's financial prospects, but they recalled more cues about a woman's attractiveness (De Backer et al., 2007).

However, the research also shows that both men and women tend to specify that an ideal partner should be warm, romantic, kind, and sensitive, and also have a good sense of humor (Lance, 1998; E. J. Miller et al., 2000). Furthermore, Theme 4 operates in the choice of a romantic partner; there is more variation *within* each gender than *between* the genders.

You may wonder whether women are looking for strong, dominant men or for nice guys. Urbaniak and Kilmann (2003) found that female undergraduates were much more likely to prefer a man who said he was "kind and attentive and doesn't go for all that macho stuff," rather than a man who said he knew how to get what he wants and "doesn't go in for all that touchy-feely stuff" (p. 416). Furthermore, Burn and Ward (2005) found that college women were more satisfied with their romantic relationships if their male partner was low in traditionally masculine characteristics. Any reader of this textbook who happens to be a kind, considerate male, in search of a female partner, will be pleased to know that nice guys usually finish first, not last!

Cross-Cultural Research

Most of the participants in research on ideal romantic partners have been White men and women living in the United States and Canada. In general, people in Westernized cultures provide similar responses. However, when we move beyond groups with European origins, we may find different patterns for romantic relationships (Hamon & Ingoldsby, 2003; Hatfield & Rapson, 2006; Reis & Aron, 2008).

In many developing countries, couples are not expected to marry for love. For example, marriages in India are arranged by the couple's parents (Hatfield et al., 2007). What happens when young men and women immigrate to North America? In many cases, a woman—or her family—places a matrimonial advertisement in newspapers. Here is a representative ad from the website of *India Abroad* (2009): "Parents invite correspondence from suitable Physician match in Maryland area; for 26 year old/5′7″, beautiful, attractive, intelligent girl, 1st year resident in surgery."

Different cultures value somewhat different characteristics in a romantic partner. In general, however, women are more likely than men to believe that a partner should be well educated and have good financial prospects (Greitemeyer, 2007). In contrast, men are more likely than women to believe that a partner should be physically attractive (Eastwick & Finkel, 2008; Higgins et al., 2002; Winstead et al., 1997).

In a classic cross-cultural study, Hatfield and Sprecher (1995) asked college students in the United States, Russia, and Japan to rate a number of characteristics that might be important in selecting a marriage partner. Gender similarities were found for many characteristics. However, Figure 8.1 shows that women in all three cultures are more likely than men to emphasize financial prospects in a spouse. Figure 8.2 shows that men in all three
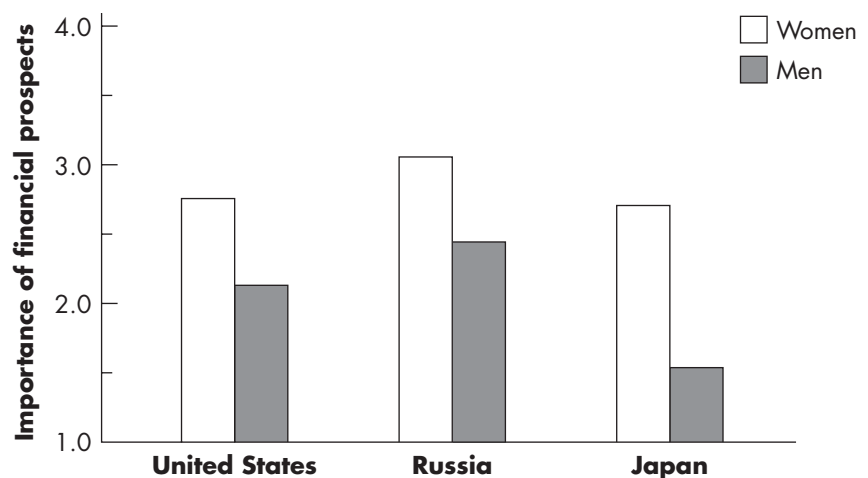
FIGURE **8.1** Importance of financial prospects in a spouse, for women and men in three cultures.

Source: Hatfield and Sprecher (1995).
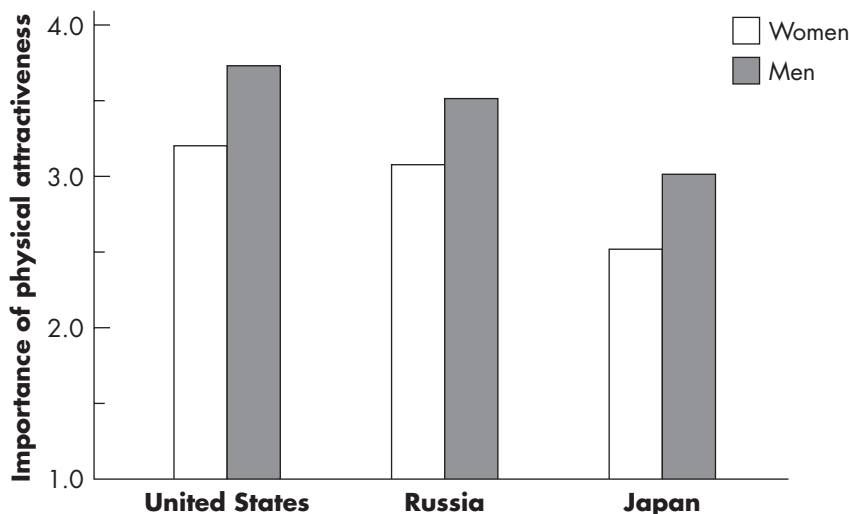
FIGURE **8.2** Importance of physical attractiveness in a spouse, for women and men in three cultures.

Source: Hatfield and Sprecher (1995).

cultures are more likely than women to emphasize physical attractiveness. Other cross-cultural research confirms that women value a man's financial status, and men value a woman's physical attractiveness (Eastwick et al., 2006; Ellis et al., 2008).

Explanations for Gender Differences in Patterns of Preference

One of the most controversial topics in the research on love relationships is whether evolutionary explanations or social roles can best account for gender differences in romantic preferences. Let's compare these two approaches.

Evolutionary-Psychology Approach

According to the **evolutionary-psychology approach,** various species gradually change over the course of many generations so that they can adapt better to their environment. A basic principle of this approach is that both men and women have an evolutionary advantage if they succeed in passing on their genes to the next generation.

Evolutionary psychologists argue that their approach can explain why men and women have somewhat different views about ideal mates (Buss, 2000; A. Campbell, 2002; Fletcher, 2002; Geary, 2005). Specifically, men should prefer young, attractive, healthy-looking women because those women are most likely to be fertile. Therefore, these women will pass on the men's genes to the next generation. Contrary to the evolutionary perspective, however, the research actually shows that ratings of women's attractiveness are not correlated with either health or fertility (Kalick et al., 1998; Rhodes, 2006).

Evolutionary psychologists also propose that women try to select a partner who will be committed to a long-term relationship. After all, women

must make sure that their children are provided with financial resources. According to this argument, women look for reliable men who also have good incomes. Evolutionary psychologists emphasize that culture has little influence on gender differences in mate selection (Buss, 1998).

The Social-Roles Approach

Many feminist psychologists object to the evolutionary approach. They argue, for example, that the theory is highly speculative about evolutionary forces that operated many thousands of years ago (Eagly & Wood, 1999; Hatfield et al., 2007). Feminists also point out that the evolutionary approach has failed to identify any genetic mechanism for these proposed gender differences (Hyde, 2002). In addition, evolutionary psychology cannot account for same-gender romantic relationships (Surra et al., 2004).

Furthermore, the research shows that men and women are equally interested in long-term relationships (L. C. Miller et al., 2002; Popenoe & Whitehead, 2002). For example, in a study at a California university, 99% of female students and also 99% of male students said that they planned to be in a long-term relationship with just one sexual partner (Pedersen et al., 2002).

An explanation that sounds much more credible to me—and to most other feminists—emphasizes that social factors can effectively explain gender differences in preference patterns. According to the **social-roles approach**, men and women often occupy different social roles; they are also socialized differently, and they experience different social opportunities and social disadvantages (Eagly & Wood, 1999; S. S. Hendrick, 2006; Johannesen-Schmidt & Eagly, 2002; Schmitt, 2008). For example, women have more limited financial resources in our culture, as we saw in Chapter 7. As a result, women need to focus on a partner's ability to earn money.

In support of the social roles approach, research demonstrates that women are especially likely to prefer high-income men if they live in countries where women have limited educational and financial opportunities (Eagly & Wood, 1999; Eastwick et al, 2006; Kasser & Sharma, 1999). In contrast, in more egalitarian countries, women can earn their own incomes, so they don't need to seek wealthy husbands. Contrary to the predictions of evolutionary psychology, culture *does* affect mate preferences (Eastwick et al, 2006; Travis & Meginnis-Payne, 2001).

DEMONSTRATION 8.2	## Friendship-Based Love
	If you are currently in a love relationship, rate the following statements based on that relationship. Alternatively, rate a previous love relationship that you experienced or a love relationship of a couple whom you know fairly well. For each statement, use a scale in which 1 = strongly disagree and 5 = strongly agree. Then add up the total number of points. In general, high scores reflect a love relationship that is strongly based on friendship.

(continues)

Demonstration 8.2 *(continued)*

_____ 1. My love for my partner is based on a deep, long-lasting friendship.
_____ 2. I express my love for my partner through the activities and interests we enjoy together.
_____ 3. My love for my partner involves solid, deep affection.
_____ 4. An important factor in my love for my partner is that we often laugh together.
_____ 5. My partner is one of the most likable people I know.
_____ 6. The companionship I share with my partner is an important part of our love.
_____ 7. I feel I can really trust my partner.
_____ 8. I can count on my partner in times of need.
_____ 9. I feel relaxed and comfortable with my partner.

Source: Based on Grote and Frieze (1994).

Characteristics of Heterosexual Love Relationships

We have looked at women's and men's ideal romantic partners. However, do women and men differ in their thoughts about an established love relationship? Furthermore, what factors predict satisfaction with a love relationship?

Gender Comparisons

To some extent, women and men emphasize different aspects of love in their current romantic relationships. For example, women are significantly more likely than men to report that they have a relationship based on friendship (K. L. Dion & Dion, 1993; Schmitt, 2008; Sprecher & Sedikides, 1993). When describing their romantic relationship, women are more likely than men to report commitment, liking, and satisfaction—all positive emotions. However, women also report more sadness, depression, hurt, and loneliness. In other words, compared to men, women seem to experience a wider range of both positive and negative emotions (Impett & Peplau, 2006; Sprecher & Sedikides, 1993).

However, in many other respects, the gender similarities are more striking. For example, both women and men typically say that the essential features of their love relationships are trust, caring, honesty, and respect (C. Hendrick & Hendrick, 1996; Rousar & Aron, 1990). Both women and men also report similar strategies for maintaining a romantic relationship, such as acting cheerful toward the partner and expressing love for this person. Still, the research suggests that women actually perform more of this "relationship-maintenance work" (Impett & Peplau, 2006; Steil, 2001a).

Factors Related to Satisfaction with the Relationship

Before you read further, try Demonstration 8.2, which is based on a study by Grote and Frieze (1994). This questionnaire assesses the friendship dimension of a love relationship. We just noted some gender differences in emphasizing friendship. Other research suggests that both men and women are more satisfied with a love relationships if it is based on friendship (Grote & Frieze, 1994; J. H. Harvey & Weber, 2002). People who have friendship-based relationships also report a greater degree of reciprocal understanding. In addition, relationships that are based on friendship lasted longer. Furthermore, people who are emotionally and sexually faithful to their romantic partners also tend to be more satisfied with their relationships (Schmookler & Bursik, 2007).

In Chapter 6, we saw that women are sometimes more likely than men to disclose personal information about themselves. In their romantic relationships, however, women and men have similar self-disclosure patterns (Hatfield & Rapson, 1993). In addition, both men and women are more satisfied with their love relationship if both partners are skilled at expressing their emotions (Lamke et al., 1994; Sternberg, 1998). The strong, silent male or the mysteriously uncommunicative female may look appealing in the movies. However, in real life, people prefer a person with sensitivity and other interpersonal skills.

As we noted earlier in this textbook, people sometimes have negative opinions about feminists. Some recent research would probably surprise them. Laurie Rudman and Julie Phelan (2007) studied a group of college students and a group of older adults, all of whom were in heterosexual relationships. All the participants provided information about their own attitudes toward feminism, as well as the feminist attitudes of their partner. In both groups, the women who had feminist romantic partners tended to report more stable relationships—as well as greater sexual satisfaction—in comparison to women with nonfeminist romantic partners. Furthermore, in the older group of males, men who had feminist partners tended to report more stable relationships—as well as greater sexual satisfaction—in comparison to men with nonfeminist partners. Before you read further, try Demonstration 8.3.

DEMONSTRATION 8.3	## Coping with a Breakup of a Love Relationship Think about a person you once dated and felt passionate about, but then the two of you broke up. Read each of the items below, and place an X in front of each strategy you frequently used to cope with the breakup. (If you have not personally experienced a breakup, think of a close friend who has recently broken up with a romantic partner, and answer the questionnaire from that person's perspective.) _____ 1. I tried to figure out what I might have done wrong. _____ 2. I took alcohol or drugs.

(continues)

Demonstration 8.3 *(continued)*

_____ 3. I talked to my friends, trying to figure out if there was anything we could do to save the relationship.

_____ 4. I thought about how badly my partner had treated me.

_____ 5. I kept busy with my schoolwork or my job.

_____ 6. I told myself: "I'm lucky to have gotten out of that relationship."

_____ 7. I engaged in sports and other physical activities more than usual.

Sources: Based on Choo et al. (1996).

Breaking Up

Suppose that a man and a woman have been dating for about a year, and then they break up. Who suffers more? Choo and her coauthors (1996) asked college students to think back on a romantic relationship that had broken up and to assess their emotional reactions immediately after the breakup. Men and women reported similar negative emotions (anxiety, sadness, and anger), as well as similar guilt. As Choo and her colleagues (1996) point out, "Men and women are more similar than different. In most things, it is not gender, but our shared humanity that seems to be important" (p. 144).

However, women felt more joy and relief following the breakup. How can we explain these results? The research by Choo and her coauthors suggests that women are usually more sensitive to potential problems in a relationship. In other words, women may anticipate a breakup, and they worry about potential danger signs (Chethik, 2006).

Let's explore this issue further. As we discussed in Chapter 6, women are relatively skilled in decoding the emotions in a person's facial expressions. In contrast, a man may not recognize signs of sadness or anger in a person's facial expression. In other words, women tend to be better "mind-readers" than men (Fletcher & Boyes, 2008). Some additional research also suggests that it's easier to detect romantic interest in a man's facial expression, compared to a woman's facial expression (Place et al., 2009). Combining these two factors, a woman may be better at picking up signs of discontent. As a result, a woman may be less shocked when the breakup does occur.

How do women and men cope with a breakup? Choo and her colleagues (1996) asked their respondents to recall how they had responded to the end of their love relationship. Demonstration 8.3 shows some of the items. The researchers found that women and men were equally likely to blame themselves for the breakup (Questions 1 and 3 of Demonstration 8.3). They were also equally likely to take alcohol and drugs following the breakup (Question 2). Men were more likely than women to try to distract themselves from thinking about the breakup (Questions 5 and 7). However, women were somewhat more likely than men to blame their partner for the breakup (Questions 4 and 6).

Why were women more likely than men to blame their partner for the breakup? One possibility is that women typically work harder than men do to maintain a relationship. When a breakup occurs, women may realistically blame their partner for not investing more effort in the relationship.

SECTION SUMMARY

Dating and Heterosexual Relationships

1. In North American research, both women and men value physical attractiveness as an important characteristic for an ideal sexual partner, but men emphasize it more. Both women and men value characteristics such as honesty and intelligence in an ideal marriage partner, but men still emphasize attractiveness more than women do.
2. Cross-cultural research about ideal romantic partners shows that men are more likely to emphasize physical attractiveness, whereas women are more likely to emphasize financial status.
3. To explain why men emphasize physical attractiveness in a romantic partner—and why women emphasize good financial prospects—evolutionary psychologists theorize that each gender emphasizes characteristics that are likely to ensure passing their genes on to their offspring.
4. According to the social-roles explanation, men and women typically occupy different social roles. For instance, women tend to have low incomes, so they emphasize a partner's financial status. They are socialized differently, and they also have different opportunities and disadvantages.
5. Women are significantly more likely than men to say that their love relationships are based on friendship; women also report a wider range of emotions in their relationships. Most other gender differences in evaluations of love relationships are minimal.
6. Romantic relationships are typically more satisfying if they are based on friendship, if both partners can express their emotions, and if both partners are feminists.
7. When couples break up, women and men experience similar negative emotions. However, women are also more likely than men to experience joy and relief; they are also more likely to blame their partner for the breakup.

MARRIAGE AND DIVORCE

What do college students think about marriage? The research shows that women are significantly more likely than men to eagerly anticipate getting married (Blakemore et al., 2005). However, college women who are nontraditional tend to say that they will keep their own last name, rather than adopting their husband's last name (Blakemore et al., 2005; Hoffnung, 2006).

Our theme of individual differences in women's lives is especially important when we discuss women's experiences with marriage. Here is a report from Lili, who is now 53 years old:

> "I married right out of school, and I don't want to be married anymore. But what's out there for me?" … Her children were adults. The marriage was "dead." She felt stuck in a relationship and a household that gave her little pleasure. "To tell you the truth," she said, "if I could start over, maybe I'd skip getting married entirely. My women friends are the best. I'm thinking now, the thing is to stay single, have the occasional affair with a man, maybe adopt a kid, spend your free time enjoying your girlfriends." (Cantor et al., 2004, p. 81.)

Contrast that description with the observations of feminist author Letty Cottin Pogrebin (1997), who emphasizes that marriage can be a source of strength and joy:

> All I know is what I've had—34 years with a devoted partner who is my lover and closest friend. I know how it feels to live with someone whose touch excites, whose counsel calms, whose well-being matters as much as my own. I know that simple contentment is a kind of euphoria, that the familiar can be as intoxicating as the exotic, and that comfort and equality are, over the long haul, greater aphrodisiacs than romanticized power plays. I know how soul-satisfying it is to love someone well and deeply and to be loved for all the right reasons. I know how much more layered life is when everything is shared—sorrow and success, new enthusiasms, old stories, children, grandchildren, friends, memory…. We're what's called a good fit. (Pogrebin 1997, p. 37)

In Canada, the average ages for a first marriage are 28 years for women and 30 years for men (Statistics Canada, 2006). In the United States, the average ages for a first marriage are somewhat younger—25 years for women and 27 years for men (Surra et al., 2004). As of 2003, 63% of U.S. women were married, a decrease from earlier eras (U.S. Census Bureau, 2005). Figure 8.3 shows the percentages of married women in four major ethnic groups of U.S. residents; unfortunately, the current data do not include information about Native Americans (U.S. Census Bureau, 2005). Also notice the percentages of divorced women in this figure.

It's also important to keep in mind that the traditions of other countries may be very different. For example, in Afghanistan, more than half of the females are married before they are 16, and about three-quarters of young women have arranged marriages (Raj, Gomez, & Silverman, 2008).

Let's begin our examination of marriage and divorce by first discussing marital satisfaction. Then we'll look at the distribution of power in marriage and marriage patterns among women of color. Our final topic in this section is the realities of divorce.

Marital Satisfaction

How happy are women with their marriages? Let's see how marital satisfaction changes over time, how men and women compare in terms of marital satisfaction, and how certain characteristics are associated with happy marriages.
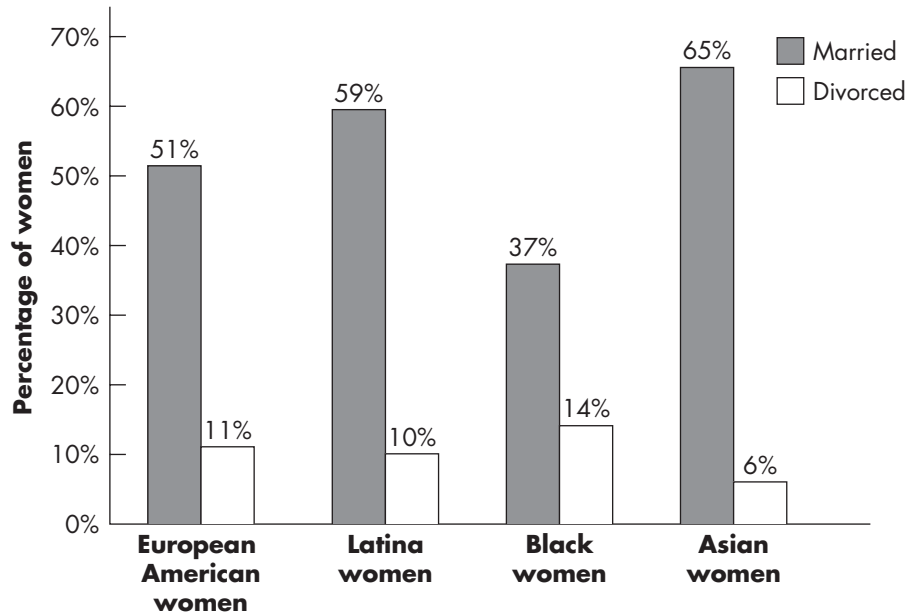
FIGURE **8.3** Percentages of women (age 15 or older) who label their status as married and divorced, in four major ethnic groups of U.S. residents.

Source: Based on data from U.S. Census Bureau (Current Population Reports 2008, Table 56).

Satisfaction During Various Periods of Marriage

Surveys show that young married couples are probably the happiest people in any age group (Karney & Bradbury, 2004). A few years after the wedding, however, many married people report feeling less romantic and more dissatisfied (Burpee & Langer, 2005; Neff & Karney, 2005; Noller, 2006). They may realize that they had different expectations for marriage (Noller & Feeney, 2002).

People who have been married 20 to 24 years tend to be the group that is least satisfied with their marriage. However, marital satisfaction generally improves during the next decade, once the children have left home (Chethik, 2006; J. Jones et al., 2001). Couples who have been married at least 35 years also report relatively little conflict in their relationship (Bachand & Caron, 2001). The reasons for this increased satisfaction are not clear, but they may include factors such as reduced conflict over parenting issues after the children leave home, as well as an increase in economic resources.

Gender Comparisons in Marital Satisfaction

Women are more likely than men to wish that they could change some aspects of their marriage (Vangelisti, 2006). Also, women are more sensitive than men to problems in their marital relationships (Amato et al., 2007; K. K. Dion & Dion, 2001b). Women's sensitivity is consistent with our earlier observation that women are somewhat better than men at anticipating

potential problems in a dating relationship. In general, however, current research tends to emphasize gender similarities in marital satisfaction (Amato et al., 2007; Kurdek, 2005; Verhofstadt et al., 2007).

Characteristics of Happy, Stable Marriages

In a happy, long-lasting marriage, both the wife and the husband feel that their emotional needs are fulfilled, and each partner enriches the life of the other. Both people understand and respect each other, as noted in Pogrebin's (1997) comment at the beginning of this section.

Researchers have found that a variety of psychological characteristics are correlated with happy, stable marriages (Amato et al., 2007; Bradbury et al., 2001; Cutrona et al., 2005; Dindia & Emmers-Sommer, 2006; Fincham, 2004; Fitness, 2006; Hazen et al., 2006; Noller, 2006; Perry-Jenkins et al., 2004; Prager & Roberts, 2004; Rauer & Volling, 2005; Wickrama et al., 2004):

1. Emotional stability.
2. Good communication skills and understanding.
3. A greater number of positive comments and expressions of affection, rather than negative comments and responses.
4. Strong conflict-resolution skills.
5. Trust in the other person.
6. Mutual support.
7. The belief that each spouse is genuinely concerned about the other person's well-being.
8. Flexibility.
9. Equal sharing of child care and household tasks.
10. Equal sharing in decision making.

Happily married couples even interpret their spouse's actions differently than unhappy couples do. For example, suppose that Jack gives a gift to his wife, Mary. If Mary is happily married, she is likely to think to herself, "How wonderful! Jack wanted to do something nice for me!" However, if Mary is unhappily married, she might think, "He's probably giving me these flowers because he's feeling guilty about something." Unpleasant interactions can also be explained in either a positive or a negative light. These explanatory patterns could make a happy marriage even happier, but they could encourage more conflict in an unhappy marriage (Fincham, 2004; Fitness, 2006; Karney & Bradbury, 2004).

Distribution of Power in Marriages

We have emphasized individual differences throughout this book, and the variation in marital roles is also substantial. In a **traditional marriage**, the husband is more dominant than the wife, and both partners maintain traditional gender roles. The wife can make most of the decisions about housework and child care, but the husband has the ultimate authority in family decisions. The husband protects the wife, and he also controls the money (Rudman & Glick, 2008). Traditional marriages are especially common among people from a conservative religious background (Impett & Peplau, 2006; S. E. Smith & Huston, 2004).

However, in recent decades most U.S. and Canadian marriages are somewhat less traditional, moving closer to an egalitarian marriage (Amato et al., 2003). In an **egalitarian marriage**, both partners share power equally, without traditional gender roles. The wife and the husband have equal responsibility for housework, child care, finances, and decision making. Egalitarian marriages also emphasize companionship and sharing. These marriages are based on a true friendship in which both partners really understand and respect one another (Impett & Peplau, 2006).

In an egalitarian marriage, the man and the woman also share many of the same interests. For example, a husband who had been married 16 years remarked:

> I started out pretty traditional. But over the years it made sense to change. We both work, and so we had to help each other with the kids…. And we worked together at church, and we both went whole hog into the peace program. So that got shared. I don't know; you can't design these things. You play fair, and you do what needs doing, and pretty soon you find the old ways don't work and the new ways do. (P. Schwartz, 1994, p. 31)

Marriage and Women of Color

We do not have a large number of systematic studies about marriage patterns in ethnic groups that are not European American (Caughlin & Huston, 2006). However, some resources provide partial information. Throughout this section, keep in mind the diversity within each group (Bryant & Wickrama, 2005; Chan, 2008; Jankowiak & Paladino, 2008). For instance, Latin American families in North America differ from one another because of the wide range of family income, education, country of origin, location of current residence, and level of acculturation.

Latinas

In general, Latinas/os emphasize that they have an important obligation to their family (de las Fuentes et al., 2003; Parke, 2004; Torres, 2003). One of the key concepts connected with Latinas/os is *machismo* (pronounced mah-*cheez*-mo). Social scientists have traditionally defined ***machismo*** as the belief that men must show their manhood by being strong, sexual, and even violent—clearly dominant over women in relationships (de las Fuentes et al., 2003; Molinary, 2007). The machismo perspective also emphasizes that men should not do housework (Hurtado, 2003).

The parallel concept for women is *marianismo* (pronounced mah-ree-ah-*neez*-mo) Social scientists have traditionally defined ***marianismo*** as the belief that women must be chaste until marriage; they must also be passive and long suffering, giving up their own needs to help their husbands and children (de las Fuentes et al., 2003; Hurtado, 2003; Molinary, 2007). *Marianismo* is based on the Catholic representation of the Virgin Mary, who serves as the most important role model for Latina women. *Machismo* and *marianismo* complement each other in a traditional Latina/o marriage:

> Love and honor your man—cook his meals, clean his house, be available and ready when he wants to have sex, have and care for his children, and look the

other way at marital infidelities…. In return, he will agree to protect you and your children, work, pay the bills. (M. Fine et al., 2000, p. 96)

How well do *machismo* and *marianismo* capture the relationship between Latinos and Latinas in everyday life? Many Latinas emphasize that their Catholic faith inspires them to help other people (Molinary, 2007). However, most Latinas/os do report more traditional attitudes than Whites or Blacks. Recent immigrants to the United States and Canada are especially likely to emphasize these attitudes (Steil, 2001b; Torres, 2003).

Still, the stereotype of the dominant husband and the completely submissive wife does not apply to most contemporary Latin American families (Matsumoto & Juang, 2008; Molinary, 2007). Fewer than half of Latinos and Latinas believe that marriages should adopt this pattern of inequity. Furthermore, both Latina women and Latino men believe that they can effectively influence their partners by being honest and by talking with each other (Beckman et al., 1999).

The *marianismo* model also fails to describe women's roles for the millions of low-income Latinas who must take a job to survive. Women who pick crops or work in factories cannot remain passive or totally focused on their husbands and children. In short, many Latinas and Latinos have created marriage patterns that differ from the models of *marianismo* and *machismo*.

Black Women

Most of the early research about Blacks focused on the most economically poor families. The researchers then generalized from that selected sample to all Black families, without acknowledging that poverty has a strong negative impact on family relationships. Furthermore, those researchers have often criticized Black women for working outside the home and for being strong figures in their own homes (Bryant & Wickrama, 2005; Gadsden, 1999; McLoyd et al., 2005).

The research does support the idea that Black couples may be more egalitarian than couples from some other ethnic backgrounds (Dodson, 1997; McLoyd et al., 2005; Tucker & James, 2005). For example, some researchers have examined decision-making power in African American families (J. L. McAdoo, 1993; Parke, 2004). Most of these families are close to the egalitarian model. The husband and the wife contribute equally to decisions about what car to buy, what house to buy, child rearing, and other similar issues.

Asian American Women

Asian American parents expect their children to marry someone from their own ethnic group, and the children typically do so (Chan, 2003). When people have recently emigrated from Asia, they are likely to encounter conflict between the traditional customs from their home country and the contemporary gender roles in North America (Chan, 2003; K. K. Dion & Dion, 2001a; Vang, 2008). Consider a Korean couple who immigrated to the United States and now work together in a family business. The husband comments:

After she started working her voice got louder than in the past. Now, she says whatever she wants to say to me. She shows a lot of self-assertion. She didn't do

that in Korea. Right after I came to the U.S., I heard that Korean wives change a lot in America. Now, I clearly understand what it means. (Lim, 1997, p. 38)

In contrast, consider his wife's comments:

In Korea, wives tend to obey their husbands because husbands have financial power and provide for their families. However, in the U.S., wives also work to make money as their husbands do, so women are apt to speak out at least one time on what they previously restrained from saying. (Lim, 1997, p. 38)

We've noted the relative power of the wife and the husband in Latina/o, Black, and Korean couples. When Hindu couples immigrate to the United States from India, the traditional wife is supposed to quietly obey her husband and in-laws. She should consider the goddess Sītā to be her role model, and she must therefore be self-sacrificing, faithful, and uncomplaining (Gupta, 1999; Pauwels, 2008; Tran & Des Jardins, 2000).

Traditional Hindu couples also divide decision-making power along gender-stereotypical lines. Specifically, wives are primarily responsible for decisions concerning food and home decoration. In contrast, husbands are primarily responsible for decisions requiring large sums of money, such as buying a car and deciding where to live (Dhruvarajan, 1992; Parke, 2004).

In summary, people of color are guided by cultural traditions that vary widely, consistent with Theme 4 of this book. However, couples from all cultures frequently create their own marriage styles that differ greatly from the norms of their culture.

Divorce

So far, most of our discussion has focused on relatively upbeat topics such as dating and marriage. As you know, however, divorce has become more common in North America. The divorce rate in Canada is now about four times as high as it was in 1968 (Statistics Canada, 2006). According to current predictions, between 40% and 65% of first marriages recently taking place in the United States and Canada will eventually end in divorce (Amato et al., 2007; Coleman et al., 2006).

In the United States, as Figure 8.3 on page 257 shows, the different ethnic groups have somewhat different divorce rates. The highest rate is for Blacks, the lowest for Asian Americans (Kitzmann & Gaylord, 2001; U.S. Census Bureau, 2005). Furthermore, divorce rates are lowest for people who have completed college (Deveny, 2008).

Even though attitudes toward divorce are not as negative as they were several decades ago, the divorce experience is still extremely stressful for most people (McCarthy & McCarthy, 2006). Let's consider four aspects of divorce: (1) cohabitation and divorce, (2) the decision to divorce, (3) psychological effects, and (4) financial effects.

Cohabitation and Divorce

In more than half of first marriages in the United States, couples had lived together before marriage (Smock & Gupta, 2002). According to research in the United States and Canada, couples who live together before marriage are more likely to get divorced than those who have not lived together (Amato

et al., 2007; Smock & Gupta, 2002; Surra et al., 2004). Does this mean that a couple should avoid cohabiting because it is likely to cause divorce? An equally likely explanation is that people who live together before marriage are relatively nontraditional. Nontraditional people may also feel fewer constraints about seeking a divorce (Smock & Gupta, 2002; Surra et al., 2004).

The Decision to Divorce

Who is more likely to seek divorce, men or women? Folk wisdom might suggest that the men are most eager to leave a marriage. However, you'll recall that women are more likely to foresee problems in a dating relationship. In fact, the data show that wives initiate divorce more often than husbands do (Coleman et al., 2006; McCarthy & McCarthy, 2006; Rudman & Glick, 2008). For instance, one survey focused on men and women who had experienced a divorce when they were between 40 and 69 years old. The results showed that 66% of women said that they had asked for the divorce, in contrast to 41% of men. Furthermore, 14% of women said that their spouse's request for a divorce had surprised them, in contrast to 26% of men (Enright, 2004).

The three major reasons that women listed for a divorce were physical or emotional abuse, infidelity, and drug or alcohol abuse (Enright, 2004). In Chapter 13, we will discuss detailed information about the abuse of women. However, it's important to note that many religious leaders in the United States believe that divorce should be the last resort for a woman who has been abused (Levitt & Ware, 2006).

Many women report that they contemplated a divorce for years. Consider the following example:

> Jane Burroughs knew 10 years into her marriage that it wasn't working. She and her husband argued constantly. He made all the decisions; she felt she had no say. But instead of divorcing, she stayed for 21 more years, when her children were grown…. Burroughs, now 58, concedes it was the most difficult experience of her life and one that triggered conflicting emotions. (Enright, 2004, p. 62)

Psychological Effects of Divorce

Divorce is especially painful because it creates so many different kinds of transitions and separations, in addition to the separation from a former spouse (Baca Zinn & Eitzen, 2002; Ganong & Coleman, 1999). When a woman is divorced, she may be separated from friends and relatives previously shared by the couple.

Divorce is one of the most stressful changes a person can experience (Enright, 2004; M. A. Fine, 2000; Kitzmann & Gaylord, 2001). Depression and anger are often common responses, especially for women. In addition, mothers typically need to help children cope with the reality of divorce (Cantor et al., 2004; J. M. Lewis et al., 2004).

However, divorce can lead to some positive feelings. Women who felt constrained by an unhappy marriage may also feel relief (Baca Zinn & Eitzen, 2002). As one woman said, "For me, the divorce was not difficult. I had been living in loneliness for years by the time my marriage ended, so that being alone felt uplifting, free" (Hood, 1995, p. 132). Many women

also report that their divorce lets them know they are stronger than they had thought. In fact, some say that the divorce actually had some long-range positive effects (Coleman et al., 2006; Enright, 2004; McKenry & McKelvey, 2003).

Financial Effects of Divorce

Despite the occasional positive effects of divorce, one consequence is painful: A woman's financial situation is almost always worse following a divorce, especially if she has children (Rice, 2001a). In Canada, two-thirds of divorced single mothers and their children live in poverty (Gorlick, 1995). In the United States, less than half of divorced fathers actually pay the mandated child support (Baca Zinn & Eitzen, 2002; Stacey, 2000). Black mothers are even more likely than White mothers to face financial problems (McKenry & McKelvey, 2003). These financial problems often increase a woman's depression and anger.

SECTION SUMMARY

Marriage and Divorce

1. Marital satisfaction is high during the newlywed period, but it often drops during subsequent years. Satisfaction is lowest during the first 20 to 24 years of marriage, and then it may increase after the children have left the home.
2. Women are more likely than men to report positive emotions about their marriage, but they are also more sensitive than men to marital problems.
3. Happy marriages are more common among people who have strong communication skills and conflict-resolution skills, who trust and support each other, and who share equally.
4. Marriages can be categorized along a continuum between traditional and egalitarian.
5. Some Latinas and Latinos emphasize *machismo* and *marianismo* in their marriages, but many advocate more egalitarian marital patterns. Black families may be more egalitarian than families from other ethnic backgrounds. Asian American families are likely to experience conflicts between traditional Asian values and contemporary North American gender roles.
6. A couple who lives together before marriage is more likely to get divorced, but the explanation for this tendency is not clear.
7. Women are more likely than men to initiate divorce, most often because of physical or emotional abuse, infidelity, and substance abuse.
8. Divorce is almost always stressful, especially because it creates depression and anger. Women may experience some positive effects, such as relief and a sense of strength. However, most divorced women experience financial problems that can have serious implications for their well-being.

LESBIANS AND BISEXUAL WOMEN

Rita and Sandy are a lesbian couple who have been together for 16 years. Reflecting on their first 10 years, Rita describes how she had thought that their relationship could not get any better:

> And now, between ten and sixteen years, I'm thinking, this is just excellent! Our relationship is just getting deeper and deeper and more loving and more loving, and of course, like any relationship, we've had our roller coaster. We've had our ups and downs and we'll continue to have our problems and work them out. It's hard to describe the deepness of the love. It keeps growing and growing and growing. So I can't imagine what it's going to be like in another sixteen years.

Then Sandy adds:

> And we're grateful for each other and we're both very verbal about thanking each other and being grateful to each other, respecting each other. I think that's really important. (Haley-Banez & Garrett, 2002, pp. 116–117)

A **lesbian** is a woman who is psychologically, emotionally, and sexually attracted to other women. Most lesbians prefer the term *lesbian* to the term *homosexual*. They argue that *lesbian* acknowledges the emotional components of the relationship, whereas *homosexual* focuses on sexuality. The term *lesbian*—like the term *gay*—is more proud, political, healthy, and positive (Kite, 1994). Our discussion of sexual orientation emphasizes love, intimacy, and affection, as well as sexual feelings.

Some psychologists use the term **sexual minority** to refer to anyone (female or male) who has a same-gender attraction (L. M. Diamond, 2002). This term therefore includes lesbians, gay males, bisexual females, and bisexual males. Sexual minority couples are more common than many people believe. For instance, the U.S. Census from 2000 reported that same-gender couples live in 99.3% of all the counties within the United States (Pawelski et al., 2006).

In Chapter 1, we introduced the term **heterosexism**, or bias against lesbians, gay males, and bisexuals—groups that are not heterosexual (Herek, 2009). In North American culture, an important consequence of heterosexism is that many people judge heterosexual relationships to be different from lesbian, gay, and bisexual relationships (S. D. Smith, 2004). Try Demonstration 8.4 to appreciate how heterosexist thinking pervades our culture.

DEMONSTRATION 8.4	## Heterosexist Thinking Answer each of the following questions, and then explain why each one encourages us to reassess the heterosexist framework. 1. Suppose that you are walking to class at your college and you see a man and a woman kissing. Do you think, "Why are they flaunting their heterosexuality?"

(continues)

Demonstration 8.4 *(continued)*

2. Close your eyes and picture two women kissing each other. Does that kiss seem sexual or affectionate? Now close your eyes and imagine a woman and a man kissing each other. Does your evaluation of that kiss change?
3. Suppose that you have an appointment with a female professor. When you arrive in her office, you notice that she is wearing a wedding ring and has a photo of herself and a man smiling at each other. Do you say to yourself, "Why is she shoving her heterosexuality in my face?"
4. If you are heterosexual, has anyone asked you, "Don't you think that heterosexuality is just a phase you'll outgrow once you are older?"
5. In all the public debates you've heard about sexual orientation, have you ever heard anyone ask any of the following questions?

   a. The divorce rate among heterosexuals is now about 50%. Why don't heterosexuals have more stable love relationships?
   b. Why are heterosexual men so likely to sexually harass or rape women?
   c. Why do heterosexuals place so much emphasis on sex?

Sources: Based partly on L. Garnets (2008) and Herek (1996).

An important point is that lesbians are no longer invisible to researchers in psychology. In fact, while preparing this chapter, I conducted a search on a resource called PsycINFO. Impressively, 1297 professional articles had been published with the term *lesbian* in the title, for research conducted between January 2000 and December 2010.

In Chapter 2, we examined heterosexism and bias based on sexual orientation, and in Chapter 4 we discussed the coming-out experience of adolescent lesbians. In Chapter 7, we emphasized anti-lesbian prejudice in the workplace. In upcoming chapters, we will discuss sexuality issues among lesbians (Chapter 9), the research on lesbian mothers (Chapter 10), and the experiences of lesbians whose life partners have died (Chapter 14).

In this section of Chapter 8, we'll first discuss the psychological adjustment of lesbian women. Next we'll explore several characteristics of lesbian relationships, the experiences of lesbian women of color, and the fluid nature of sexual orientation. We'll then address the legal status of lesbian relationships, as well as information about bisexual women. Our final topic will be potential explanations for sexual orientation.

The Psychological Adjustment of Lesbians

A large number of studies have shown that the average lesbian is as well adjusted as the average heterosexual woman (e.g., Herek & Garnets, 2007; J. F. Morris & Hart, 2003). However, many of these articles have major

problems with research design (Cochran & Mays, 2006). In contrast, consider a carefully designed study by Rothblum and Factor (2001). This study compared the mental health of 184 pairs of lesbian women and their biological sisters who were heterosexual. Notice what makes the research well controlled: Each lesbian woman in this study resembles a well-matched heterosexual woman. The results showed that the two groups were equivalently well adjusted, except that the lesbian women were higher in self-esteem.

In other carefully designed research, lesbians and heterosexual women are similar on almost all psychological dimensions, except that lesbians often score higher on positive characteristics such as "being self-sufficient," "being self-confident," and "making decisions easily" (Garnets, 2008).

In Chapter 2, our discussion of heterosexism and sexual prejudice emphasized that many sexual minority individuals are victims of hate crimes (e.g., Herek, 2009). Not surprisingly, lesbians, gays, and bisexuals who have experienced hate crimes are likely to report problems such as depression, anxiety, and substance abuse (Bontempo & D'Augelli, 2002; Herek & Garnets, 2007; I. L. Meyer, 2003). In other words, hatred has real-life consequences for the well-being of millions of women and men in North America.

However, lesbian women are typically not at greater risk for suicide than heterosexual women (I. L. Meyer, 2003). In light of the sexual prejudice problem, we should be surprised that lesbians and gay men do not have high rates of psychological dysfunction (Cochran & Mays, 2006; Garnets, 2008; Szymanski & Owens, 2009).

Students in my classes sometimes ask whether people who accept their lesbian or gay identity are better adjusted. The research shows that people who accept their lesbian identity have higher self-esteem than those who have not accepted their lesbian identity (Garnets, 2008; Herek & Garnets, 2007; J. F. Morris et al., 2001).

Many lesbians create their own communities, and warm, supportive networks develop from the "families" they choose. These communities are especially helpful when lesbians are rejected by their birth families (Szymanski & Owens, 2009; Haley-Banez & Garrett, 2002). However, lesbians are more satisfied with their lives and less depressed if their family and friends support their lesbian identity (Beals & Peplau, 2005).

Characteristics of Lesbian Relationships

For most North Americans—lesbian, gay male, bisexual, or heterosexual—being in a love relationship is an important determinant of their overall happiness (Peplau et al., 1997). Surveys suggest that between 40% and 65% of lesbians are currently in a steady romantic relationship (Badgett, 2008; Peplau & Beals, 2004). In other words, many lesbians consider that being part of a couple is an important aspect of their life.

Let's now look more closely at several aspects of lesbian relationships. Specifically, how do most lesbian relationships begin? How is equality emphasized in these relationships? How happy are lesbian couples? How do they respond when the relationship breaks up?

The Beginning of a Relationship

Lesbian women want many of the same qualities in a romantic partner that heterosexual women emphasize. These include characteristics such as dependability and good personality (Peplau & Beals, 2004). The research suggests that most lesbian couples begin their relationship as friends and then fall in love (Diamond, 2006; Peplau & Fingerhut, 2007; S. Rose, 2000). For many young women, a romantic relationship is a major milestone in coming out and identifying as a lesbian (M. S. Schneider, 2001).

An important hallmark of a strong relationship is emotional intimacy. As we'll see, lesbian couples are likely to emphasize emotional closeness. In contrast, physical attractiveness is relatively unimportant as a basis for a lesbian love relationship. In fact, when lesbians place personal ads in newspapers, they rarely emphasize physical characteristics (Peplau & Spalding, 2000; C. A. Smith & Stillman, 2002).

Equality in Lesbian Relationships

The balance of power is extremely important in lesbian relationships. Furthermore, couples are happier if both members of the pair contribute equally to the decision making (Garnets, 2008).

In Chapter 7, we saw that women do most of the housework in heterosexual marriages, even when both the husband and the wife work full time. As you might expect, lesbian couples are especially likely to emphasize that housework should be divided fairly (Peplau & Fingerhut, 2007).

Satisfaction

Some of the research on lesbian couples shows that their satisfaction with their relationship is much the same as for heterosexual couples and gay male couples (Diamond, 2006; Herek, 2006; Peplau & Fingerhut, 2007). Other research shows that lesbian couples have stronger relationship quality and fewer conflicts than heterosexual married couples (Balsam et al., 2008). Try Demonstration 8.5 before you read further.

DEMONSTRATION 8.5

Assessing Commitment to a Relationship

Answer the following questions about a current or a previous love relationship. Or, if you prefer, think of a couple you know well, and answer the questionnaire from the perspective of one member of that couple. Use a rating scale where 1 = strongly disagree and 5 = strongly agree. These questions are based on a survey by Kurdek (1995). This is a shorter version. Turn to pages 282–283 to see which relationship dimensions these items assess.

Rating   Question

_____   1. One advantage to my relationship is having someone to count on.

Demonstration 8.5 *(continued)*

———— 2. I have to sacrifice a lot to be in my relationship.
———— 3. My current relationship comes close to matching what I would consider my ideal relationship.
———— 4. As an alternative to my current relationship, I would like to date someone else.
———— 5. I've put a lot of energy and effort into my relationship.
———— 6. It would be difficult to leave my partner because of the emotional pain involved.
———— 7. Overall, I derive a lot of rewards and advantages from being in my relationship.
———— 8. Overall, a lot of personal costs are involved in being in my relationship.
———— 9. My current relationship provides me with an ideal amount of equality.
———— 10. Overall, alternatives to being in my relationship are appealing.
———— 11. I have invested a part of myself in my relationship.
———— 12. It would be difficult to leave my partner because I would still feel attached to him or her.

Source: Kurdek, L. A. (1995). *Family Relations*, *44*, 261–266. (Table 1). Copyright © 1995 by the National Council on Family Relations. Reprinted with permission.

Demonstration 8.5 contains some of the questions from a survey, designed by Lawrence Kurdek (1995), that measures relationship commitment. In this survey, Kurdek's sample of lesbian couples had commitment scores that were similar to the scores of married couples. The results also showed that the lesbian couples were more committed to the relationship than were heterosexual couples who were dating, but not living together.

Psychological intimacy is likely to be strong in lesbian couples (Garnets, 2008). One woman described this sense of caring and intimacy:

> What has been good is the ongoing caring and respect and the sense that there is somebody there who really cares, who has your best interest, who loves you, who knows you better than anybody, and still likes you … and just that knowing, that familiarity, the depth of that knowing, the depth of that connection [make it] so incredibly meaningful. There is something spiritual after awhile. It has a life of its own. This is what is really so comfortable. (Mackey et al., 2000, p. 220)

Breaking Up

We do not have extensive information about how lesbian partners break up their love relationships. However, the general pattern seems to be similar to the heterosexual breakup pattern (Diamond, 2006; Peplau & Beals, 2001).

When relationships end, both lesbian and heterosexual women report some negative emotions and some positive emotions (Diamond, 2006). However, the breakup of a lesbian relationship is typically different for one important reason. In the current U.S. culture, certain factors are more likely to keep heterosexual couples from splitting apart. These factors include the cost of divorce, joint investments in property, and concerns about children (Diamond, 2006; Peplau & Fingerhut, 2007). In addition, lesbian couples are less likely to have support for their relationship from other family members—a factor that often keeps heterosexual couples together.

Consider another point that several lesbian friends have mentioned to me. Lesbians are likely to derive substantial emotional support from their partners, especially because they experience relatively little emotional support from heterosexuals. When their relationships break up, there are not many people with whom they can share their sorrow. In addition, their heterosexual friends often consider this loss to be less devastating than the breakup of a heterosexual relationship.

Lesbian Women of Color

Lesbians of color often comment that they face a triple barrier in U.S. society: their ethnicity, their gender, and their sexual orientation (R. L. Hall & Greene, 2002; Herek & Garnets, 2007). In earlier chapters, we discussed a concept called *intersectionality*. **Intersectionality** argues that it's important to consider several social categories together, rather than independently (Cole, 2009).

For example, we cannot consider just gender, or just sexual orientation, or just ethnicity. After all, a woman who is lesbian and Latina typically encounters a different kind of discrimination than a woman who is lesbian and White. This perspective is consistent with Theme 4, which argues that there are large individual differences in women's experiences. The social category called "sexual orientation" is similarly diverse. Let's therefore consider some of the ways in which heterosexism is experienced by women who are Latina, Black, and Asian.

Many lesbians of color face an extra barrier because their culture has even more traditional views of women than does mainstream European American culture. For example, Black churches often show sexual prejudice toward lesbian and gay individuals (Cole & Guy-Sheftall, 2003; B. Greene, 2000a).

A Latina who is lesbian may have a different experience than a Black woman who is lesbian. Her family may believe that she cannot fulfill the roles that her family and community may expect of her—such as marrying, being obedient to her husband, and rearing her children in a traditional fashion (Torres, 2003). Because of these restrictions, a Latina lesbian may decide to marry and try to ignore her attraction to other women (Castañeda, 2008).

Another issue is that some cultures may be more traditional than European American culture with respect to discussing sexuality. For example, Asian cultures typically believe that sexuality shouldn't be discussed (C. S. Chan, 2008; Takagi, 2001). Asian parents may also feel that a lesbian daughter has rejected their cultural values (C. S. Chan, 2008; Hom, 2003).

In addition, many conservative heterosexual people of color believe that only European Americans face the "problem" of having gays and lesbians (Fingerhut et al., 2005; J. F. Morris, 2000). Furthermore, non-White sexual minorities are typically more worried than White sexual minorities that their parents will reject them because of their sexual orientation (Dubé et al., 2001). As a result of these two factors, lesbians of color may not adopt a strong lesbian identity, and they may be even less visible than in European American communities (Fingerhut et al., 2005).

Today, many lesbian women of color can find organizations and community groups that provide support, especially in urban regions of North America (J. F. Morris, 2000). For example, Latina lesbians in the New York City area can attend winter holiday parties, read brochures on health-care written in Spanish by Latina lesbians, and march in the Puerto Rican Day parade with a contingent of lesbian Latinas and gay Latinos. Racism and heterosexism may still be present, but these groups can provide a shared sense of community.

Some regions of North America have Asian American lesbian and gay social organizations, support groups for parents of Asian American lesbian and gay children, and conferences that focus on relevant issues. However, critics emphasize that much work still needs to be done to include lesbian and gay perspectives within the framework of contemporary Asian American issues (Duong, 2004; Fingerhut et al., 2005; Takagi, 2001).

Women of color who are lesbians often create positive environments for themselves, even though they might appear to be living on the margins of North American society. They refuse to let themselves be confined by labels, they develop powerful friendships, and their activism strengthens their own lives, as well as the lives of lesbian communities (R. L. Hall & Fine, 2005).

Legal Status of Lesbian Relationships

Linda Garnets is a professor at UCLA, and she conducts research about lesbian relationships. She describes her personal perspective:

> I am in a 22-year relationship that I know is a life partnership, but it has no legal status because same-gender marriages are illegal. My partner and I cannot be jointly covered by insurance, inheritance laws, or hospital visitation rules…. A good friend of ours was dying, and the hospital would only let her partner of 12 years see her if she pretended to be her sister. She was not considered "immediate family" by the hospital rules (Garnets, 2008, p. 235).

Currently, most lesbian couples living in the United States cannot marry or form legally recognized civil unions. The exceptions can be found only in a few states. Why would a U.S. lesbian couple want to be married? One obvious reason is personal: Two women want to recognize their commitment to each other. A second reason focuses on fairness: Lesbians would like their relationships to have first-class status, the same as heterosexual marriages. A third reason is political: They want to overcome the heterosexist bias that makes lesbians invisible (Garnets, 2008).

A fourth reason is practical. In the United States, the General Accounting Office has calculated that two people who are married can receive more than

1,000 federal and state benefits and protections, in comparison to two people who are an unmarried couple (General Accounting 0ffice, 2004; Peplau & Fingerhut, 2007).

As of 2010, same-gender marriages are permitted in Canada, the Netherlands, Belgium, Iceland, Sweden, Norway, Portugal, Spain, Argentina, and South Africa. A more limited "partnership" is legally recognized in countries such as Austria, Denmark, Hungary, and Switzerland.

Meanwhile, in the United States, attitudes toward lesbian and gay marriage have been growing more positive (Quindlen, 2008). However, research suggests that women in legalized civil unions in Vermont frequently experience stress from family members (Todosijevic et al., 2005). Will family members respond more positively as public attitudes change?

Bisexual Women

Heather Macalister, a psychology professor, describes her personal perspectives on sexual attraction:

> Growing up I assumed I was straight, as most of us do, and when I was about seventeen I discovered that some of the people I was attracted to were women. I was pretty excited about this. I thought it was neat to be open-minded, a free-thinker, to place other criteria for attraction above gender or sex. I frankly never considered referring to myself as "bisexual." It wasn't until later when the cumbersome "I'm open-minded, a free-thinker. I place other criteria for attraction above gender or sex!" left people confused that I began using the label "bisexual" for their cognitive convenience. But I still feel like it's missing something. I'm not hung up on gender or sex or sexual orientation, and I'm just attracted to whomever I'm attracted to. (Macalister, 2003, pp. 29–30)

A **bisexual woman** is a woman who is psychologically, emotionally, and sexually attracted to both women and men; a bisexual woman therefore refuses to exclude a possible romantic partner on the basis of that person's gender (Berenson, 2002; Macalister, 2003). In general, women are more likely to have experienced attraction to both women and men than attraction only to women (L. M. Diamond, 2002, 2005; Rust, 2000). We'll see that bisexuality presents a dilemma for a culture that likes to construct clear-cut categories (Macalister, 2003).

Characteristics of Bisexual Women

Bisexual women often comment that the nature of their attraction to women and men may differ. For example, one woman explained: "I feel a greater physical attraction to men, but a greater spiritual/emotional attraction to women" (Rust, 2000, p. 212). In short, bisexuality creates a flexible identity rather than a clear-cut life pathway (Rust, 2000).

Social scientists have not conducted much research on the adjustment of bisexual women. However, they seem to be similar to other women (Balsam et al., 2005; Ketz & Israel, 2002). Also, bisexual women and lesbian women are equally satisfied with their lives and with their current sexual identity (Balsam et al., 2005; Rust, 1996).

Bisexuals who come from a background of mixed ethnicity often find that their mixed heritage is consistent with their bisexuality. After all, their

experience with ethnicity has taught them from an early age that our culture constructs clear-cut ethnic categories. As a result, they are not surprised to encounter our culture's clear-cut categories of sexual orientation (Duong, 2004; Rust, 2000).

Attitudes Toward Bisexual Women

Bisexual women often report that they have been rejected by both the heterosexual and the lesbian communities. Because of sexual prejudice, heterosexuals may condemn bisexuals' same-gender relationships. In fact, heterosexuals rate bisexual women more negatively than they rate lesbian women (Herek, 2002b; Whitley & Kite, 2010). Many heterosexuals also believe that bisexuals are frequently unfaithful to their partners (Ketz & Israel, 2002; Peplau & Spalding, 2000). In contrast, lesbians often argue that bisexual women are "buying into" heterosexism and therefore deny that they are lesbians (Ketz & Israel, 2002; Whitley & Kite, 2010). As a result, both heterosexuals and lesbians often fail to understand women who classify themselves as bisexuals (Robin & Hamner, 2000).

In Chapter 2, we emphasized that people like to have precise categories for males and females, so that everyone fits neatly into one category or the other. Prejudice against lesbians can be partly traced to the fact that lesbians violate the accepted rules about categories: You shouldn't have a romantic relationship with someone who belongs to your own gender category. Bisexuals provide an additional frustration for people who like precise categories, because bisexuals cannot be placed into either the "clear-cut lesbian" or the "clear-cut heterosexual" category. People who have a low tolerance for ambiguity definitely feel uncomfortable about people who are bisexual.

The Fluidity of Female Sexual Orientation

During the 1990s, researchers who were interested in the topic of lesbian and gay sexual orientation favored a straightforward model. Specifically, a young person would feel unhappy about her or his heterosexual relationships. Then she or he would enter a period of sexual questioning, which would end with the adoption of a lesbian, gay, or bisexual identity.

Current researchers realize that this model is too simplistic, because it does not acknowledge the diverse pathways by which sexual orientation develops, especially for women (Baumeister, 2000; L. M. Diamond, 2002, 2003b, 2005, 2007, 2008; Vohs & Baumeister, 2004). One problem with the older research is that most of the sexual minority individuals who had shared their stories were openly gay males who were exclusively attracted to other men. Consistent with Theme 3 of this textbook, earlier research focused on sexual minority *men* rather than on sexual minority *women*.

According to more recent studies, sexual orientation can be a fluid, changing process rather than a rigid category. Consider, for example, the research of Lisa M. Diamond (2002, 2003b, 2005). She began by interviewing 80 women between the ages of 18 and 25 who had identified themselves as "nonheterosexual women," a term that could include lesbian and bisexual women. Diamond located these women in college courses on sexuality, in

college campus groups, and in community events sponsored by lesbian, gay, and bisexual organizations.

Diamond has continued to interview these women over a period of 8 years. Of the women who had identified themselves as lesbians in the first interview, some described a "classic" development of their lesbian identity. These **stable lesbians** had focused on girls and women during childhood, and this interest had continued during adolescence. However, a larger number of women in Diamond's study could be classified as **fluid lesbians** because they had questioned or changed their lesbian sexual identity at some point. Consider the following description, provided by one woman who qualifies as a fluid lesbian:

> After I graduated from college … I found myself, not necessarily only attracted to both sexes, but also slightly more open-minded to the notion that maybe … maybe I can find something in just a person, that I don't necessarily have to be attracted to one sex versus the other. (L. M. Diamond, 2005, p. 126)

Interestingly, many of the women in Diamond's research also emphasized that they disliked having to fit themselves into someone else's labels or categories. In fact, by the time that Diamond had interviewed her sample of women in 2005, two-thirds of these women had considered themselves to be "unlabeled" at some period of time in their lives (Diamond, 2007).

In this chapter, we have emphasized the variation in women's romantic relationships, consistent with Theme 4. As we've just seen, the current research also suggests that a woman's sexual orientation can vary throughout her lifetime. In the last part of this section on lesbian and bisexual women, we will see the implications of this fluidity for theories of sexual orientation.

Theoretical Explanations About Sexual Orientation

When we try to explain how lesbians develop their psychological, emotional, and sexual preference for women, we should also consider another question: How do *heterosexual* women develop their psychological, emotional, and sexual preference for men? Unfortunately, theorists rarely mention this question.[1] Because of our culture's heterosexist bias, it is considered both natural and normal for women to be attracted exclusively to men. This assumption implies that lesbianism is unnatural and abnormal, and abnormalities require an explanation (Baber, 2000; Nencel, 2005).

However, heterosexuality is actually more puzzling. After all, research in social psychology shows that we prefer people who resemble ourselves, not people who are different. On this basis, we should actually prefer those of our own gender.

Articles in the popular press proclaim that biological factors are the most important determinate of sexual orientation. In reality, we do not have strong evidence for a biological explanation for the sexual orientation of lesbians or

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[1] One exception is an excellent article by Hyde and Jaffee (2000), which suggests that adolescent women are encouraged toward heterosexuality by means of traditional gender roles and numerous anti-gay messages.

bisexual women. Meanwhile, psychologists who favor social constructionist explanations theorize that both social forces and our thought processes tend to shape a woman's sexual orientation. We'll also consider a new perspective developed by Lisa M. Diamond (2007, 2008), which is based on the dynamical systems approach.

Biological Explanations

Researchers who favor biological explanations are much more likely to study gay men than lesbian women. For example, an article in the *Wall Street Journal* was titled "Brain Responses Vary by Sexual Orientation, New Research Shows" (2005). However, lesbians were invisible in this particular study because it discussed only gay men. Other research examines members of nonhuman species exposed to abnormal levels of prenatal hormones. These research areas are too far removed to offer compelling explanations for women's sexual orientation.

Other research examines humans to determine whether genetic factors, hormonal factors, or brain structures determine sexual orientation (e.g., Hershberger, 2001; LeVay, 1996; Savic et al., 2005). Some of the research suggests, for example, that a particular region on the X chromosome may contain genes for homosexuality. However, this research focuses almost exclusively on gay males, not lesbians or bisexuals (Peplau, 2001; Savic et al., 2005). Many of these studies also have serious methodological flaws that other researchers have pointed out (e.g., J. M. Bailey et al., 2000; J. Horgan, 2004; Hyde & DeLamater, 2006; L. Rogers, 2001).

Let's consider one of the few studies on genetic factors that looked at lesbians. Bailey and his colleagues focused on lesbians who happened to have an identical twin sister (J. M. Bailey et al., 2000). Of these lesbians, 24% had lesbian twin sisters. This is a fairly high percentage, but these lesbian twins shared the same home environment, as well as the same genetic makeup. Furthermore, if genetic factors guarantee sexual orientation—and each twin pair has identical genes—why isn't that figure closer to 100% (L. Rogers, 2001)? Other conceptually similar research shows weak support for the biological approach to women's sexual orientation (J. M. Bailey et al., 1993; Hyde, 2005b; Pattatucci & Hamer, 1995).

In short, biological factors may be responsible for a small part of women's sexual orientation; however, relatively few studies examine either lesbians or bisexual women. We should note, incidentally, that research suggests somewhat stronger support for the role of biological factors in male sexual orientation (Baumeister, 2000; Fletcher, 2002; Hershberger, 2001; Vohs & Baumeister, 2004). Clearly, however, the popular press has overemphasized the importance of biological factors in explaining sexual orientation in women (J. Horgan, 2004).

The Social Constructionist Approach

The recent research and theory suggest that women's sexual orientation is more influenced by our culture, the social norms, and situational factors, rather than by biological factors (Baumeister, 2000; L. M. Diamond, 2003b;

Vohs & Baumeister, 2004). Furthermore, notice how these sociocultural explanations emphasize the individual differences among women in their erotic orientations (Vohs & Baumeister, 2004).

The **social constructionist approach** argues that our culture creates sexual categories, which we use to organize our thoughts about our sexuality (Baber, 2000; Bohan, 1996; C. Kitzinger & Wilkinson, 1997). Social constructionists reject an essentialist approach to sexual orientation. In other words, sexual orientation is not a fundamental aspect of an individual that must be acquired either before birth or in early childhood.

The social constructionists propose that, based on their life experiences and cultural messages, most North American women initially construct heterosexual identities for themselves (Baber, 2000; Carpenter, 1998). However, some women review their sexual and romantic experiences and decide that they are either lesbian or bisexual (Bociurkiw, 2005; L. M. Diamond, 2007).

The social constructionist approach argues that sexuality is both fluid and flexible, consistent with our earlier discussions. For example, women can make a transition from being heterosexual to being lesbian by re-evaluating their lives or by reconsidering their political values (C. Kitzinger & Wilkinson, 1997).

To examine the social constructionist approach, Celia Kitzinger and Sue Wilkinson (1997) interviewed 80 women who had previously identified themselves as heterosexuals for at least 10 years and who, at the time of the study, strongly identified themselves as lesbians. These women reported how they reevaluated their lives in making the transition. For example, one woman said:

> I was looking at myself in the mirror, and I thought, "That woman is a lesbian," and then I allowed myself to notice that it was me I was talking about. And when that happened, I felt whole for the first time, and also absolutely terrified. (p. 197)

However, we need to emphasize an important point: Some lesbians believe that their sexual orientation is truly beyond their conscious control (Golden, 1996). These women had considered themselves different from other females at an early age, usually when they were between 6 and 12 years old.

In short, the social constructionist approach acknowledges that the categories *heterosexual, bisexual,* and *lesbian* are fluid and flexible. This approach also explains how some women consciously choose their sexual category.

The Dynamical Systems Approach

According to Lisa M. Diamond (2007, 2008), an appropriate model of female sexual orientation needs to focus on how women's sexual orientation may change over time. As we saw on pages 272–273, Diamond's own research has examined the changes that nonheterosexual women experienced during an interval of more than 10 years. Diamond (2007, 2008) searched for a model that could explain how complex changes can occur over a period of many years, and she discovered a perspective called the *dynamical systems* approach.

Originally, physicists and mathematicians developed the dynamical systems approach to explain complicated changes in the physical world. Then developmental psychologists applied this perspective to topics such as infants' motor development.

When applied to woman's sexual orientation, the **dynamical systems approach** proposes that a woman may experience new sexual feelings that occur in specific situations, and then she thinks about these experiences. If these cycles of sexual feelings and interpretations keep occurring, this woman eventually creates a new perspective about her sexuality.

Diamond (2007, 2008) therefore emphasizes that changes in a woman's sexuality may not occur in a systematic, linear fashion. Consistent with Diamond's own research findings and the perspective of other researchers, she argues that the experiences of nonheterosexual women are much more fluid and complex (Peplau, 2001; Peplau & Garnets, 2000),

The most comprehensive theory of sexual orientation may actually include a biological predisposition that encourages some women to develop a lesbian or bisexual orientation (L. M. Diamond, 2003c, 2008). Social constructionism also plays an important role. However, a woman's continuing reinterpretations of her sexual experiences can influence whether she will choose a heterosexual, lesbian, or bisexual identity. In other words, sexual orientation is not a clear-cut category but a continuing process of self-discovery.

SECTION SUMMARY

Lesbians and Bisexual Women

1. Lesbians are women who are psychologically, emotionally, and sexually attracted to other women; however, our heterosexist culture perceives heterosexual relationships to be very different from sexual-minority relationships.
2. Research demonstrates that lesbians and heterosexual women are equally well adjusted; lesbians who accept their lesbian identity are typically higher in self-esteem than other lesbians.
3. The research shows that most lesbian relationships begin with friendship and that lesbian couples tend to emphasize emotional closeness.
4. Lesbian couples are happier when decision making is evenly divided; in general, lesbian couples and heterosexual couples are equally satisfied with their relationships.
5. Lesbian couples and heterosexual couples have somewhat similar emotional reactions to breaking up; however, legal factors are more relevant in preventing heterosexual breakups.
6. According to the intersectionality perspective, we need to consider several social categories at the same time; for instance, a woman who

SECTION SUMMARY *(continued)*

    is a Latina lesbian may have different perspectives from a woman who is a Black lesbian.

7. Lesbian women of color are often reluctant to disclose their sexual orientation if their ethnic community has conservative values; however, many lesbian women of color belong to organizations in their community.

8. Same-gender marriages are illegal in most of the United States. However, many lesbian couples want to marry to make their mutual commitment more visible, to have the same status as heterosexual couples, to gain visibility for sexual minorities, and to achieve legal equality.

9. A diverse assortment of countries throughout the world permit either same-gender marriages or partnerships.

10. Bisexual women illustrate that women can be attracted to both women and men; unfortunately, these women may face rejection by both the lesbian and the heterosexual communities.

11. The majority of lesbians report that they have had a fluid pattern of sexual identity, with some heterosexual interest, rather than a consistent lesbian identity.

12. Biological research seldom focuses on lesbians or bisexuals; we do not currently have persuasive evidence that biological factors are responsible for a major part of women's sexual orientation.

13. The social constructionist approach emphasizes that female sexual orientation is typically flexible, and women can reconstruct their identity to make transitions between heterosexual and lesbian orientations.

14. Diamond's dynamical systems approach argues that a woman's sexual orientation is often complex, because it involves nonlinear cycles of sexual feelings and interpretations of those feelings.

SINGLE WOMEN

According to the current data, 21% of women—18 years of age and older—have never married (U.S. Census Bureau, 2005). The comparable figure for Canada is 27% (Status of Women Canada, 2000). The category "single women" includes those who have never married. However, it also overlaps with many groups we have already considered. For example, this category includes women who are either in a dating relationship or living with a romantic partner. Women who are separated or divorced are also included. So are lesbians and bisexual women who are not currently married. Finally, some of these single women are widows, a group whom that we will consider in Chapter 14. Using this broader definition of "single," for example, 38% of Canadian women consider themselves to be single (Statistics Canada, 2010c).

Attitudes Toward Single Women

Imagine that a friend has invited you to a family picnic with her extended family. She is giving you a brief description of each relative who will be there. For one relative, Melinda Taylor, she says, "I really don't know much about her, but she is in her late 30s and she isn't married."

Try to form a mental image of Melinda Taylor, given this brief description.

Compare her with the average woman in her late 30s, using the following list of characteristics. In each case, decide whether Melinda Taylor has more of the characteristic (write *M*), the same amount of the characteristic (write *S*), or less of the characteristic (write *L*).

———— friendly
———— bossy
———— intelligent
———— lonely
———— disorganized
———— attractive
———— warm
———— good sense of humor
———— good conversationalist
———— unhappy
———— feminist
———— politically liberal

Do you see any pattern to your responses?

This section on single women focuses on women who have never married, because they are not considered elsewhere in the section. However, all the other groups of single women share some of the same advantages and disadvantages that these never-married women experience. Before you read further, try Demonstration 8.6.

Characteristics of Single Women

Psychologists and sociologists seldom conduct systematic research about single women, even though they constitute a substantial percentage of adult women (Byrne, 2009; M. S. Clark & Graham, 2005; B. M. DePaulo, 2006). The data show that single women are slightly more likely than married women to work outside the home (Bureau of Labor Statistics, 2004b). Many single women are highly educated, career-oriented individuals. These women often report that being single allows them flexible work hours and geographic mobility (Byrne, 2009; DeFrain & Olson, 1999).

Many single women have chosen not to marry because they never found an ideal partner. For example, *Time* magazine conducted a survey of 205

never-married women. One question asked, "If you couldn't find the perfect mate, would you marry someone else?" (T. M. Edwards, 2000, p. 48). Only 34% of these women replied that they would choose to marry a less-than-perfect spouse. Other women remain single because they believe that happy marriages are difficult to achieve (Huston & Melz, 2004).

Single, never-married women typically receive the same scores as married women on tests that measure psychological distress (N. F. Marks, 1996). Furthermore, single women score higher than married women on measures of independence, and some research shows that they have lower rates of psychological disorders (Byrne, 2009). Other research shows that single women and married women are similar in their life span, and both groups tend to live longer than divorced women (Fincham & Beach, 1999; Friedman et al., 1995). In summary, single women are generally well adjusted, and they are frequently satisfied with their single status.

Attitudes Toward Single Women

What kinds of answers did you provide in Demonstration 8.6? Also, think about the comments aimed at never-married women when you were growing up. The word **singlism** refers to bias against people who are not married (B. M. DePaulo & Morris, 2005, 2006). For example, single women report that they have received less respect and poorer service at restaurants, compared to married women (Byrne & Carr, 2005). They also experience more housing discrimination (B. M. DePaulo & Morris, 2006; Morris et al., 2007). However, most people—including some single women—are not aware of this singlism bias (Morris et al., 2008).

Furthermore, research shows that college students tend to describe single people as egocentric, lonely, shy, unhappy, insecure, and inflexible (Byrne, 2009; B. M. DePaulo & Morris, 2005, 2006). However, these college students also describe single people as being sociable and friendly, so the students do acknowledge some positive characteristics of single people.

Remaining single is currently more respectable than it was in earlier eras (Baca Zinn & Eitzen, 2002; Cantor et al., 2004). One reason is that women in recent years are more likely to be single, partly due to an increase in the number of well-educated, economically self-sufficient women (Whitehead, 2003). In 1970, only 10% of 25- to 29-year-old women were unmarried, compared to 40% by 2003 (U.S. Census Bureau, 2005). Many current television programs also represent single women in a positive fashion.

Advantages and Disadvantages of Being Single

When single women are asked to identify the advantages of being single, they frequently mention freedom and independence (B. M. DePaulo & Morris, 2005; K. G. Lewis & Moon, 1997). Single people are free to do what they want, according to their own preferences. In fact, single women are more likely than married women to spend their time in leisure activities, travel, and social get-togethers (Lee & Bhargava, 2004). Single women also have more freedom to choose the people with whom they want to spend time (B. M. DePaulo & Morris, 2005).

In addition, single women mention that privacy is an advantage for them. They can be by themselves when they want, without the risk of offending someone. By learning to be alone with themselves, many women also say that they have developed a greater level of self-knowledge (Brehm, Miller et al., 2002).

When single women are asked about the disadvantages of being single, they frequently mention loneliness (T. M. Edwards, 2000; Rouse, 2002; Whitehead, 2003). One woman reported, "I am not a widow, but I'm the same as a widow. I'm a woman living alone, going home to an empty house" (K. R. Allen, 1994, p. 104).

However, most single women create their own social networks of friends and relatives (Rouse, 2002). Many have housemates with whom they can share their joys, sorrows, and frustrations. Others create a group of friends who can enjoy social activities together. In summary, single women frequently develop flexible support systems for caring and social connection.

Single Women of Color

We noted that little research has been conducted on the general topic of single women. Sadly, single women of color are virtually invisible in the psychology research. This observation is especially ironic because 24% of Latina women and 37% of Black women have never married, in contrast to only 18% of European American women (U.S. Census Bureau, 2005).

In some communities, unmarried women serve a valuable function. For example, in Chicana (Mexican American) culture, an unmarried daughter is expected to take care of her elderly parents or to help out with nieces and nephews (Flores-Ortiz, 1998).

Compared to other women, there is more research on Black women who are single, especially because they spend a longer proportion of their lives as singles (Tucker & James, 2005) Compare. The research shows, for example, that many Black women prefer to remain single, rather than to marry a man who currently has limited employment possibilities (Baca Zinn & Eitzen, 2002; Jayakody & Cabrera, 2002). Supportive friendships often provide invaluable social interactions for single Black women (Denton, 1990).

Surveys show that Asian American single women are frequently expected to fulfill the unmarried-daughter role (Ferguson, 2000; Newtson & Keith, 1997). Many Asian American women also report that they choose to remain single because they want to pursue an advanced education or because they have not found an appropriate marriage partner (Ferguson, 2000).

Researchers in past years have failed to provide a balanced description of the attitudes, social conditions, and behaviors of single women. In the next few decades, we may achieve a more complete understanding of the diversity of single women from all ethnic backgrounds. Furthermore, as Bella DePaulo and Wendy Morris (2005) emphasize:

> Enlightened citizens come to realize that you don't need to be a man to be a leader, you don't need to be straight to be normal, you don't need to be White to be smart, and you don't need to be coupled to be happy. (p. 78)

SECTION SUMMARY

Single Women

1. Researchers typically do not study single women; however, these women are reasonably similar to married women on various measures of adjustment and health.
2. "Singlism" refers to bias against people who are not married. Single women report some housing discrimination. Surveys indicate some negative attitudes about single people, but remaining single is now more acceptable than in earlier decades.
3. Single women tend to value their freedom to pursue their own leisure activities, but many mention that loneliness is a disadvantage; most single women create alternative social networks.
4. Unmarried Latina women are often expected to take care of elderly family members. Black single women emphasize the importance of supportive friends. Some Asian women stay single to take care of elderly family members; others stay single to pursue advanced educational degrees.

CHAPTER REVIEW QUESTIONS

1. At several points in this chapter, we discussed cross-cultural studies as well as research focusing on North American women of color. Summarize this research with respect to the following topics: (a) the ideal romantic partner, (b) marriage, (c) lesbian women, and (d) single women of color.

2. What is evolutionary psychology, and how does it explain women's and men's choices for an ideal romantic partner? Why is it inadequate in explaining cross-cultural research? How can the social-roles theory account for that research? Finally, why would evolutionary psychology have difficulty accounting for lesbian relationships?

3. The issue of power is an important topic in this chapter. Describe the division of power in traditional and egalitarian marriages, as well as in lesbian relationships. Also discuss how power operates for married women of color.

4. Discuss how this chapter contains many examples of the theme that women differ widely from one another. Be sure to include topics such as patterns of living together, reactions to divorce, sexual orientation, and the social relationships of single women.

5. Discuss gender comparisons that were described throughout this chapter. Be sure to include topics such as the ideal sexual partner, the ideal marriage partner, reactions to breaking up, satisfaction with marriage, and the decision to seek a divorce.

6. We noted that people who like clear-cut categories often experience frustration when they try to understand lesbians and bisexual women. Discuss Lisa Diamond's research about the fluid nature of sexual orientation, the experiences of bisexual women, and theories about sexual orientation.

7. Lesbians, bisexuals, and single women all have lifestyles that differ from the traditional norm. What are people's attitudes toward women in these three groups?

8. Imagine that you are having a conversation with a friend from your high school, whom you know well. This friend says that she

thinks that lesbians are more likely than heterosexual women to have psychological problems and relationship difficulties. She also opposes same-gender marriages. How could you address her concerns by using information from this chapter?

9. Suppose that you continue to talk with the high-school friend mentioned in Question 8, and the conversation turns to people who have never married. She tells you that she is worried about a woman you both know who doesn't seem to be interested in dating or finding a husband. How would you respond to your friend's concerns?

10. Over the past 10 to 20 years, people's behaviors and attitudes about love relationships have changed a great deal. Using the chapter outline on page 244 as a guideline, describe between five and ten substantial changes.

KEY TERMS

evolutionary-psychology approach (p. 250)

social-roles approach (p. 251)

traditional marriage (p. 258)

egalitarian marriage (p. 259)

machismo (p. 259)

marianismo (p. 259)

lesbian (p. 264)

sexual minority (p. 264)

heterosexism (p. 264)

intersectionality (p. 269)

bisexual woman (p. 271)

stable lesbians (p. 273)

fluid lesbians (p. 273)

social constructionist approach (p. 275)

dynamical systems approach (p. 276)

singlism (p. 279)

RECOMMENDED READINGS

Amato, P. R., Booth, A., Johnson, D. R., & Rogers, S. J. (2007). *Alone together: How marriage in America is changing*. Cambridge, MA: Harvard University Press. Here is an excellent resource about research on heterosexual marriages. Although the analyses are complex, the writing style is clear and interesting.

DePaulo, B. M. (2006). *Singled out: How singles are stereotyped, stigmatized, and ignored, and still live happily ever after*. New York: St. Martin's Press. Bella DePaulo is a social psychologist, and her excellent book combines scholarly research with well-chosen narratives.

Diamond, L. M. (2008). *Sexual fluidity: Understanding women's love and desire*. Cambridge, MA: Harvard University Press. Lisa Diamond's book provides in-depth information about the lives of the women whom she interviewed in her research on nonheterosexual women. Diamond includes many quotations from these women, as well as potential theories that could account for sexual orientation.

Vangelisti, A. L., & Perlman, D. (Eds.). (2006). *The Cambridge handbook of personal relationships*. Mahwah, NJ: Erlbaum. I strongly recommend this superb handbook; about half of the chapters provide information relevant to this chapter on love relationships.

ANSWERS TO THE DEMONSTRATIONS

Demonstration 8.1: 1. F; 2. F; 3. M; 4. M; 5. F; 6. F; 7. M; 8. F; 9. M; 10. M.

Demonstration 8.5: Kurdek's (1995) questionnaire, the Multiple Determinants of Relationship Commitment Inventory, assesses six different components of love relationships. On the shortened version in this demonstration, each of six categories is represented with two questions: Rewards (Questions 1 and 7), Costs (Questions 2 and 8), Match to Ideal Comparison (Questions 3 and 9), Alternatives (Questions 4 and 10), Investments (Questions 5 and 11), and Barriers to Leaving the Relationship (Questions 6 and 12). High relationship

commitment was operationally defined in terms of high scores on Rewards, Match to Ideal Comparison, Investments, and Barriers to Leaving and low scores on Costs and Alternatives.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. True (p. 248);   2. False (pp. 250–251); 3. True (p. 253);   4. True (p. 257);   5. False (p. 260);   6. True (pp. 261–262);   7. True (p. 266);   8. False (pp. 273–274); 9. False (p. 279);   10. True (p. 280).

9 Sexuality

True or False?

_____ 1. In the textbooks designed for middle-school and high-school students, the discussions of sexuality typically emphasize biological factors.

_____ 2. The gender differences in sexual desire are larger than most other psychological gender differences.

_____ 3. In the current decade, people consistently judge a sexually active unmarried male more positively than a sexually active unmarried female.

_____ 4. Most U.S. parents say that they want high-school sex-education courses to include the topic of birth control.

_____ 5. Almost all women have very positive memories about their first experience of sexual intercourse.

_____ 6. Suppose that some college students are reading a story about a dating couple named Susan and Jack, but it's not clear whether they are sexually involved; the males are more likely than the females to believe that Susan wants to have a sexual relationship with Jack.

_____ 7. During sexual activity, women are often concerned about their physical attractiveness.

_____ 8. During adolescence, a female in the United States is about three times as likely as a female in Canada to become pregnant.

_____ 9. When women with an unwanted pregnancy have an abortion, they typically do not experience serious psychological consequences.

_____10. The current research suggests that teen mothers who remain single are much more likely than married teen mothers to return to school after the birth of their baby.

When editing this chapter about sexuality, I decided to check a variety of entries on Google. The most general search—for the topic "sexuality"—yielded about 24,300,000 entries "Human male sexuality" had about 832,000 entries, but "human female sexuality" had only about 632,000. The top 20 entries on the list for "human female sexuality" included a botanical oil that is supposed to provide "better sex effortlessly," a website that advertised "1000s of sexy women personal ads" (apparently not aimed at a female audience), and a website that began with the message, "Sexual reproduction is the process that involves the fusion of two gametes …" Not one of those descriptions focused on a topic that would be considered especially important by feminist psychologists who specialize in women's sexuality.

With more than 24 million Google entries about sexuality, we might expect people to be well informed about the topic. However, the studies suggest otherwise. Mariamne Whatley and Elissa Henken (2000) asked people in Georgia to share some of the "information" they had heard about a variety of sexual topics. Some people believed, for instance, that a woman can become pregnant from kissing, from dancing too close to a man, or when having sexual intercourse during her menstrual period (rather than midcycle).

People in this survey also reported that gynecologists have found snakes, spiders, and roaches living in women's vaginas. Still others told how they had heard that a tampon, inserted into the vagina, can travel into a woman's

stomach. Apparently, people can be seriously misinformed about both pregnancy and women's sexual anatomy!

Our chapter begins with some background information about women's sexuality. (However, I will assume you know that the vagina is not connected to the stomach.) In the second section, we'll discuss people's attitudes and knowledge about sexuality. We'll then consider sexual behavior and sexual disorders. The final section examines the topics of birth control and abortion. Later on, in Chapter 11, we will discuss the related issue of sexually transmitted diseases.

BACKGROUND ON WOMEN'S SEXUALITY

In most of this chapter, we focus on people's attitudes toward sexuality and on women's sexual behavior; sexuality is much more than just a biological phenomenon (Easton et al., 2002; Fine & McClelland, 2006; Marecek et al., 2004). To provide a helpful context for these topics, however, we'll first address some background questions. What theoretical approaches to sexuality are currently most prominent? What parts of a woman's body are especially important in her sexual activities? What sexual responses do women typically experience? Furthermore, are there gender differences in sexual desire?

Theoretical Perspectives

Feminist psychologists have pointed out that discussions about sexuality often represent a limited view of the topic (L. M. Diamond, 2004; Fine & McClelland, 2006, 2007; Marecek et al., 2004; Tiefer, 2004). For instance, consistent with Theme 3, researchers frequently consider men's sexual experiences to be the normative standard; they tend to ignore female sexuality (Fassinger & Arseneau, 2008).

This androcentric emphasis is reflected in descriptions of sexuality in several textbooks designed for middle-school and high-school students. In one textbook, for example, the word *penis* is defined as "the male sexual organ," whereas *vagina* is defined as "receives penis during sexual intercourse" (cited in C. E. Beyer et al., 1996). Also, notice the heterosexist bias. Consistent with much of the sexuality research, the woman's partner is assumed to be a man.

Here's another bias in the pre-college textbooks about sexuality: Sexual experiences are often viewed from a purely biological framework, so that hormones, brain structures, and genitals occupy center stage (Tolman & Diamond, 2001a; J. W. White et al., 2000). Furthermore, these discussions often assume that the biological processes apply universally to all women (Peplau, 2003; Tiefer, 2004).

This overemphasis on biology is consistent with the essentialist perspective. As we discussed earlier in this book, **essentialism** argues that gender is a basic, stable characteristic that resides within an individual. According to the essentialist perspective, all women share the same psychological characteristics (Marecek et al., 2004).

Theme 4 of this textbook emphasizes widespread individual differences, including differences in women's sexual responses. In contrast, essentialism ignores these individual differences (Baber, 2000). When researchers adopt this essentialist perspective, they often neglect the social and cultural

framework. That framework is especially important because sexuality is so prominent in our popular culture.

In contrast to the essentialist perspective, social constructionism emphasizes that social forces have an important impact on our sexuality. As we discussed in earlier chapters, the **social constructionist approach** argues that individuals and cultures construct or invent their own versions of reality based on prior experiences, social interactions, and beliefs. For example, in North American culture, males are supposed to have sexual desires, but females' sexual desires are rarely mentioned (Fine & McClelland, 2006; Tolman, 2002). However, in another culture, women may be considered highly sexual (Easton et al., 2002; Fontes, 2001; Tiefer, 2004).

According to social constructionists, our cultures even construct the basic sexual vocabulary (Fassinger & Arseneau, 2008; Marecek et al., 2004). For instance, consider the phrase "to have sex." Most North American women use this term to refer only to sexual intercourse with a man, even if that experience was not sexually pleasurable (Rothblum, 2000). These women probably would not say that two people "had sex" if they engaged in oral sex, but not vaginal-penile sex.

Let's briefly discuss women's sexual anatomy and sexual responses, because we need to establish some background information. As you'll soon see, however, women's sexuality is far more subtle and complex than anatomy and biological responses (Fassinger & Arseneau, 2008).

Female Sexual Anatomy

Figure 9.1 shows the external sexual organs of an adult female. The specific shapes, sizes, and colors of these organs vary greatly from one woman to the
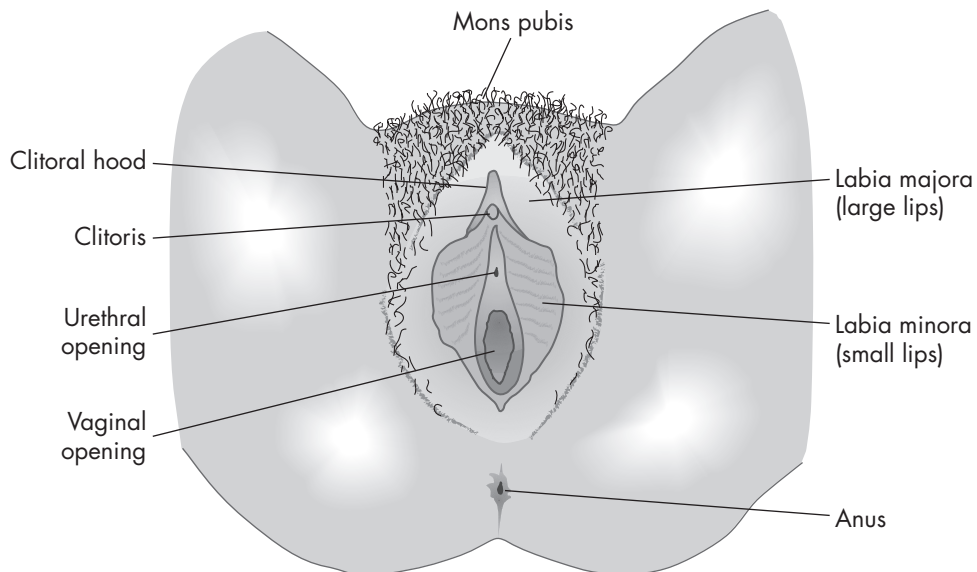
FIGURE **9.1** Female external sexual organs.

next (Foley et al., 2002). Ordinarily, the labia fold inward, so that they cover the vaginal opening. However, this diagram shows the labia folded outward, so that you can see the urethral and vaginal openings.

Notice the labia majora are the "large lips," or folds of skin, located just inside a woman's thighs. Located between these two labia majora are the labia minora, or "small lips." The upper part of the labia region forms the clitoral hood, which partially covers the clitoris. As we will see later in this section, the **clitoris** (pronounced *klih*-tuh-riss) is a small sensitive organ that plays a central role in women's orgasms. The clitoris has a high density of nerve endings, and its only purpose is to provide sexual excitement (Foley et al., 2002).

Urine passes through the urethral opening. As Figure 9.1 shows, the vaginal opening is located between the urethral opening and the anus. The **vagina** is a flexible canal through which menstrual fluid passes. During heterosexual intercourse, the penis enters the vagina. During normal birth, the infant passes out through the vagina.

At this point, you may want to return to Figure 4.1, on page 112, to review several important internal organs that are relevant for women's sexuality. In addition, many women report that their breasts are sexually sensitive, especially in the nipple region (Stayton et al., 2008). In other words, breast sensations are often an important part of women's sexuality.

Sexual Responses

Women typically report a variety of reactions during sexual activity, and they emphasize that emotions and thoughts are extremely important. Furthermore, certain visual stimuli, sounds, and smells can influence arousal (L. L. Alexander et al., 2004; Stayton et al., 2008). Let's consider the general phases that many women experience during sexual activity, and then we'll discuss some gender comparisons.

General Phases

William H. Masters and Virginia Johnson (1966) wrote a book, called *Human Sexual Response*, which summarized their research on individuals who readily experienced orgasms during sexual activity. As you can imagine, these findings should not be overgeneralized; women's sexuality shows much more variety than the neatly ordered sequence of events that Masters and Johnson described (L. L. Alexander et al., 2004; Basson, 2006; Crooks & Baur, 2008).

Masters and Johnson described four phases, each focusing on changes in the genitals. However, as you read about these phases, keep in mind a caution raised by C. Wade and Cirese (1991): "The stages are not like the cycles of an automatic washing machine; we are not programmed to move mechanically from one stage to another" (p. 140).

Masters and Johnson called the first phase the "excitement phase." During the **excitement phase**, women become sexually aroused by touching and erotic thoughts. During the excitement phase, blood rushes to the genital region, causing **vasocongestion** (pronounced vaz-owe-kun-*jess*-chun), or swelling caused by the accumulation of blood. Vasocongestion causes the

clitoris and the labia to enlarge as they fill with blood; it also produces droplets of moisture in the vagina.

During the **plateau phase,** the clitoris shortens and draws back under the clitoral hood. The clitoral region is now extremely sensitive. The clitoral hood is moved, either by thrusting of the penis or by other touching. The movement of the clitoral hood stimulates the clitoris.

During the **orgasmic phase,** the uterus and the outer part of the vagina contract strongly, at intervals roughly a second apart. (Figure 4.1, on page 112, shows the female internal organs, with the uterus located above the vagina.) Women typically experience between 3 and 10 of these rapid contractions during an orgasm (Foley et al., 2002).

During the **resolution phase,** the sexual organs return to their earlier unstimulated size. The resolution phase may last 30 minutes or more. However, females may have additional orgasms without going directly into the resolution phase.

As we noted earlier, the clitoris is extremely important when women experience an orgasm (L. L. Alexander et al., 2004; Crooks & Baur, 2008, p. 344). Orgasms result from stimulation of the clitoris, either from direct touching in the clitoral area or from indirect pressure—for example, from a partner's thrusting penis. Physiologically, the orgasm is the same, no matter what kind of stimulation is used (Hyde & DeLamater, 2006). However, current feminist researchers and theorists emphasize that women's views of sexuality do not focus simply on genitals and orgasms during sexual activity. Emotional closeness and communication are vitally important (Conrad & Milburn, 2001; O'Sullivan, 2006; J. W. White et al., 2000).

Gender Comparisons in Sexual Responses

The studies by Masters and Johnson and by more recent researchers allow us to conclude that women and men are reasonably similar in the nature of their sexual responses. For example, women and men experience similar phases in their sexual responses. Both men and women experience vasocongestion, and their orgasms are physiologically similar.

DEMONSTRATION 9.1	**Psychological Reactions to Orgasm**

Psychological Reactions to Orgasm

Try to guess whether a female or a male wrote each of the following descriptions of an orgasm. Place an F (female) or an M (male) in front of each passage. The answers appear at the end of the chapter, on page 317.

_____ 1. A sudden feeling of lightheadedness followed by an intense feeling of relief and elation. A rush. Intense muscular spasms of the whole body. Sense of euphoria followed by deep peace and relaxation.

_____ 2. To me, an orgasmic experience is the most satisfying pleasure that I have experienced in relation to any other types of satisfaction or pleasure that I've had, which were nonsexually oriented.

Demonstration 9.1 *(continued)*

_____ 3. It is like turning a water faucet on. You notice the oncoming flow but it can be turned on or off when desired. You feel the valves open and close and the fluid flow. An orgasm makes your head and body tingle.

_____ 4. A buildup of tension which starts to pulsate very fast, and there is a sudden release from the tension and a desire to sleep.

_____ 5. It is a pleasant, tension-relieving muscular contraction. It relieves physical tension and mental anticipation.

_____ 6. A release of a very high level of tension, but ordinarily tension is unpleasant, whereas the tension before orgasm is far from unpleasant.

_____ 7. An orgasm is a great release of tension with spasmodic reaction at the peak. This is exactly how it feels to me.

_____ 8. A building of tension, sometimes, and frustration until the climax. A tightening inside, palpitating rhythm, explosion, and warmth and peace.

Source: Based on Vance and Wagner (1977, pp. 207, 210).

In addition, women and men have similar psychological reactions to orgasm, and they use similar adjectives to describe orgasms (Mah & Binik, 2002). Read Demonstration 9.1 and try to guess whether a man or a woman wrote each passage. Vance and Wagner (1977) asked people to guess which descriptions of orgasms were written by women and which were written by men. Most respondents were unable to guess at better than a chance level. In general, men reach orgasms more quickly than women (Crooks & Baur, 2008). We need to emphasize, however, that women typically do not consider "faster" to be "better"!

In general, then, men and women are reasonably similar in these internal, physiological components of sexuality. However, we'll see that gender differences are larger in some other aspects of sexuality, such as sexual desire and its consequences.

Sexual Desire

My students tell me that their high-school sex-education programs offered some basic information about the anatomy of sex organs, but the rest of the messages focused on "just say no," including the dangers of pregnancy and sexually transmitted diseases. Were your high-school experiences similar? Very few students can recall hearing the phrase "sexual desire," especially in connection with females (Fine & McClelland, 2006, 2007; Tolman, 2002).

Sexual desire is defined as a need to engage in sexual activities, for either emotional or physical pleasure (L. M. Diamond, 2004; Impett et al., 2008). Sexual desire is associated with a variety of sex hormones, such as estrogen and testosterone. However, social and cultural factors are just as important. In many North American communities, for instance, people believe that

teenage females are not supposed to feel sexual desire (Cantor et al., 2004; Tolman & Diamond, 2001a).

Feminist researchers have concluded that the gender differences in sexual desire are larger than most other psychological gender differences (e.g., Diamond, 2008; Hyde & DeLamater, 2006; Peterson & Hyde, 2010a, 2010b). Compared to women, men (a) think about sex more frequently; (b) masturbate more often; (c) want sexual activities more frequently; (d) initiate sexual activities more frequently; (e) are more interested in sexual activities without a romantic commitment; and (f) prefer a greater number of sexual partners (Impett & Peplau, 2003; Miller et al., 2004; Mosher & Danoff-Burg, 2005; Vohs & Baumeister, 2004).

How can we explain these gender differences in sexuality? One factor is obvious. A nude woman rarely sees her clitoris, and she may not even know where to find it. A nude man can see his penis by simply looking down. He may therefore think about masturbating, so he may be more familiar with sexual sensations (Hyde & DeLamater, 2006). Of course, women are also more concerned about pregnancy than men are. As we'll soon see, the double standard may also inhibit women's sexual activities. However, gender differences in hormones are probably not relevant (Hyde & DeLamater, 2006).

Furthermore, some portion of these gender differences might be traceable to using male-normative standards—for instance, focusing on sexual intercourse rather than other measures of sexual desire (Peplau, 2003). However, researchers also need to pay more attention to gender comparisons in the subjective *quality* of sexual desire, rather than simply the *strength* of sexual desire (Tolman & Diamond, 2001a).

Researchers are now beginning to study people's motives for sexual activity. Suppose that a woman has sexual interactions for her personal pleasure or to increase the intimacy of a relationship. She typically feels relatively positive about herself in these situations. In contrast, she usually feels more negative if she has sexual interactions for avoidance reasons, for example, to avoid a breakup in her relationship (Impett et al., 2005; Impett & Tolman, 2006).

Many different factors influence women's and men's sexual interactions. However, the gender differences in sexual desire help us understand several topics throughout this chapter, such as masturbation, sexual scripts, and a sexual disorder called low sexual desire.

SECTION SUMMARY

Background on Women's Sexuality

1. Feminist psychologists argue that discussions of sexuality have paid relatively little attention to women's perspectives and that the discussions overemphasize biological factors (consistent with essentialism), rather than social and cultural factors (consistent with social constructionism).

SECTION SUMMARY *(continued)*

2. In terms of women's sexual organs, the clitoris plays a central role in women's orgasms.
3. Emotions and thoughts are central to women's sexual responses. Individual differences are large, and sexual responses do not follow a rigid sequence; Masters and Johnson (1966) described four phases of sexual response: excitement, plateau, orgasm, and resolution.
4. Female orgasms produced by direct stimulation of the clitoris are similar to those produced by indirect stimulus; current researchers and theorists emphasize aspects of sexuality other than genitals and orgasms.
5. Women and men are similar in their psychological reactions to orgasm, but men are often higher in some components of sexual desire.

ATTITUDES AND KNOWLEDGE ABOUT SEXUALITY

The previous section emphasized the biological side of sexuality—the swelling genitals and the contracting uterus. Let's now turn to the humans who possess these sex organs as we address several questions such as these: What are people's attitudes about sexuality? What are the basic social norms in North American culture? What kind of knowledge about sexuality do young people acquire from their parents, schools, and television? Before you read further, however, try Demonstration 9.2.

DEMONSTRATION 9.2

Judgments About Sexual Behavior

Suppose that you discover some information about the sexual behavior of a 25-year-old unmarried person whom you know slightly. Items 1 through 4 provide information about four possible people. Rate the person in terms of this person's *moral values*. Try to rate each person separately, without considering the other three persons.

1	2	3	4	5

Poor moral values   Good moral values

_____ 1. A man who has had no sexual partners
_____ 2. A man who has had 19 sexual partners
_____ 3. A woman who has had no sexual partners
_____ 4. A woman who has had 19 sexual partners

Source: Based on M. J. Marks and Fraley (2005).

Attitudes About Female and Male Sexuality

The majority of North Americans believe that nonmarital intercourse is acceptable, for example, in a committed relationship. In one study, only 12% of Canadian participants and 29% of U.S. participants said that sex before marriage is always wrong (Widmer et al., 1998). However, attitudes varied widely across the other 22 countries in this study. Less than 5% of respondents in Austria, Germany, and Sweden said that premarital sex was always wrong, in contrast to 35% in Ireland and 60% in the Philippines.

In North America, men typically have more permissive attitudes toward sexual behavior than women do (Brehm et al., 2002; Fenigstein & Preston, 2007). For example, a meta-analysis demonstrated that men are significantly more permissive about casual sex; the *d* for this gender difference was 0.45, a medium-sized effect (Peterson & Hyde, 2010b). Gender as a *subject variable* seems to be moderately important.

How about gender as a *stimulus* variable? Do people judge a man's sexual behavior differently from a woman's sexual behavior? Before the 1960s, most North Americans held a **sexual double standard**: They believed that premarital sex was more appropriate for men than for women (Hatfield & Rapson, 2005; Sprecher, 2006). In general, the primetime television dramas still demonstrate the double standard (Aubrey, 2004; Kim et al., 2007). Also, the research shows that nonfeminists are more likely than feminists to support the sexual double standard (Bay-Cheng & Zucker, 2007).

However, let's consider the research conducted by Michael Marks and R. Chris Fraley (2005). Demonstration 9.2 is a greatly simplified version of their study; also, each of the participants in their study rated only one person. These researchers tested both undergraduate students and people who responded to their questionnaire on the Internet. The participants in both samples gave a lower rating to a person who had 19 sexual partners, compared to a person who had zero sexual partners. Surprisingly, however, the participants supplied about the same ratings for the male target as for the female target. In other words, these researchers did *not* find evidence of a sexual double standard.

What happens when researchers use more subtle techniques to assess the sexual double standard? In a second study, Michael Marks and R. Chris Fraley (2006) asked students to read a story about the sexual history of either a woman or a man. The story also included positive and negative comments that others had made, with respect to the main character's sexual experiences. The stories were identical, except for the gender of the main character. The research participants were then asked to estimate how many positive and negative comments that they had read about the main character. The results showed that people recalled more positive comments about the male (compared to the female) and more negative comments about the female (compared to the male).

Notice an interesting situation. When people provide direct ratings, there's not much evidence for the sexual double standard. When the measurement is more subtle—as in the second study—people have relatively positive memories of a sexually active male, compared to a sexually active female.

If you check back to page 53 in Chapter 2, you'll see that direct ratings often show little evidence of gender stereotypes, whereas subtle measurement techniques reveal substantial gender stereotypes.

In North America, the sexual double standard has a "Now you see it; now you don't" quality. However, in many cultures outside North America, the double standard frequently has life-threatening consequences for women. For example, in some Asian, Middle Eastern, and Latin American cultures, people expect a man to uphold the family honor by killing a daughter, a sister, or even a mother who is suspected of engaging in "inappropriate" sexual activities (Pauwels, 2008; Whelehan, 2001; Zeigler, 2008). People typically ignore the same sexual activity in a male family member.

Sexual Scripts

A script for a play describes what people say and do. A **sexual script** describes the social norms for sexual behavior, which we learn by growing up in a culture (Bowleg et al., 2004; DeLamater & Hyde, 2004; Rudman & Glick, 2008). In the twenty-first century, our North American culture provides a sexual script for most heterosexual couples: Men initiate sexual relationships. In contrast, women are expected either to resist or to comply passively with their partner's advances (Impett & Peplau, 2002, 2003; Greene & Faulkner, 2005; Morokoff, 2000).

According to the traditional script, for example, the woman is supposed to wait for her date to kiss her; she does not initiate kissing (Morr Serewicz & Gale, 2008). Only one person is in charge in this script-based kind of relationship. In most long-term relationships and marriages, the male's erotic schedule may regulate sex. However, women in egalitarian relationships typically feel free about expressing their erotic interests, and they also feel free to decide not to have sex (Peplau, 2003).

In far too many cases, men reject the standard sexual script, and they commit sexual assault (Bartoli & Clark, 2006). **Sexual assault** refers to unwanted sexual contact, which includes sexual touching as well as rape. **Rape** can be defined as sexual penetration without the individual's consent, obtained by force or by threat of physical harm. As we discuss in Chapter 13, a woman can be raped, not just by a stranger—but also by an acquaintance, a boyfriend, or even a husband.

Sex Education

Take a moment to think about your early ideas, experiences, and attitudes about sexuality. Was sex a topic that produced half-suppressed giggles in the school cafeteria? Did you worry about whether you were too experienced or not experienced enough? Sexuality is an important topic for adolescents and many preadolescents. In this section, we will examine how children and adolescents learn about sexuality—at home, at school, and from the media.

Parents and Sex Education

Young women are much more likely to hear about sexuality from their mothers than from their fathers (Crooks & Baur, 2008; Raffaelli & Green, 2003). Furthermore, parents are not likely to talk about pleasurable aspects

of sexuality (Conrad & Milburn, 2001; Tolman & Diamond, 2001a, 2001b). As a consequence, certain topics are never discussed. For example, fewer than 1% of students in a college human sexuality course reported that a parent had mentioned the word *clitoris* (Allgeier & Allgeier, 2000). Other women recall hearing mixed messages from their parents, such as "Sex is dirty," and "Save it for someone you love" (O'Sullivan et al., 2001; K. Wright, 1997).

Some studies have examined parent-child communications among women of color. Latina and Asian American adolescents often report that sex is a forbidden topic with their parents, who may have conservative ideas about dating (Chan, 2008; Hurtado, 2003; Raffaelli & Green, 2003). Black mothers seem to feel more comfortable than Latina or European American mothers in speaking to their daughters about sexuality. For example, one Black mother reported, "I can't remember a specific age when I first talked…. I'm real open with my daughter as far as sex and things like that" (O'Sullivan et al., 2001, p. 279).

Although parents have difficulty discussing sexuality with their children, many young people say that they appreciated these conversations. For example, one young woman commented,

> First my mother, and later my father, talked to me at separate times about sex. I was enlightened by these conversations, and they created a closer bond and increased confidentiality and trust among all of us. I was very thankful that both of my parents talked with me about sex. I realized that they really cared about my well-being, and I appreciated their efforts to say to me what their parents did not say to them. (Crooks & Baur, 2008, p. 344)

Schools and Sex Education

What do our schools say about sexuality? Many sex-education programs focus on the reproductive system, in other words, an "organ recital." Students don't hear about the connections between sexuality and emotions. They seldom hear about gay and lesbian perspectives, and many programs specifically avoid the discussion of contraceptives. As a result, sex education in school often has little impact on students' sexual behavior (Feldt, 2002; Fine & McClelland, 2006, 2007; T. Rose, 2003).

In recent years, many school programs emphasize an oversimplified approach called, "Abstinence Only Until Marriage" (AOUM). These AOUM programs typically include scientific misinformation and scare techniques (Bartell, 2005; Fine & McClelland, 2006, 2007). For example, many of these programs show a video called "No Second Chance." At one point in the video, a student asks a school nurse, "What if I want to have sex before I get married?" The nurse replies, "Well, I guess you'll just have to be prepared to die" (Fine & McClelland, 2007, p. 1006).

Furthermore, these AOUM programs do *not* decrease teenagers' sexual activity or their rate of sexually transmitted diseases (Hauser, 2009; Fine & McClelland, 2006, 2007). Still, the U.S. government has spent more than $1.5 billion dollars on these ineffective programs (Quindlen, 2009).

However, some communities in the United States have developed a more comprehensive approach to sexual education. In addition to providing

accurate information, these programs address values, attitudes, and emotions. They also provide strategies for making informed choices about sexuality (B. L. Barber & Eccles, 2003; Florsheim, 2003). A comprehensive educational program helps students to develop skills and behaviors, such as how to discuss contraceptives with a partner and how to actually use them.

Teenagers who participate in these comprehensive programs—as opposed to the abstinence-only programs—typically postpone sexual relationships until they are older. They also have a lower pregnancy rate (S. L. Nichols & Good, 2004).

We often hear reports about parents protesting sex education in the schools. However, most parents acknowledge that high-school sex-education classes should take a comprehensive approach. For example, one large-scale U.S. survey reported that only 36% of adult responders favored abstinence-only programs. In contrast, 82% wanted sex-education classes to include information about birth control (Bleakley et al., 2006; Escobar-Chaves et al., 2005).

The Media and Sexual Information

So far, we've seen that parents frequently avoid discussing sexuality with their children. Furthermore, many schools provide inadequate and incorrect information. Where else could adolescents learn about sex? Well, they might hear other adolescents discussing the topic. However, most of us wouldn't want children to rely on the accuracy of their friends' information. Another source of information—or misinformation—is the media.

According to a survey, many teenagers report that they have learned information about sexual issues from the media: 40% pointed to television and movies, and 35% mentioned magazines (Hoff & Greene, 2000). The Internet is also an important source of information—and misinformation—about sexuality, though it has not been studied extensively (Escobar-Chaves et al., 2005).

Let's first consider the analyses of magazines (e.g., Kim & Ward, 2004). For example, many young women read *Cosmopolitan,* which provides narrowly defined sexual scripts about how they can make themselves alluring to young men (Nelson & Paek, 2005).

Furthermore, young women often report feeling that they cannot attain the perfect look portrayed in the magazine images of female sexuality. These images often suggest that young women are a combination of innocence and seductiveness (Kilbourne, 2003; J. L. Kim & Ward, 2004). For instance, one magazine ad shows a young woman dressed in an old-fashioned white dress, but the dress is unbuttoned and pulled down over one shoulder. How can a real-life young woman make sense of this mixed message that she should be both sexually innocent and sexually active?

Meanwhile, what do young men learn from the male-oriented magazines that they read? These magazines typically show that women are sex objects, and that men can improve their sex lives by taking specific steps (C. N. Baker, 2005; L. D. Taylor, 2005).

Television is the target of most of the current resarch about sexuality in the media. Surprisingly, only 5% of the television ads on U.S. network stations show any sexual content (Hetsroni, 2007a).

What about the content of the TV shows themselves? A meta-analysis showed an actual decrease between 1975 and 2004 in kissing, petting, and implied intercourse on network television. The only increase during these years was for programming about gay and lesbian relationships (Hetsroni, 2007b). Furthermore, an analysis of programming on HBO's *Sex and the City* revealed that this TV series featured more sexual content than most other shows, but it also included more content about sexual risks and responsibilities (Jensen & Jensen, 2007).

In general, however, adolescents who watch many hours of TV shows with sexual content are *less* likely to believe that sexual intercourse can have negative consequences such as pregnancy or sexually transmitted diseases. As a result, adolescents may be more likely to initiate sexual intercourse before they graduate from high school (Martino et al., 2005).

SECTION SUMMARY

Attitudes and Knowledge About Sexuality

1. Most North Americans believe that sex before marriage is acceptable in some circumstances. The double standard about sexuality is no longer widespread in North America, but it does operate in some situations.
2. In some Asian, Middle Eastern, and Latin American cultures, a woman may be killed for suspected sexual activity, whereas a man is allowed sexual freedom.
3. Sexual scripts specify what women and men in a certain culture are supposed to do in sexual interactions; for example, men are usually supposed to take the initiative in sexual activity.
4. Young people typically report that their parents do not discuss pleasurable aspects of sexuality when discussing issues related to sex.
5. Many schools adopt "abstinence-only" sex-education programs; these programs contain misinformation and have no long-term effect on reducing pregnancy rates.
6. The more comprehensive school programs discuss emotions and decision-making strategies; these programs decrease pregnancy rates. The media frequently portray sexuality, but they seldom convey the negative consequences of sexual activity.

SEXUAL BEHAVIOR AND SEXUAL DISORDERS

We began this chapter by noting that the discussion of sexuality is often centered on males, biology, and messages such as "just say no." The second section examined our culture's attitudes about sexuality and our scripts for sexual behavior, as well as how children learn about sexuality from their parents, their schools, and the popular media.

With this information in mind, let's consider the sexual behavior of heterosexual adolescents and adults, how couples communicate about sexuality,

and sexual behavior among lesbians and among older women. Our last topic in this section is a brief description of sexual disorders.

Sexual Behavior in Heterosexual Adolescents

Adolescent females are more likely to have early heterosexual experiences if they reached puberty before most of their peers (Bergevin et al., 2003; Weichold et al., 2003). Other important predictors of females' early experiences include low self-esteem, poor academic performance, poor parent-child relationships, low family income, extended exposure to sexually explicit media, and the early use of alcohol and drugs (Centers for Disease Control and Prevention, 2008; Crockett et al., 2002; Escobar-Chaves et al., 2005; Farber, 2003; Furman & Shaffer, 2003; Halpern, 2003; Sieverding et al., 2005; Spencer et al., 2002).

Ethnicity is another factor that is related to adolescent sexual experience. In the United States, for example, Black female adolescents are likely to have their first sexual intercourse one or two years before European American or Latina female adolescents (Joyner & Laumann, 2002; O'Sullivan & Meyer-Bahlburg, 2003; Stayton et al., 2008). Asian American female adolescents are typically the least likely to have early sexual experiences (Chan, 2008). In Canada, adolescents born in other countries and immigrating to Canada are much less likely than Canada-born adolescents to have early sexual experiences (Maticka-Tyndale et al., 2001).

As you might imagine, peer pressure encourages some teenagers to become sexually active (Hatfield & Rapson, 2005; O'Sullivan & Meyer-Bahlburg, 2003). These teenagers may risk unwanted pregnancies and sexually transmitted diseases; we will examine these topics later in this chapter and in Chapter 11. In other words, biological, psychological, cultural, and social variables all have an impact on young women's sexual experiences.

On college campuses, students are reporting a relatively new kind of sexual behavior, called *hooking up*. Students and researchers agree that there's no precise definition for this term. However, **hooking up** usually refers to a sexual encounter in which two people—who are not in an established relationship—have sexual interactions that may range from behaviors such as nongenital touching to oral sex or intercourse (Bogle, 2008). According to Michael Kimmel (2008), hookups are similar to the standard formula, in which males dominate and females comply. Hookups actually follow the traditional script of male initiative and female submission (Rudman & Glick, 2008).

For many adolescents, personal values are critically important when they make decisions about sexual behavior (Carpenter, 2005; Tolman, 2002). For instance, one young woman was neither judgmental nor prudish, but she had decided not to be sexually active as a teenager. As she explained:

> I have certain talents and certain gifts, and I owe it to myself to take care of those gifts. I'm not going to just throw it around, throw my body around. And I see that sexuality is part of that. The sexual revolution—I guess we grew up in that—I think a lot of it has cheapened something that isn't cheap. (Kamen, 2000, pp. 87–88)

Romance novels portray idealized images of young women being blissfully transformed by their first sexual experience. However, many women do not have positive memories of their first intercourse (Conrad & Milburn, 2001; Straus, 2007). The experience may also be physically painful (Tolman, 2002). In addition, young women are twice as likely as young men to report feeling bad about themselves after an early experience with intercourse (Brady & Halpern-Felsher, 2007). Furthermore, about 10% of high-school females say that they were forced to have sexual intercourse (Centers for Disease Control and Prevention, 2008; S. L. Nichols & Good, 2004).

In contrast, some young women recall a highly positive experience:

> We were totally in love. We wanted this to be the best experience of our lives. We were at his apartment and we had done everything right. We had talked about it, planned for it, saw this as the highest expression of our joint future. He was very caring, very slow with me. I felt empowered, beautiful. It was a great night. (P. Schwartz & Rutter, 1998, p. 97)

In summary, young women often learn about sexuality in a less-than-ideal way. As we saw earlier in this section, parents, schools, and the media seldom help young people make informed decisions about sexuality. In addition, many young women's early sexual experiences may not be as romantic or joyous as they had hoped.

Sexual Behavior in Heterosexual Adults

Any survey about sexual behavior inevitably runs into roadblocks. How can researchers manage to obtain a random sample of respondents—who represent all geographic regions, ethnic groups, and income levels—on a sensitive topic such as sexuality? Sociologist Edward Laumann and his colleagues (1994) conducted one of the most respected U.S. surveys of sexual behavior. They interviewed 3,432 adults about a wide range of topics. The results showed, for example, that 17% of men claimed to have had more than 20 sexual partners during their lifetime, in contrast to 3% of women. A meta-analysis of 12 earlier studies confirmed a general trend for men to report a somewhat greater number of sexual partners, with a d of 0.25 (Oliver & Hyde, 1993).

Do you wonder how men can report more sexual partners than women do? It's possible, for example, that men are more likely than women to count oral sex as a sexual encounter. However, the major reason may be that men are more likely than women to exaggerate the number of partners they have had (Miller et al., 2004; Willetts et al., 2004).

Surveys also show that masturbation is much more common for men than for women (Hill, 2008; Hyde & Oliver, 2000; Peterson & Hyde, 2010a). Peterson and Hyde (2010b) reported a d of 0.53, a medium-sized gender difference.

Some of the gender differences in masturbation can be traced to the more obvious prominence of the male genitals (Oliver & Hyde, 1993) and to gender differences in sexual desire, discussed on pages 290–291. As researchers note, it's strange that this basically risk-free sexual activity is missing from many women's sexual scripts (Baber, 2000; Shulman & Horne, 2003).

Communication About Sexuality

We mentioned earlier in this section that parents often feel uncomfortable talking about sex with their children. Actually, most couples also feel uncomfortable talking with *each other* about sexual activity (Hickman & Muehlenhard, 1999).

One problem, however, is that it's difficult to convey some messages about sexuality. Suppose that you are a female, and you want to convey to a male, "I'm not certain whether I'm interested in sexual activity." Most women say that they have trouble verbally communicating this message (Brehm et al., 2002; O'Sullivan & Gaines, 1998). Now try imagining how you would convey this ambivalent message *nonverbally* to a romantic partner, and you can anticipate some communication difficulties. Women may try to convey their uncertainty, but men may not understand the message (Tolman, 2002).

A related study at a university in Ontario, Canada, showed that 65% of women and 53% of men preferred that a partner ask for consent before engaging in sexual activity. In contrast, 35% of women and 47% of men preferred to assume consent unless the partner indicated otherwise (Humphreys & Herold, 2007).

In another study, Humphreys (2007) presented an ambiguous sexual scenario, and she asked students to make judgments. Men were significantly more likely than women to perceive that this scenario described a situation that was acceptable, consensual, and clear. Women and men do not live on separate planets, but men are somewhat more likely to assume that there's a "green light" for sexual activities!

DEMONSTRATION 9.3

The Sexual Assertiveness Scale for Women

The items listed in this demonstration were shown to women students at a large state university in northeast United States. The women were asked to rate each item, using a scale where 1 = disagree strongly and 5 = agree strongly. Your task is to inspect each item and estimate the average rating that the women supplied for that item (e.g., 2.8). When you have finished, check page 317 to see how the women actually responded. (Note: This demonstration is based on Morokoff et al., 1997, but it contains only 6 of the 18 items; the validity of this short version has not been established.)

_____ 1. I let my partner know if I want my partner to touch my genitals.

_____ 2. I wait for my partner to touch my breasts instead of letting my partner know that's what I want.

_____ 3. I give in and kiss if my partner pressures me, even if I already said no.

_____ 4. I refuse to have sex if I don't want to, even if my partner insists.

(continues)

Demonstration 9.3 *(continued)*

_____ 5. I have sex without a condom or latex barrier if my partner doesn't like them, even if I want to use one.

_____ 6. I insist on using a condom or latex barrier if I want to, even if my partner doesn't.

It's possible that a woman may hesitate to say no to a man's sexual advances because she doesn't want to hurt his feelings. Patricia Morokoff and her colleagues (1997) developed a Sexual Assertiveness Scale for women. Try Demonstration 9.3, which includes some of the questions from the Sexual Assertiveness Scale. Then check the answers at the end of the chapter. Were you fairly accurate in predicting the women's answers? If relevant, did this exercise provide any new insights into your own communication patterns with respect to sexual activity?

In general, people are reluctant to talk with their partner about the sexual activities that they like or dislike. However, those who provide more self-disclosure are likely to be more satisfied with the sexual aspects of their relationship (Byers & Demmons, 1999). This correlation is consistent with some information from Chapter 8: Married couples are more satisfied with their relationship if they have good communication skills.

Lesbians and Sexuality

Most of this chapter focuses on heterosexual relationships. Is sexuality different in lesbian relationships? As you can anticipate, many lesbian women are reluctant to be interviewed.

However, the available research suggests that lesbian couples value nongenital physical contact, such as hugging and cuddling (Klinger, 1996; McCormick, 1994). In contrast, our North American culture tends to define sexual activity in terms of genital stimulation and orgasm. Researchers with that operational definition of sexual activity might conclude that lesbian couples are less sexually active than heterosexual couples or gay male couples (Fassinger & Arseneau, 2008; Matthews et al., 2006; Peplau & Fingerhut, 2007).

When lesbians do engage in genital sexual activity, they are more likely than heterosexual women to experience an orgasm (Fassinger & Arseneau, 2008). One likely explanation for this difference is that a woman may know what her female partner will probably find enjoyable, and men do not have this personal experience. Also, lesbian couples may communicate more effectively and be more sensitive to each other's preferences. Lesbian couples may also engage in more kissing and caressing than heterosexual couples do (Hatfield & Rapson, 1996; Herbert, 1996).

Laura S. Brown (2000) wrote that lesbians are like the early mapmakers who must construct their own maps about the unknown territories of lesbian sexuality. After all, the well-established maps—or scripts—represent heterosexual territory. An additional challenge is that our culture does not tolerate evidence of sexual affection between two women in public places. I recall a lesbian friend commenting that she feels sad and resentful that she and her partner cannot hold hands or hug each other in public, and kissing would be unthinkable.

Older Women and Sexuality

Women's reproductive systems change somewhat as women grow older. As we'll discuss in Chapter 14, estrogen production drops rapidly at menopause. As a result, the vagina loses some of its elasticity and may also produce less moisture (Foley et al., 2002). However, these problems can be at least partly corrected by using supplemental lubricants. Also, women who have been sexually active throughout their lives may not experience vaginal changes (Hyde & DeLamater, 2006; McHugh, 2006). Furthermore, it's worth questioning the popular belief that a decrease in hormone levels actually causes a decrease in sexual interest; no solid research supports that proposal (McHugh, 2006; Rostosky & Travis, 2000).

Researchers often report that the *frequency* of genital sexual activity declines as heterosexual and lesbian women grow older (Burgess, 2004; Dennerstein et al., 2003; McHugh, 2006). However, a woman's age doesn't have a strong influence on either sexual interest or her enjoyment of sex (Burgess, 2004; Laumann et al., 2002). The best predictors of a woman's sexual satisfaction are her feeling of well-being and her emotional closeness with her partner, rather than more "biological" measures such as vaginal moisture (Bancroft et al., 2003).

In a study by Mansfield and her colleagues (1998), many older women emphasized the importance of "sweet warmth and constant tenderness" and "physical closeness and intimacy." As one woman wrote, "Touching, hugging, holding, become as or more important than the actual sex act" (p. 297). Notice, then, that these studies emphasize a broad definition of sexuality, rather than a focus on the genitals.

In general, older women maintain the physiological capability to experience an orgasm as well as an enthusiastic interest in sexual relationships. However, they may no longer have a partner. In addition, some heterosexual older women may have male sexual partners who are no longer able to maintain an erection. These men may stop all caressing and sexual activities once intercourse is not possible (Ellison, 2001; Kingsberg, 2002; McHugh, 2006).

Another problem is that North Americans seem to think that older women should be asexual (Gergen, 2008; McHugh, 2006; Schwartz, 2007). Our culture has constructed images of grandmothers baking cookies in the kitchen, not cavorting in the bedroom. Some cultures are generally negative about sexuality, such as the people of Uttar Pradesh in Northern India. Young people in these cultures do not expect older women to be sexually active. In contrast, in sex-positive cultures, such as the San of Africa or

Chinese Taoists, sexuality is considered healthy for elderly people (Whelehan, 2001).

Sexuality seems to be condemned more in older women than in older men (C. Banks & Arnold, 2001). People often view a sexually eager older woman with suspicion or disgust. A manufacturer of lingerie decided to create ads of older women in lacy underwear and quotes such as "Time is a purification system that has made me wiser, freer, better, some say sexier. Are those the actions of an enemy?" Of course, this advertising strategy may not be motivated by altruism or feminist convictions. Still, the ads may help to change views about women's sexuality in later life.

Sexual Disorders

A **sexual disorder** is a disturbance in sexual arousal or in sexual responding that causes mental distress (L. L. Alexander et al., 2004; Hyde & DeLamater, 2006). According to some estimates, 43% of women have had sexual experiences that were less than ideal (Laumann et al., 2002; Tiefer, 2006). Sexual dissatisfaction is relatively high among women who have limited education, economic problems, or general depression (Basson, 2007; Heiman, 2007; Shifren & Ferrari, 2004).

Let's examine two relatively common sexual problems in women, and then we'll discuss how traditional gender roles are partly responsible for sexual problems. In addition, we'll briefly discuss therapy for sexual problems, including some thought-provoking questions raised by feminist theorists and researchers (e.g., Kaschak & Tiefer, 2001; Tiefer, 2004, 2006).

Low Sexual Desire

As the name suggests, a woman with **low sexual desire** has little interest in sexual activity, and she is distressed by this lack of desire (Basson, 2006; Hyde & DeLamater, 2006; LoPiccolo, 2002). As we noted earlier in this chapter, women tend to be somewhat lower in sexual desire than men.

A disorder of low sexual desire may be caused by a variety of psychological factors. These may include a general problem such as depression, anxiety, or dissatisfaction with her romantic partner (Hyde & DeLamater, 2006; O'Sullivan et al., 2006; Wincze & Carey, 2001).

Some lesbians also experience low sexual desire. In many cases, a lesbian couple may be compatible and loving. However, they no longer have sexual interactions because the more sexually interested member of a lesbian couple is reluctant to pressure her less enthusiastic partner (M. Nichols & Shernoff, 2007).

Female Orgasmic Disorder

A woman with **female orgasmic disorder** experiences sexual excitement, but she does not reach orgasm. The diagnosis of female orgasmic disorder should be applied only if a woman is currently unhappy about her sexual experiences (Heiman, 2007).

One frequent cause of female orgasmic disorder is that women who are accustomed to inhibiting their sexual impulses have difficulty overcoming their inhibitions, even in a relationship where sex is approved. Many women may not have orgasms because their partners do not provide appropriate

sexual stimulation. Unfortunately, female orgasmic disorder is a relatively common sexual problem (Baber, 2000; Heiman, 2007).

How Gender Roles Contribute to Sexual Disorders

Sexual problems are often complex. Some are caused by a painful medical problem, psychological trauma, or problems in a couple's interactions (Crooks & Baur, 2008; Offman & Matheson, 2004; Wincze & Carey, 2001).

Gender roles, stereotypes, and biases frequently contribute to sexual problems. As feminist researchers have pointed out, a heterosexual relationship is typically an unequal playing field, with the man having more power (Tiefer, 1996; Tolman & Diamond, 2001b). Here are some reasons that gender roles can create or intensify sexual problems:

1. Many people believe that a man should be sexual and aggressive, whereas a woman doesn't need to enjoy sexual activity (Sanchez et al., 2005, 2006).
2. Our culture emphasizes the length, strength, and endurance of a man's penis. When a man focuses on these issues, he probably won't think about how to make the romantic and sexual interactions pleasurable for his partner (McHugh, 2006).
3. Physical attractiveness is emphasized more for females than for males, and so a woman may focus on her physical appearance, rather than on her own sexual pleasure (Impett et al., 2006).

Let's consider additional information about women and physical attractiveness. We discussed our culture's emphasis on female attractiveness in the chapters on adolescence and love relationships. We will also consider this issue in Chapter 12 in connection with eating disorders and in Chapter 14, on older women.

Our culture frequently judges women on the basis of their attractiveness. As a result, a woman may experience **self-objectification**; she adopts an observer's view of her body—as if her body were an object (Lamb, 2008; McHugh, 2006; T. Roberts & Waters, 2004). In a cleverly designed study, Tomi-Ann Roberts and Jennifer Gettman (2004) encouraged one group of young women to think about words related to their body's competence, such as *healthy, energetic,* and *strong.* Young women in a second group were encouraged to think about "objectifying" words such as *attractive, shapely,* and *slender.* Compared to the women in the "physical competence" condition, those in the "objectifying" condition were more ashamed, disgusted, and anxious about themselves.

In summary, our culture emphasizes men's sexuality, and it focuses on male genitals. In contrast, women's sexual enjoyment receives little attention. In addition, self-objectification encourages women's sexual problems.

Therapy for Sexual Disorders

Sex therapists have developed several techniques to address women's sexual disorders. For example, in **cognitive restructuring**, the therapist tries (1) to change people's inappropriately negative thoughts about some aspect of

sexuality and also (2) to reduce thoughts that interfere with sexual activity and pleasure (Basson, 2006; Wincze & Carey, 2001).

Leonore Tiefer (1996, 2001, 2004, 2006) is one of the leading feminist sex therapists. She argues that the traditional biologically based approaches to sex therapy are too limited. As she points out,

> The amount of time devoted to getting the penis hard and the vagina wet vastly outweighs the attention devoted to assessment or education about sexual motives, scripts, pleasure, power, emotionality, sensuality, communication, or connected-ness. (Tiefer, 2001, p. 90)

So far, unfortunately, sex therapists have not devised a comprehensive program that addresses gender inequalities and education in a relationship, while also correcting specific problems in sexual responding. The answer is not simply a pill for women that is the equivalent of Viagra for men (McHugh, 2006). Instead, an ideal comprehensive program would award equal value to women's and men's pleasurable experiences. Tenderness, emotional closeness, and communication are also essential (Basson, 2006; Crooks & Baur, 2008; O'Sullivan et al., 2006).

SECTION SUMMARY

Sexual Behavior and Sexual Disorders

1. Important predictors of females' early sexual experiences include a variety of psychological and family-related factors. Most women report that their first experience with intercourse was not positive; about 10% of high-school females report that their first experience was forced intercourse.
2. The research shows that men report more sexual partners than women; men are also much more likely to report masturbating.
3. Couples often experience difficulty in communicating about sexual issues; in an ambiguous situation, men often assume that their female partner is interested in sexual activity.
4. An important component of communication is sexual assertiveness; couples who discuss their preferences about sexual activities are more likely to be satisfied with the sexual aspects of their relationships.
5. Lesbian couples typically value nongenital physical contact; compared to heterosexual women, they are more likely to experience an orgasm, partly because of better communication.
6. Many older women experience subtle changes in their sexual responses, but not necessarily decreased enjoyment; however, lack of a partner is often an important obstacle to older women's sexual activities.
7. A woman who has a disorder called low sexual desire has little interest in sexual activity, and she is unhappy about this situation. Depression,

SECTION SUMMARY *(continued)*

other psychological problems, and relational issues may contribute to this disorder.

8. A woman who has female orgasmic disorder feels sexual excitement but does not experience orgasm, and she is unhappy about this situation. Gender roles and other psychological factors are often responsible.

9. Gender roles contribute to sexual disorders in several ways: (a) People often believe that men should be sexual and aggressive, but women should not be interested in sex; (b) sexuality research emphasizes the male perspective; and (c) physical attractiveness is emphasized for women more than for men, so that women may experience self-objectification.

10. Therapy for sexual disorders may use techniques such as cognitive restructuring, as well as a broader perspective that includes gender equality and communication, rather than developing the female equivalent of Viagra.

BIRTH CONTROL, ABORTION, AND OTHER ALTERNATIVES

Birth control and abortion continue to be highly controversial topics in the current century. The most publicized data about birth control and abortion in the United States typically focus on teenagers. Unfortunately, U.S. adolescents are more likely to give birth than adolescents in any other industrialized country in the world (Singh & Darroch, 2000; United Nations, 2009).

In Table 9.1 on page 307, you can see estimated birthrates for adolescents in Canada, the United States, and many countries in Western Europe. Keep these birth rates and abortion rates in mind, because we need to examine why the birth rate for U.S. adolescents is so much higher than in other comparable countries (Klein et al., 2005).

In this section, we will first discuss methods of contraception, as well as women's decisions about contraception. Later we'll look at some information about abortion and other alternatives. Because this is a psychology of women textbook, we will primarily focus on women's experiences. Still, we need to keep in mind that issues such as teen pregnancy have widespread political and economic consequences, Consider, for instance, that the United States spends billions of dollars each year in costs related to teen pregnancy. However, in New York State, every dollar spent on family planning saves at least three dollars later, just on the cost of prenatal and newborn care (Family Planning Advocates of New York State, 2005).

Birth Control Methods

If a sexually active woman uses no form of birth control whatsoever, she has an estimated 85% chance of becoming pregnant within 1 year (Hatcher et al.,

TABLE **9.1**

Annual Rate of Adolescent Births and Abortions (per 1,000 women, ages 15–19) for Canada, the United States, and 9 Countries in Western Europe

Country	Birth Rate	Abortion Rate
Netherlands	4	4
Denmark	6	14
Sweden	6	17
Italy	7	5
France	8	10
Norway	9	19
Belgium	10	5
Germany	10	4
Canada	14	21
United Kingdom	26	18
United States	41	29

Note: Several countries in Western Europe are missing because data on abortion were not available.

Source for birth data: United Nations (2009).

Source for abortion data: Singh S and Darroch JE, Adolescent pregnancy and childbearing: levels and trends in developed countries, Family Planning Perspectives, 2000, 32(1): 14–23.

2004). Table 9.2 describes the major forms of birth control, together with some information about their effectiveness.

You'll note that abstinence is the only method of birth control that is 100% effective in preventing pregnancy. In earlier decades, people who recommended abstinence might have been considered prudish. However, in the current era, sexual intercourse presents not only a substantial risk of pregnancy for women, but also a significant risk of contracting a deadly disease. As we will discuss in Chapter 11, very few birth control methods can reduce the risk of AIDS. Even condoms cannot completely prevent the transmission of this disease. Yes, they make sex safer, but not completely safe.

Incidentally, Table 9.2 does not list two behavioral birth control methods: (1) withdrawal (removal of the penis before ejaculation) and (2) the rhythm method, also known as natural family planning (intercourse only when a woman is least fertile). These methods are not listed because their effectiveness is unacceptably low (Guttmacher Institute, 2008; Hatcher et al., 2004).

Emergency Contraception: A New Option

Suppose that Jessica and Scott have been lovers for about a year. They have been very conscientious about using condoms, except that one night the condom breaks. Or suppose that a female college student is raped by an acquaintance, and she is deeply concerned about becoming pregnant. In cases like these, women now have an option called **emergency contraception**, or

TABLE **9.2**
Major Contraceptive Methods

Method	Effectiveness When Used Consistently	Possible Side Effects and Disadvantages
Abstinence	100% effective	No physical disadvantages (assuming no sperm contact whatsoever).
Tubal sterilization (severing of female's fallopian tubes)	99% effective	Minor surgical risk; typically not reversible; possible negative emotional reactions.
Vasectomy (surgery to prevent passage of male's sperm)	99% effective	Minor surgical risk; typically not reversible; possible negative emotional reactions.
Oral contraceptives (synthetic hormones taken by woman)	99% effective	Slight risk of blood-clotting disorders, particularly for women over 35 and smokers; other medical side effects possible; must be taken regularly.
Condom (sheath placed on penis)	98% effective	Must be applied before intercourse; may decrease pleasure for male.
Diaphragm and spermicidal cream	94% effective	Must be applied before intercourse; may irritate genital area.

hormone pills that prevent pregnancy by inhibiting ovulation and by producing other changes in the cervix and the uterus (Landau et al., 2006).

You may have heard about "Plan B," one of the more effective forms of emergency contraception. It is important to know that emergency contraception is a form of birth control—rather than a form of abortion—because it *prevents* pregnancy (Planned Parenthood, 2010).

An important caution about emergency-contraception pills is that they must be taken as soon as possible after intercourse. These pills are currently available in many drugstores—without a doctor's prescription—for women 17 years of age or older (Gardner, 2009; Harper et al., 2008; Landau et al., 2006).

Let's now examine the traditional forms of birth control, in more detail. We also need to consider the personal characteristics related to using birth control, the obstacles that prevent its use, and family planning in developing countries.

Who Uses Birth Control?

Many heterosexual women who are sexually active use either an unreliable birth control method (such as withdrawal or rhythm) or no contraception at all. Because these women do not always use effective birth control methods,
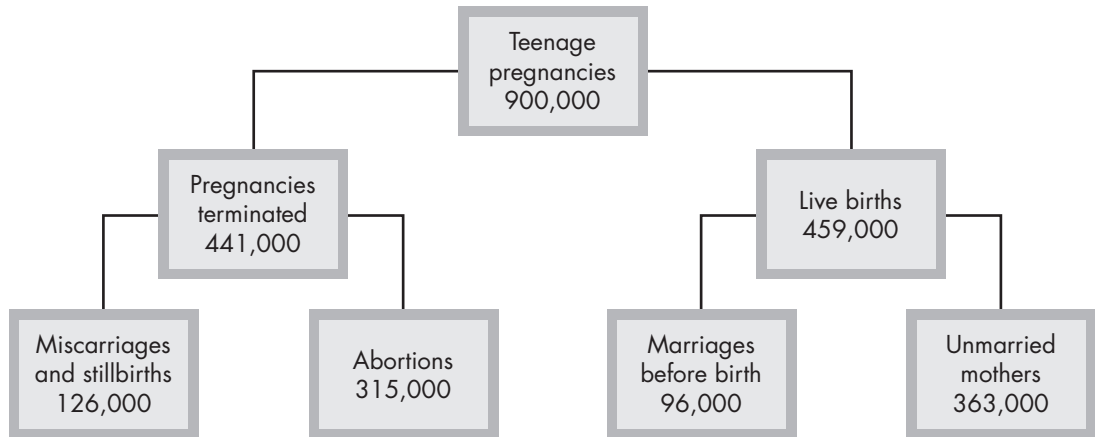
they often have unplanned pregnancies. Figure 9.2 shows, for example, that approximately 900,000 U.S. teenagers become pregnant each year (Klein et al., 2005). If we consider women of all ages in the United States, about half of all pregnancies were unintended at the time of conception (Guttmacher Institute, 2005).

Here are some relevant factors related to women's birth control use:

1. *Social class.* Women from the middle and upper socioeconomic classes are more likely to use birth control (Farber, 2003; Klein et al., 2005).
2. *Ethnicity.* In the United States, birth control use is higher for European American women and Asian women than for Latina women and Black women (Kaiser Family Foundation, 2003). We do not have comparable data about other ethnic groups.
3. *Level of education.* Women who have had at least some college education are somewhat more likely than other women to use birth control (E. Becker et al., 1998). However, according to one study, 48% of women who had at least a master's degree reported that they did not consistently use contraception (Laumann et al., 1994). In other words, about half of these well-educated women could face an unplanned pregnancy.
4. *Feminist beliefs.* Female students who consider themselves to be feminists are more likely than nonfeminist female students to engage in safer sex behavior (Yoder et al., 2007).
5. *Personality characteristics.* Research on adolescents shows that young women are more likely to use contraceptives if they have high self-esteem and if they dislike taking risks (E. Becker et al., 1998; N. J. Bell et al., 1999; Pearson, 2006). Consider a representative study on risk taking by Odgers and her coauthors (2008). They found that girls who had used alcohol and other risky drugs during early adolescence were much more likely than non-risk takers to become pregnant before the age of 21.

Obstacles to Using Birth Control

Why are approximately half of all U.S. pregnancies unplanned? The problem is that many obstacles stand in the way of using effective birth control. A woman who avoids pregnancy must have adequate knowledge about contraception. She must also have access to it, and she must be willing to use it on a consistent basis. In Canadian and U.S. surveys of sexually active young adults, only about 25% to 40% reported using a contraceptive when they last had intercourse (Fields, 2002; Statistics Canada, 2000).

In more detail, here are some of the obstacles to using birth control:

1. Parents and educators often avoid discussing birth control with young people because they "don't want to give them any ideas." As a result, many young people are misinformed or have gaps in their knowledge (Fine & McClelland, 2006; Kaiser Family Foundation, 2003; Klein et al., 2005).
2. Some young women cannot obtain contraceptive services or products, so they use less reliable forms of birth control (Feldt, 2002; Hyde & DeLamater, 2006). Other women in the United States have no health insurance, or their health insurance does not cover birth control (Guttmacher Institute, 2001).
3. Many young women have sexual intercourse without much planning. In a survey of Canadian female college students going to Florida over spring break, 13% reported that they had sex with someone they had just met (Maticka-Tyndale et al., 1998). In a sample of U.S. college students, 26% reported having had intercourse with someone they had met earlier the same night. Casual sex does not encourage conversations and careful planning about contraception strategies (M. Allen et al., 2002; Hyde & DeLamater, 2006; S. L. Nichols & Good, 2004).
4. People may not think rationally about the consequences of sexual activity. For example, sexually inexperienced women often believe that they themselves are not likely to become pregnant during intercourse (Brehm et al., 2002; Hyde & DeLamater, 2006). A survey of adolescents in the United States revealed another example of irrational thinking. Specifically, 67% of adolescent females in this sample reported that they use condoms "all the time." However, only 50% of these same young women said that they had used condoms during the last time they had sexual intercourse (Kaiser Family Foundation, 2003). A Canadian survey reported a similar discrepancy (H. R. L. Richardson et al., 1997).
5. Traditional women believe that if they were to obtain contraception, they would be admitting to themselves that they planned to have intercourse and are therefore not "nice girls." In fact, college students downgrade a woman who is described as providing a condom before sexual intercourse (D. M. Castañeda & Collins, 1998; Hynie et al., 1997; Tolman, 2002).
6. People often believe that birth control devices will interrupt the lovemaking mood, because they are not considered erotic or romantic (Fine & McClelland, 2006; Perloff, 2001). Condoms and other contraceptives are seldom mentioned in movies, television, romantic novels, and magazines, as Demonstration 9.4 shows. We can see a woman and a man undressing,

groping, groaning, and copulating. The one taboo topic seems to be contraception! Interestingly, women who read romance novels are especially likely to have negative attitudes toward contraception (Diekman et al., 2000).

7. Many young women are forced to have sexual intercourse, often with a much older man (Centers for Disease Control and Prevention, 2004a; Fine & McClelland, 2006; Klein et al., 2005). When a 14-year-old female has a partner who is a 21-year-old male, she probably cannot persuade him to wear a condom.

Earlier in the chapter, we noted that schools must develop more comprehensive sex-education programs. Communities need to be sure that adolescents receive appropriate information before they become sexually active, especially because many adolescents are not well informed about contraception (Fine & McClelland, 2006).

Unfortunately, it's difficult to change people's sexual behavior. Even a carefully designed program—with relevant information and training in communications skills—may not increase college students to use condoms more frequently (Tulloch, et al., 2004).

Another issue is that contraceptives need to be just as visible in the media as the actual sexual encounters are. People might use contraceptives more often if the women in soap operas were shown discussing birth control methods with their gynecologists and if the macho men of the movie screen carefully adjusted their condoms before the steamy love scenes.

DEMONSTRATION 9.4	## Contraception as a Taboo Topic
	For the next two weeks, keep a record of the number of times you see or hear about couples in sexual relationships in the media. Monitor television programs, movies, stories in magazines, books, and the Internet, as well as any other source that seems relevant. In each case, note whether contraceptives are mentioned, shown, or even hinted at.

Contraception and Family Planning in Developing Countries

A country's fertility rate is measured in terms of the average number of children a woman will have in her lifetime, The fertility rate is 2.0 in the United States and 1.5 in Canada. In general, the highest fertility rates are in Africa, for example, 7.2 in Niger, 7.1 in Guinea Bissau, and 6.5 in Mali ("List of countries," 2009).

In general, the developing countries and regions that have the highest female literacy rate tend to have the lowest fertility rates (Winter, 1996). For example, if we consider the entire country of India, 31% of high-school-age girls are in school, and the average adult woman has 3.7 children. Kerala, one of the states in India, has the highest level of family planning in that

country (Department of Health and Family Planning, 2010). In Kerala, 93% of high-school-age girls are in school, and the average adult woman has only 2.0 children (B. Lott, 2000). Notice that this number is identical to the average number for U.S. women.

When women are well educated, they are likely to take control of their lives and make plans for the future. By limiting their family size, they can increase their economic and personal freedom—and not contribute to the world's overpopulation (P. D. Harvey, 2000). They can also provide better care for the children they already have.

The use of contraceptives throughout the world has been rising steadily, with between 50% and 60% of couples practicing contraception (David & Russo, 2003; Townsend, 2003). Still, millions of unmarried couples do not have access to family planning. In fact, during the next 5 minutes, about 950 women throughout the world will have conceived a pregnancy that is not wanted (David & Russo, 2003). Each woman will probably need to make choices about continuing with a pregnancy, giving the child up for adoption, or having an abortion. Let's now explore the controversial topic of abortion and the alternatives.

Abortion and Other Alternatives

Many women face a difficult decision when they find that they are pregnant: Should they terminate the pregnancy, or should they continue the pregnancy? Women of all ages choose to have an abortion. However, in this section, we will focus specifically on adolescent females. There are about 900,000 teen pregnancies in the United States each year (Klein et al., 2005).[1] Figure 9.2 shows estimates of the outcomes for these young women. Suppose that a young woman is pregnant, and she does not experience a miscarriage. She must make an extremely important decision: Should she carry the pregnancy to term, or should she seek an abortion? Should she choose marriage, or should she become a single mother? Should she give up her baby for adoption?

Before 1973 in the United States, many abortions were performed illegally, often by untrained individuals in unsanitary conditions. Each year, an estimated 200,000 to 1,200,000 illegal abortions were performed and about 10,000 women died from these illegal abortions (Gorney, 1998). Before 1973, countless other women attempted to end an unwanted pregnancy themselves. They swallowed poisons such as turpentine, and they tried to stab coat hangers and other sharp objects through the cervix and into the uterus (Baird-Windle & Bader, 2001; Gorney, 1998).

According to the U.S. Supreme Court's *Roe v. Wade* decision in 1973, women have the legal right to choose abortion. However, throughout North America, health-care professionals who perform abortions have been harassed or even murdered by so-called pro-life groups. Abortion clinics have also been bombed (Baird-Windle & Bader, 2001; Feldt, 2002; Planned Parenthood, 2009).

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[1]Unfortunately, no comparable analysis is available for the options faced by pregnant teenagers in Canada. However, as Table 9.1 shows, a teenager in Canada is only about one-third as likely as a U.S. teenager to give birth. Also, the abortion rate is somewhat lower in Canada.

Incidentally, Figure 9.2 also shows the number of miscarriages for U.S. teenagers. Here's some interesting information about one of the major causes of miscarriages. Cigarette smoking nearly doubles a woman's chances of having a spontaneous miscarriage and losing her baby (Mendola et al., 1998; Mills, 1999; Ness et al., 1999). Researchers have known for more than a decade that smoking causes fetal death. However, pro-life groups have not yet harassed the tobacco companies.

Let's also emphasize an important point about abortions: *No one recommends abortion as a routine form of birth control.* We need to provide more comprehensive education about sexuality so that women do not need to consider the abortion alternative (Adler et al., 2003). As you can see from Table 9.1 on page 307, the adolescent abortion rate is higher in the United States and Canada than in all other countries on this list.

Worldwide, about 50 million abortions are performed each year for women of all ages. About 40% of these abortions are illegal (Caldwell & Caldwell, 2003; E. M. Murphy, 2003; United Nations, 2000). Worldwide, about 120 women die every 5 minutes from an unsafe abortion (David & Russo, 2003). Most of these deaths could have been avoided by using effective birth control methods and legal abortion procedures.

About one-quarter of all pregnancies in the United States and Canada are terminated by means of a legal abortion (Singh et al., 2003; Statistics Canada, 2000). Abortion may be a controversial issue, but the safety aspect of abortion is not controversial. A woman in the United States is about 30 times more likely to die as a result of childbirth than as a result of a legal abortion (Adler et al., 2003). Let's now consider the psychological aspects of abortion.

Women's Psychological Reactions to an Abortion

Most women report that their primary reaction following an abortion is relief (David & Lee, 2001; Russo, 2008a). Some women experience sadness, a sense of loss, or other negative feelings. Consistent with Theme 4 of this textbook, individual differences in emotional reactions are large (Needle & Walker, 2008; Russo, 2008b). However, according to the best-controlled studies, the typical woman who has an abortion suffers no long-term effects, such as problems with depression, anxiety, or self-esteem (Lee, 2003; Munk-Olsen et al., 2011; C. P. Murphy, 2003; Russo, 2008).

What factors are related to psychological adjustment following an abortion? In general, women who cope most easily are those who have the abortion early in their pregnancy (Allgeier & Allgeier, 2000). Another important psychological factor related to adjustment is **self-efficacy**, or a woman's feeling that she is competent and effective (Major et al., 1998). Not surprisingly, adjustment is also better if the woman's friends and relatives can support her decision (N. E. Adler & Smith, 1998; David & Lee, 2001).

Children Born to Women Who Were Denied Abortions

So far, we have considered the well-being of the mothers. Let's now turn to the well-being of the unwanted children. Abortion has been legal in the United States since 1973, so researchers cannot accurately examine that

question in this country. However, several studies in other countries provide some answers. Consider a long-term study conducted with 220 children whose mothers had been denied abortions in the former Czechoslovakia (David et al., 1988; David et al., 2003). Each of these children was carefully matched—on the basis of eight different variables such as social class—with a child from a wanted pregnancy. As a result, the two groups were initially comparable.

The results have shown that, by 9 years of age, the children from unwanted pregnancies had fewer friends and responded poorly to stress, compared to children from wanted pregnancies. By age 23, the children from unwanted pregnancies were more likely to report that they had marital difficulties, drug problems, conflicts at work, and trouble with the legal system (David et al., 1988). Ongoing research about these two groups continues to show psychological problems when these unwanted children are adults, whereas the wanted children have relatively few problems (David & Lee, 2001; David et al., 2003; Russo, 2008b).

Other similar studies show that many mothers of unwanted children continue to report negative emotions and a lack of concern about those children many years later (J. S. Barber et al., 1999; Needle & Walker, 2008; Sigal et al., 2003). These implications for children's lives should be considered when governments try to make informed decisions about abortion policies.

Alternatives to Abortion

Unplanned pregnancies can be resolved by methods other than abortion. For example, people who oppose abortion often suggest the alternative of giving the baby up for adoption, and this might be an appropriate choice for some women. However, adoption often creates its own kind of trauma and pain when the birth mother continues to feel guilty (David & Lee, 2001; Feldt, 2002; Fessler, 2006). One woman who gave up her daughter for adoption described how her anguish continued for many years afterwards:

> I am shocked at how much it has impacted my life. I really tried to move on and forget. I tried to do what they said, but it didn't work … it was supposed to work; everybody said so. But it didn't. No matter how many degrees I got, how many credits I had, how many years I worked, I was still empty. (Fessler, 2006, p. 12)

Another alternative is to deliver the baby and choose the motherhood option. In many cases, an unwanted pregnancy can become a wanted baby by the time of delivery. However, hundreds of thousands of North American babies are born each year to mothers who do not want them. Unfortunately, most teenage mothers encounter difficulties in completing school, finding employment, fighting poverty, and obtaining health care. In addition, teenage mothers often confront biases in our culture (Hellenga et al., 2002; S. L. Nichols & Good, 2004; Russo, 2008a).

Some people believe that marriage is the ideal solution to an unwanted pregnancy. However, research suggests that teen mothers who remain single are actually more than three times as likely as married teen mothers to return to school after the baby is born (Fine & McClelland, 2007).

We have seen that none of these alternatives—abortion, adoption, or motherhood—is free of problems. Instead, preventing the pregnancy seems to create less psychological pain than the other alternatives.

SECTION SUMMARY

Birth Control and Abortion

1. In the United States, about 900,000 teenage females become pregnant each year; pregnancy rates are much lower in Canada and Western Europe.
2. No birth control device offers problem-free protection from both pregnancy and sexually transmitted diseases; abstinence is the only genuinely safe option. Emergency contraception is now an option.
3. Many heterosexual, sexually active women do not use reliable birth control methods. Female contraceptive use is related to social class, ethnicity, education, feminist beliefs, self-esteem, and risk taking.
4. Couples avoid using birth control because of inadequate information, unavailable contraceptive services, inadequate planning, irrational thinking, reluctance to admit they are sexually active, and the belief that birth control devices are not romantic. If a teenage female has a much older sexual partner, she probably won't be able to convince him to wear a condom.
5. Some developing countries have instituted family planning programs, whereas others lack these programs. Literacy is highly correlated with women's contraceptive use.
6. Before *Roe v. Wade*, thousands of U.S. women died each year from illegal abortions; legal abortions are much safer than childbirth.
7. Following an abortion, most women experience a feeling of relief; adjustment is best when the abortion occurs early in pregnancy, when the woman feels competent, and when friends and family are supportive.
8. Children born to women who have been denied an abortion are significantly more likely to experience psychological and social difficulties, compared to children from a wanted pregnancy.
9. In general, a woman who gives up her child for adoption feels guilty, even many years later; women who choose the motherhood option typically face many difficulties. Pregnancy prevention is therefore the preferable solution.

CHAPTER REVIEW QUESTIONS

1. At several points throughout this chapter, we have seen that sexuality has traditionally been male centered. Address this issue, focusing on topics such as (a) theoretical perspectives on sexuality, (b) sexual scripts, and (c) sexual disorders. Also, compare how the essentialist perspective and the social

constructionist perspective approach the topic of sexuality.

2. In the first section of this chapter, we noted that men and women differ more in the intensity of sexual desires than in most other psychological gender comparisons. What are some of the potential consequences of this difference, with respect to sexual behavior and sexual disorders?

3. In many sections of this chapter, we discussed adolescent women. Describe the experiences a young woman might face as she discusses sexuality with her parents, listens to a sex-education session in her high school, has her first experience with sexual intercourse, makes decisions about contraception, and tries to make a decision about an unwanted pregnancy.

4. How are gender roles relevant in (a) the initiation of sexual relationships, (b) sexual activity, (c) sexual disorders, and (d) decisions about contraception and abortion?

5. Describe the information in this chapter that would be helpful for a sexually active woman to know regarding communication about sexuality, self-objectification, and methods of birth control.

6. Describe attitudes about sexuality in the current era. Does the sexual double standard still hold true in North America in the 21st century?

7. What information do we have about sexuality in lesbian couples, including sexual activity and sexual problems? Why would a male-centered approach to sexuality make it difficult to decide what "counts" as sexual activity in a lesbian relationship? Why is this same problem relevant when we consider older women and sexual activities?

8. Describe the two sexual disorders discussed in this chapter. Why might older women be especially likely to experience these disorders? Briefly describe the general approach to therapy for sexual disorders, including the feminist perspective on sex therapy.

9. Imagine that you have received a large grant to reduce the number of unwanted pregnancies at the high school you attended. What kinds of programs would you plan in order to achieve both immediate and long-term effects?

10. Discuss the information that we have about unwanted pregnancies. Include such topics as (a) the safety of abortion; (b) a woman's psychological reactions to an abortion; (c) the consequences for a child whose mother had been denied an abortion; and (d) the consequences for a mother who has given up her baby for adoption.

KEY TERMS

essentialism (p. 286)

social constructionist approach (p. 287)

clitoris (p. 288)

vagina (p. 288)

excitement phase (p. 288)

vasocongestion (p. 288)

plateau phase (p. 289)

orgasmic phase (p. 289)

resolution phase (p. 289)

sexual desire (p. 290)

sexual double standard (p. 293)

sexual script (p. 294)

sexual assault (p. 294)

rape (p. 294)

hooking up (p. 298)

sexual disorder (p. 303)

low sexual desire (p. 303)

female orgasmic disorder (p. 303)

self-objectification (p. 304)

cognitive restructuring (p. 304)

emergency contraception (p. 307)

self-efficacy (p. 313)

RECOMMENDED READINGS

Crooks, R., & Baur, K. (2008). *Our sexuality* (10th ed.). Belmont, CA: Thomson Wadsworth. Several excellent textbooks on human sexuality have been published within the last few years. One feature that is especially interesting and informative in this textbook is the quotations from real people about aspects of their own sexuality.

Fine, M., & McClelland, S. I. (2006). Sexuality education and desire: Still missing after all these years. *Harvard Educational Review*, *76*, 297–338. I strongly recommend this interesting and informative review article, which emphasizes the weaknesses of abstinence-only education, as well as the power of young women's desires.

Klein, J. D., et al. (2005). Adolescent pregnancy: Current trends and issues. *Pediatrics*, *116*, 281–286. Here is a comprehensive article about factors related to adolescent pregnancy. You can also access this article on the website of the American Academy of Pediatrics (www.aap.org).

Tiefer, L. (2004). *Sex is not a natural act and other essays*. Boulder, CO: Westview Press. I strongly recommend this book, which provides a feminist perspective on sexuality, rather than a biological approach. The book includes some theoretical essays, but also some intended for the general public.

ANSWERS TO THE DEMONSTRATIONS

Demonstration 9.1: 1. F; 2. M; 3. F; 4. F; 5. M; 6. M; 7. M; 8. F.

Demonstration 9.3: 1. 2.7; 2. 2.7; 3. 4.2; 4. 4.1; 5. 4.6; 6. 4.4. Note that a woman who is high in sexual assertiveness would provide high ratings for Items 1, 4, and 6; she would provide low ratings for Items 2, 3, and 5. Also note that respondents answered numbers 5 and 6 inconsistently—as both having sex without a condom and insisting on a condom.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. True (p. 286);   2. True (p. 290);
3. False (p. 293);   4. True (p. 296);
5. False (p. 299);   6. True (p. 300);

7. True (p. 304);   8. True (p. 307);
9. True (p. 313);   10. True (p. 314).

10 Pregnancy, Childbirth, and Motherhood

True or False?

_____ 1. Psychologists have conducted little research on the psychological aspects of pregnancy and childbirth.

_____ 2. About one-third of pregnant women in developed countries do not receive any prenatal care prior to childbirth.

_____ 3. Women who are pregnant during very stressful events are at risk for premature delivery.

_____ 4. People tend to show either hostile sexism or benevolent sexism toward a pregnant woman, depending on the circumstances.

_____ 5. Medical complications are often reduced during childbirth if a helpful, experienced person is present.

_____ 6. Natural childbirth is a method of learning about breathing and other techniques so that pain is eliminated during childbirth.

_____ 7. During the first month after childbirth, a mother's dominant emotional response is typically a feeling of fulfillment and inner strength.

_____ 8. Children raised by lesbian mothers resemble children raised by heterosexual mothers in characteristics such as intelligence, psychological adjustment, and popularity.

_____ 9. Approximately half of North American mothers experience postpartum blues within a few days after the birth of their first child; common symptoms include crying, sadness, and irritability.

_____10. The research shows that people tend to evaluate a woman positively if she chooses not to have children.

A student in one of my classes gave me a book that her mother wrote about the topic of motherhood, when my student had been a toddler. One of my favorite parts describes the range of emotions that mothers experience:

> Sometimes single and/or childless friends want to know something about what it is like to be a parent. The best I can come up with is: after a child enters your home, your physical and mental feelings are heightened to degrees you never imagined possible. One has never before experienced such exhaustion, impatience, frustration, or fright. However, one has also never experienced such happiness, pride, or love. (Santoro, 1992, p. 9)

In this chapter, you'll see many examples of Theme 4, that women vary widely from one another. However, consistent with Karla Santoro's description, this chapter also emphasizes how each woman experiences a wide variation within her own emotions.

The world currently has close to 7 billion inhabitants, each of whom was produced by a woman's pregnancy. Shouldn't the sheer frequency of this personally important event make it a popular topic for psychological research? Still, the topic of pregnancy is almost invisible in North American psychology journals (Greene, 2004; Johnston-Robledo & Barnack, 2004; Hoffnung, 2011; Rice & Else-Quest, 2006). Furthermore, these articles almost always focus on topics such as teen pregnancy, unwanted pregnancy, and drug abuse during pregnancy. In contrast, psychologists tend to ignore the

experiences of women who are happy to be pregnant and are looking forward to being mothers (Matlin, 2003).

The media provide another context in which the motherhood sequence is invisible. In Chapter 8, we saw that the theme of love dominates music, television, and entertainment. Sexuality—the focus of Chapter 9—is equally prominent. However, pregnancy and childbirth are relatively invisible topics, consistent with Theme 3. One exception is the reality television shows on the Discovery Health and Learning Channel, which exaggerate the amount of medical intervention required during childbirth (Morris & McInerney, 2010).

Let's examine pregnancy, childbirth, and motherhood in more detail. As you'll see, each of these three phases has important psychological components.

PREGNANCY

What are the major biological components of pregnancy? How do women react to pregnancy, both emotionally and physically? Also, how do other people react to pregnant women? Finally, how do women combine pregnancy with their employment?

The Biology of Pregnancy

In a typical pregnancy, the egg and the sperm unite while the egg is traveling down a fallopian tube. The fertilized egg continues along the fallopian tube and then floats around in the uterus. When it is about six days old, it may implant itself in the thick tissue that lines the uterus (Pobojewski, 2008). If a fertilized egg does not implant itself, then this tissue is sloughed off as menstrual flow. This is the same menstrual flow that occurs when an egg has not been fertilized. However, if implantation does occur, this tissue provides an ideal environment in which a fertilized egg can develop into a baby.

Shortly after the fertilized egg has implanted itself, the placenta begins to develop. The **placenta**, which is connected to the growing embryo, is an organ that allows oxygen and nutrients to pass from the mother to the embryo (Crooks & Baur, 2008). The placenta also helps transport the embryo's waste products back to the mother's system. This amazing organ even manufactures hormones. By the end of her pregnancy, a woman's estrogen and progesterone levels are much higher than they were before her pregnancy (L. L. Alexander et al., 2004).

Prenatal care is essential for identifying and treating any complications related to pregnancy, and health-care professionals can also provide relevant information (Crooks & Baur, 2008). However, only 65% of pregnant women in developed regions of the world receive prenatal care. In developing countries, that percentage is even lower. In Afghanistan, for instance, only 8% of women have one or more prenatal visit during their pregnancy (United Nations, 2000).

Physical Reactions During Pregnancy

Pregnancy affects virtually every organ system in a woman's body, although most of the consequences are relatively minor. The most obvious changes are weight

gain and a protruding abdomen. During pregnancy, many women also report breast tenderness, frequent urination, and fatigue (L. L. Alexander et al., 2004; Boston Women's Health Book Collective, 2008; Crooks & Baur, 2008).

Nausea is another especially common symptom during the first trimester. It is often called "morning sickness," even though it may occur at any time of the day (Feeney et al., 2001; Murkoff et al., 2002). North American surveys suggest that 50% to 90% of pregnant women will experience nausea and vomiting during the first three months of pregnancy (Lacasse et al., 2009).

Our general theme about the wide range of individual differences holds true with pregnancy, as with other phases in women's lives. For instance, the majority of women are less interested in sexual activity during pregnancy, but some actually report more interest in sex (Crooks & Baur, 2008; Haugen et al., 2004). Furthermore, "pregnant couples" often enjoy other forms of sexual expression.

Emotional Reactions During Pregnancy

> All I seem to think about is the baby…. I'm so excited. I'd love to have the baby right now. Somehow this week I feel on top of the world. I love watching my whole tummy move. (Lederman, 1996, p. 35)

> I think I, in a sense, have a prepartum depression—already! … Over Easter, when I was home from teaching, it just really hit me how I would be home like that all the time…. I was very depressed one day just kind of anticipating it and realizing how much of a change it was going to be, because I had been really active with my teaching, and it had been a pretty major part of my life now for four years. (Lederman, 1996, p. 39)

These quotations from two pregnant women illustrate how individual women respond differently to the same life event, consistent with Theme 4. In pregnancy, the situation is especially unpredictable because each woman may experience a wide variety of emotions during the 9 months of her pregnancy. For example, those two quotations, although very different in emotional tone, could have come from the same woman.

Positive Emotions

At some point in their lives, the majority of North American women choose to become pregnant and to remain pregnant (Lobel et al., 2008). If a woman has hoped to be a mother, and she learns that she is pregnant, she typically experiences a rush of positive emotions, excitement, and anticipation.

The clear majority of pregnant women also remain within the normal range of emotions throughout their pregnancy. In fact, pregnant women tend to have a relatively low incidence of psychiatric disorders (Russo & Tartaro, 2008). Most women adapt well, and the stress levels do not harm the developing fetus (DiPietro, 2004; Johnston-Robledo & Barnack, 2004; Lobel et al., 2008). Women who are characteristically optimistic are especially likely to adapt successfully to being pregnant (Hamilton & Lobel, 2008; Lobel et al., 2008).

Many women also report feeling wonder and awe at the thought of having a new, growing person inside their own bodies. In a study of married

couples, many husbands also shared this sense of wonder in creating a new life (Feeney et al., 2001).

Most married women also sense that other people approve of their pregnancy. After all, women are supposed to have children, so friends and family members typically offer social support (Morling et al., 2003). Social support is correlated with better psychological well-being and with better physical health (Lobel et al., 2008).

For many women, pregnancy represents a transition into adulthood. They may describe a sense of purpose and accomplishment about being pregnant (Leifer, 1980). Another positive emotion is the growing sense of attachment that pregnant women feel toward the developing baby (Bergum, 1997; Condon & Corkindale, 1997). One woman reported:

> When I had my first scan, the man explained everything, like this is his leg, this is his foot, little hands, little head. I couldn't see his other leg and asked "Where's his other leg then?" Then they pushed him round and showed me his other leg. It was quite nice. That's when you realize you are having a baby, when you actually see it on the scan. (Woollett & Marshall, 1997, p. 189)

In addition, many pregnant women find pleasure in anticipating the tasks of motherhood and child rearing, which they believe will provide a tremendous source of satisfaction. As we'll see in the section on motherhood, their expectations may be different from reality.

Negative Emotions

Pregnant women typically express some negative feelings, fears, and anxieties, such as concern about the pain of childbirth (Feeney et al., 2001; Melender, 2002; Walker, 2007). Some women report that their emotions are fragile and continually changing.

Some women report that their self-image declines as their body grows bigger (Philipp & Carr, 2001). North American women often say that they feel fat and ugly during pregnancy, especially because our culture values slimness.

Interestingly, however, these women's romantic partners may feel otherwise. For example, C. P. Cowan and Cowan (1992) questioned married couples who were expecting a baby. They noted that most husbands responded positively. For instance, one man named Eduardo was looking at his wife, and he remarked, "The great painters tried to show the beauty of a pregnant woman, but when I look at Sonia, I feel they didn't do it justice" (p. 59). Fortunately, many women are able to overcome our culture's concern about weight. They are excited to see their abdomen swell, to feel the baby move, and to anticipate a healthy pregnancy.

Women may worry about their health and bodily functions (Johnston-Robledo & Barnack, 2004). These anxieties are heightened by the increasing evidence that smoking, alcohol, a variety of drugs, and environmental contaminants can harm the developing fetus (Bailey et al., 2008; Newland & Rasmussen, 2003; Streissguth et al., 1999). Incidentally, studies in both the United States and Canada show that many pregnant women try to stop smoking cigarettes during their pregnancy, but it's difficult to break this addiction (Bailey et al., 2008; N. Edwards & Sims-Jones, 1998). The smoking

rate during pregnancy is highest for White and Native American women, intermediate for Black women, and lowest for Latina and Asian women (Arias et al., 2003; Hamilton et al., 2007; Hoyert et al., 2000).

An important part of women's negative reactions to pregnancy is caused by other people beginning to respond differently to them, as we will see in the next section. They are categorized as "pregnant women"—that is, women who have no identity aside from the responsibility of a growing baby (Philipp & Carr, 2001). Women may also begin to see themselves in these terms.

Naturally, however, a woman's overall response to pregnancy depends on a variety of factors. These factors include her physical reactions to pregnancy, whether the pregnancy was planned, her relationship with the baby's father, and her economic status (Molinary, 2007; Tolman, 2002; Walker, 2007).

We can understand how an unmarried, pregnant 16-year-old may have predominantly negative emotions if her boyfriend and family have rejected her, and she must work as a waitress to earn an income. Her problems will be intensified if she is one of the hundreds of thousands of pregnant women in the United States who cannot afford prenatal care (S. E. Taylor, 2002; P. H. Wise, 2002). We can also understand predominantly positive emotions from a happily married 30-year-old who has hoped for this pregnancy for 2 years, and whose family income allows her to buy stylish maternity clothes that she can wear to her interesting, fulfilling job (Feeney et al., 2001).

During pregnancy, some women will experience a **miscarriage**, or an unintended termination of pregnancy—prior to the 20th week of pregnancy—before the fetus is developed enough to survive after birth (Crooks & Baur, 2008). For instance, in Figure 9.2 (p. 309), we saw that—each year—an estimated 15% of pregnant teenagers in the United States experience a miscarriage. We cannot provide an accurate estimate of miscarriage rates for teenagers or for pregnant women of any age because a large percentage of miscarriages occur during early pregnancy, outside a medical setting. As you can imagine, some women will experience intense sorrow about this loss (McCreight, 2005). Others feel a sense of relief or else mixed emotions.

Some women are pregnant during extremely stressful events. For example, some women lived through a major earthquake or a hurricane. Others have friends or relatives who died during catastrophes such as the 9/11 attack on the World Trade Center. In situations like these, the research shows that a woman has an increased risk of premature delivery and a low-birthweight infant (Harville et al., 2009; Lobel et al., 2008). In some cases, a woman's partner may begin to abuse her when she is pregnant, or a partner may increase the severity of habituas abuse. These women are also at risk for premature delivery and a low-birthweight infant (Frieze, 2005).

In summary, a woman's emotional reaction to pregnancy can range from excitement and anticipation to worry, a loss of identity, and grief. Consistent with Theme 4 of this book, the individual differences can be enormous. For most women, pregnancy is a complex blend of both pleasant and unpleasant reactions.

Attitudes Toward Pregnant Women

Most women experience three major gynecological events during their lifetime: menarche, pregnancy, and menopause. Menarche and menopause are highly private events, which women discuss only with intimate acquaintances. In contrast, pregnancy is public, especially in the last trimester. In fact, complete strangers often feel free to pat the stomach of a pregnant woman and offer unsolicited comments to her (Quindlen, 2008). Can you imagine these same people taking such liberties with a woman who was *not* pregnant?

According to research by Michelle Hebl and her colleagues (2007), people's attitudes toward pregnant women depend on the context. These researchers arranged for young women to go to a retail store, in two different contexts. In half of the situations, the woman was instructed to ask a store employee if she could apply for a job. In the other half, the woman was instructed to ask for help in choosing a gift for her sister.

The second variable in this study was whether or not the woman looked pregnant. Half the time in each situation, the woman wore a "pregnancy prosthesis," which had been professionally constructed to resemble the stomach of a woman who was 6 to 7 months pregnant. The other half of the time, the woman did not wear a prosthesis. Meanwhile, observers unobtrusively watched and coded the way that the store employee interacted with the woman.

In Chapter 2, we discussed two kinds of sexism that people are likely to display toward women. **Hostile sexism,** the more blatant kind of sexism, is based on the idea that women should be subservient to men and should "know their place." When the woman in this study asked to apply for a job, the store employees showed significantly more hostile sexism to the pregnant-looking woman than to the non-pregnant-looking woman. After all, this woman is pregnant, so she certainly should not be out looking for a job! Other studies have confirmed this bias against hiring a pregnant woman for a job (Bragger et al., 2002).

Benevolent sexism, the more subtle kind of sexism, argues for women's special niceness and purity. When the woman in the study by Hebl and her colleagues (2007) asked for help in buying a gift, the employees showed significantly more benevolent sexism to the pregnant-looking woman than to the non-pregnant-looking woman. After all, this woman is pregnant, so she needs extra help. Naturally, a pregnant woman may appreciate help on some tasks. However, the store employees in this study were overly helpful and even patronizing. Other research confirms that people are especially likely to help a pregnant woman, for example, if she has dropped her keys (Walton et al., 1988).

In another study, Horgan (1983) measured people's attitudes toward pregnant women by checking where maternity clothes were located in department stores. The expensive, high-status stores placed maternity clothes near the lingerie and loungewear. This arrangement suggests an image of femininity, delicacy, luxury, and privacy. In contrast, the less expensive, low-status stores placed maternity clothes near the uniforms and the clothing for overweight women. This placement implies that pregnant women are fat, and they have a job to do. Try Demonstration 10.1, a modification of Horgan's study.

<table>
<tr><td>

DEMONSTRATION 10.1

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Attitudes Toward Pregnant Women, as Illustrated in Department Stores

Select several nearby stores that sell maternity clothes. Try to obtain a sample of stores that vary in social status, and visit each store. (You may want to come prepared with a "shopping for a pregnant friend" cover story.) Record where the maternity clothes are placed. Are they near the lingerie, the clothes for overweight women, the uniforms, or someplace else?

Also notice the nature of the clothes themselves. In the 1970s, the clothes were infantile, with ruffles and bows. Clothes are now more like clothing for nonpregnant women. Do the different kinds of stores feature different styles?

Finally, check on the price of the clothing. How much would a pregnant woman's wardrobe be likely to cost, assuming that she will need maternity clothes during the last 6 months of her pregnancy?

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Employment During Pregnancy

Several decades ago, European American women in the United States and Canada typically stopped working outside the home once they became pregnant. However, Black women have had different expectations. Being a good mother never meant that a woman should stay at home full time (P. H. Collins, 1991). In developing countries, pregnant women are often expected to work in the fields or to perform other physically exhausting tasks, sometimes until labor begins (S. Kitzinger, 1995).

In North America in the current decade, many women plan to have both a career and children, especially if the women are college graduates (Hoffnung, 2003, 2004, 2010). However, as you might expect from the research on hostile sexism, potential employers tend to avoid hiring a pregnant job applicant (Masser et al., 2007). Both female and male employers show this same tendency (Cunningham & Macan, 2007).

The research shows that employed pregnant women often continue at their jobs until shortly before their due date (Boston Women's Health Book Collective, 2008; Hung et al., 2002; Mozurkewich et al., 2000). Unfortunately, most U.S. women cannot take time off during late pregnancy or after the baby is born, without a loss of income (Blades & Rowe-Finkbeiner, 2006; Halpern et al., 2008).

According to the research, a woman's pregnancy is typically not affected if her job involves normal physical exertion (Hung et al., 2002; Klebanoff et al., 1990). However, she is slightly more likely to have a premature delivery if her job is physically demanding, if she works on the night shift, or if her job involves prolonged standing without the opportunity to sit down (Mozurkewich et al., 2000).

SECTION SUMMARY

Pregnancy

1. Pregnancy and childbirth receive surprisingly little attention in psychological research and in the media.
2. At the beginning of pregnancy, the fertilized egg implants itself in the tissue that lines the uterus.
3. Even in developed countries, many women do not receive prenatal care.
4. Although individual differences are great, several common physical reactions to pregnancy include weight gain, fatigue, and nausea.
5. Women vary greatly in their emotional reactions to pregnancy. Positive emotions include feelings of excitement and wonder, growing attachment, and the anticipated pleasure of motherhood.
6. Negative emotions include changeable emotions, concerns about physical appearance, health worries, and concern about other people's reactions.
7. An unknown percentage of pregnant women also experience a miscarriage. If life events are extremely stressful, there is an increased risk of premature delivery and a low-birthweight infant.
8. When people interact with a woman who looks pregnant, they tend to show hostile sexism if she is doing something considered nontraditional, such as applying for a job. They show benevolent sexism if she is doing something traditionally feminine, such as shopping for a gift.
9. Potential employers are relatively unlikely to hire a pregnant job applicant.
10. Most women can work outside the home without affecting their pregnancy; however, a physically demanding job and nonstandard work hours are associated with a slightly higher risk of premature delivery.

CHILDBIRTH

Women in the United States currently have an average of 2.1 children, and Canadian women have an average of 1.6 children (United Nations, 2010). Even though childbirth is so common, psychologists virtually ignore this important topic. Interesting questions, such as women's emotions during childbirth, are almost invisible. In fact, most of our information comes from nursing journals, such as *Birth*. Let's consider the biology of childbirth, cesarean births, social factors affecting the childbirth experience, and emotional reactions to childbirth. Then we'll discuss some current practices that are likely to improve women's childbirth experiences.

The Biology of Childbirth

Labor for childbirth begins when the uterus starts to contract strongly. The labor period is divided into three stages. During the first stage, the uterus

contracts about every 5 minutes. Also, the dilation of the cervix increases to about 10 centimeters (4 inches), a process that may last anywhere from a few hours to at least a day (L. L. Alexander et al., 2004; Feeney et al., 2001).

The second stage of labor lasts from a few minutes to several hours. The contractions move the baby farther down the vagina. When a woman is encouraged to push during this second stage, she usually says that this is the most positive part of labor (Boston Women's Health Book Collective, 2008; Kitzinger, 2003). Women report feelings of strong pressure and stretching during this stage. The contractions often become extremely painful and stressful (Soet et al., 2003). This stage ends when the baby is born. The photograph below illustrates the end of the second stage of labor.

The third stage of labor, which usually lasts less than 20 minutes, is clearly an anticlimax. The uterus continues to contract, which separates the placenta from the uterine wall. The placenta is then expelled along with some other tissue that had surrounded the fetus (Kitzinger, 2003). The levels of estrogen and progesterone drop during this third stage, so that both of them are drastically lower than they were several hours earlier.

A woman normally gives birth after 40 weeks' gestation. A **preterm birth** (also called a **premature birth**) is defined as less than 37 weeks' gestation; a

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A childbirth scene, showing the end of the second stage of labor.

preterm birth places a child at risk for medical complications. The research in the United States shows that women with little education and overly thin women are at risk for a preterm birth. Also, Black women are almost twice as likely as White, Latina, and Asian mothers to have a preterm birth. After adjusting for factors such as the age of the mother and her level of education, Black women are still more likely than other women to have a preterm birth. Researchers have not yet figured out why ethnicity should be an important factor, but it may involve differences in health prior to pregnancy, as well as differences in stress level during pregnancy (Giscombé & Lobel, 2005; R. L. Goldenberg & Culhane, 2005; Haas et al., 2005).

Cesarean Births

Currently, cesarean births constitute about 30% of all deliveries in the United States and about 25% in Canada (Morales et al., 2007; Notzon, 2008). In a **cesarean birth** (pronounced sih-*zare*-ee-un; often called a **cesarean section** or a **C-section**), the physician makes an incision through the woman's abdomen and into the uterus to deliver the baby.

Some cesarean sections are necessary if a vaginal delivery would be risky— for example, because the baby's head is larger than the mother's pelvis (L. L. Alexander et al., 2004). However, a C-section carries health risks for both a mother and her baby (R. Walker et al., 2002). A C-section can also be a traumatic experience (Johnston-Robledo & Barnack, 2004). Women who have had cesarean births tend to have more negative perceptions of both their birth experiences and their newborn infants (Lobel & DeLuca, 2007).

Critics argue that the rate of C-sections is high because they are more convenient for the medical staff and other similar reasons (M. C. Klein, 2004; Young, 2003). The research shows that the C-section rate can be reduced when hospitals adopt appropriate precautions (Chaillet & Dumont, 2007).

Social Factors Affecting the Childbirth Experience

A variety of factors can influence the health of both the mother and her newborn ("Challenging Cases," 2004; Hoyert et al., 2000). For example, a Canadian study by Gagnon and her colleagues (2007) showed that medical complications were less likely when a woman had just one nurse attending her throughout labor, rather than a sequence of different nurses. (Fortunately, this study controlled for the length of time that the woman was in labor.) Another study in a hospital in the African nation of Botswana reported that women required significantly less pain medication if they had been accompanied by a female relative during labor and delivery (Madi et al., 1999).

For women in many cultures—as diverse as Scandinavian countries and Mayan communities in Latin America—childbirth is considered a normal process rather than a medical achievement. In these cultures, women expect to have attendants with them during childbirth (DeLoache & Gottlieb, 2000; Klaus et al., 2002; Whelehan, 2001). Many North American hospitals now offer a doula (*doo*-lah) option. A **doula** is a woman experienced in childbirth who provides continuous support to a family throughout labor and delivery (Zeldes & Norsigian, 2008).

Emotional Reactions to Childbirth

Women's emotional reactions to the birth of their child can vary as widely as their reactions to pregnancy (Hoffnung, 1992; Johnston-Robledo & Barnack, 2004). For some women, childbirth can be a peak experience of feeling in tune with the birth. For instance, one woman described her intense joy when her firstborn arrived:

> When I saw him and heard him cry, I was overwhelmed with emotion, and when the nurse placed him in my arms I felt that I had *knowledge* of something very powerful that made life completely comprehensible. I remember feeling very light, as if every burden was lifted from me. (de Marneffe, 2004, pp. 93–94)

Another woman describes how she coped with pain by focusing on the child who would be born:

> I don't think one should focus on the pain, that women should have to experience pain. But in the pain there is an experience of being inward and involved in feeling the pain—not enjoying it but taking hold, enduring, or whatever you do to handle it—and knowing that it is going to produce a child. (Bergum, 1997, p. 41)

Fathers who participate in the birth of their child may also experience intense joy, as in this description provided by a new:

> I couldn't have imagined the incredibly powerful feelings that engulfed me when I saw Kevin slip out of Tanya. I was right there, and this was my son! All the next day whenever he began to cry or nurse, I was in tears. I'm still transfixed watching him. It's the most amazing experience I ever had. (C. P. Cowan & Cowan, 1992, p. 71)

Alternative Approaches to Childbirth

Impressive advances have been made in the technology of childbirth during the past 50 years. Death rates are now lower for both mothers and infants. An unfortunate side effect of this high-tech approach, however, is that births in hospitals may focus on expensive equipment, fetal monitoring, and sanitizing every part of the mother (Chalmers, 2002; Kitzinger, 2003; Wolf, 2001).

Many healthcare advocates suggest that the childbirth experience should be made more comfortable and emotionally satisfying for women. Specifically, **natural childbirth** includes the following components (L. L. Alexander et al., 2004; Boston Women's Health Book Collective, 2008; Kitzinger, 2003; Simkin et al., 2008; Young, 2009):

1. Empathic health-care providers who can encourage a woman's sense of empowerment during pregnancy and childbirth.
2. Education about pregnancy and childbirth, to reduce fear and dispel myths.
3. Relaxation techniques and exercises designed to strengthen muscles.
4. Controlled breathing and other focusing techniques that can distract attention away from the pain of the contractions.
5. Social support throughout childbirth from the baby's father, the mother's partner, or a person trained as a caregiver.

The natural-childbirth approach also emphasizes that the vast majority of births are normal. During labor and delivery, the pregnant woman deserves respectful care that encourages her to make informed choices about her labor and delivery. Here are some relevant components (Boston Women's Health Book Collective, 2008; M. C. Klein, 2004; Simkin et al., 2008; Young, 2009):

1. If she chooses, she can move around during labor, and she can sit upright during childbirth.
2. Anesthetics should not be used unless desired or necessary.
3. The physician should not artificially induce labor or perform a cesarean section simply because it may be more convenient.

Professionals who emphasize natural childbirth point out that this method does not eliminate pain. Childbirth is still a stressful experience. However, natural childbirth seems to provide a number of substantial benefits. The mothers report more positive attitudes, less anxiety, and reduced pain. They also require less medication (Chalmers, 2002; Young, 1982, 2009).

This approach to childbirth emphasizes that the mother's wishes should be taken seriously. This approach helps redistribute power, so that women in childbirth have more control over their own bodies. Women can make choices about how they want to give birth, rather than being passive and infantilized.

Basically, professionals should realize that childbirth is an important psychological event in which a family is born and new relationships are formed. Mothers, not technology, should be at the center of the childbirth experience (Chalmers, 2002; Dahlberg et al., 1999; Pincus, 2000).

DEMONSTRATION 10.2

Comparison of Childbirth Experiences

Locate women who had babies very recently, about 10 years ago, about 20 years ago, and in some year long before you were born. If possible, include your own mother or close relatives in your interview. Ask each of these women to describe her childbirth experience in as much detail as possible. After each woman has finished, you may wish to ask some of the following questions, if they were not already answered:

1. Were you given any medication? If so, do you remember what kind?
2. How long did you stay in the hospital?
3. Did the baby stay with you in the room, or was she or he returned to the nursery after feedings?
4. Was a relative or friend allowed in the room while you were giving birth?
5. When you were in labor, were you encouraged to lie down?
6. Did you have "prepared childbirth"?
7. Do you recall any negative treatment from any of the hospital staff?
8. Were you treated like a competent adult?
9. Do you recall any positive treatment from any of the hospital staff?
10. If you could have changed any one thing about your childbirth experience, what would that have been?

Try Demonstration 10.2 to learn about the childbirth experiences of several women you know. Also, can you detect any changes in childbirth procedures for women with the most recent birth experiences?

SECTION SUMMARY

Section Summary: Childbirth

1. The three stages in labor are dilation of the cervix, childbirth, and expulsion of the placenta. Social factors can influence the duration of labor and the amount of pain medication required.
2. Two potential problems during childbirth are preterm births and cesarean sections.
3. Social factors, such as the continuity of care, can affect birth outcome.
4. Emotional reactions to childbirth vary widely. Some women report an intensely positive experience; others focus on coping with the pain. The baby's father may also have intense emotional reactions.
5. Natural childbirth emphasizes factors such as empathic health-care providers, education, relaxation, focusing techniques, and social support; this approach generally produces a more satisfying childbirth experience.
6. The natural-childbirth approach also focuses on allowing women in labor to make relevant choices; it discourages the unnecessary use of high-technology procedures.

MOTHERHOOD

The word *motherhood* suggests some stereotypes that are well established, although contradictory; we'll consider these stereotypes in the first part of this section. Next we'll see how those stereotypes contrast with reality. We'll also examine the motherhood experience of two groups of women outside the mainstream of European American heterosexual mothers: women of color and lesbian women. We'll then focus on two issues of concern to many women who have just given birth: postpartum depression and breast feeding. The final topics in this chapter focus on the decision about returning to the workplace, the option of deciding not to have children, and the problem of infertility.

Stereotypes About Motherhood

For most people, the word *motherhood* inspires a rich variety of pleasant emotions such as warmth, strength, protectiveness, nurturance, devotion, and self-sacrifice (Ganong & Coleman, 1995; Johnston & Swanson, 2003b, 2008; Swanson & Johnston, 2003). According to the stereotype, motherhood is completely happy and satisfying, a notion that is perpetuated by media images of the "Perfect Mother" (Johnston & Swanson, 2008; Simkin et al., 2008; J. Warner, 2005). Furthermore, the motherhood stereotype emphasizes that a woman's ultimate fulfillment is achieved by becoming a mother

(P. J. Caplan, 2000, 2001; P. J. Caplan & Caplan, 2009; Johnston & Swanson, 2003b).

The motherhood stereotype also specifies that a mother will feel perfectly competent as soon as she sees her newborn, and her "natural" mothering skills will take over (Johnston & Swanson, 2003b; Johnston-Robledo, 2000). She is also completely devoted to her family, and she shows no concern for her own personal needs (S. J. Douglas & Michaels, 2004; Ex & Janssens, 2000; Johnston & Swanson, 2003b). As you might imagine, many mothers feel guilty when they cannot live up to this impossible standard of perfect mothering (P. J. Caplan, 2001; S. J. Douglas & Michaels, 2004; J. Warner, 2005).

North American culture is actually ambivalent about motherhood, although the negative aspects are generally less prominent. The media exaggerate the faults of some mothers, while simultaneously ignoring their positive attributes. Chapter 2 pointed out that women in classical mythology and religion are sometimes saints and sometimes villains. Stereotypes about mothers provide similar images of these two extremes (P. J. Caplan, 2001).

The Reality of Motherhood

Many lofty phrases pay tribute to motherhood, but the role is actually accorded low prestige (P. J. Caplan, 2000; Hoffnung, 1995, 2011). In reality, our society considers money, power, and achievement to be much more prestigious than motherhood (J. Warner, 2005). It's clear that mothers do not receive the appreciation they deserve.

Furthermore, none of the stereotypes captures the rich variety of emotions that mothers actually experience. Columnist Anna Quindlen (2001) describes this perspective:

> My children have been the making of me as a human being, which does not mean that they have not sometimes been an overwhelming and mind-boggling responsibility … I love my children more than life itself. But just because you love people doesn't mean that taking care of them day in and day out isn't often hard, and sometimes even horrible. (Quindlen 2001a, p. 64)

Before you read further, try Demonstration 10.3, which we'll discuss later in this chapter. Let's now explore the reality of motherhood in more detail. We'll first consider a long list of negative factors and then examine the more abstract but intensely positive factors.

DEMONSTRATION 10.3

Infant Mortality Rate

Look at the list of 15 countries on page 333, and think about which ones are likely to have a low infant mortality rate (i.e., a low rate of an infant dying within the first year of life). All 15 countries have at least a reasonably good health-care system, and their infant mortality rates range between 3 and 7 infant deaths per 1,000 infants. Rate these countries, placing a 3 in front of the countries that you think would have the lowest

(continues)

Demonstration 10.3 *(continued)*

rates, so they are the *safest* for infants. Place a 7 in front of the countries that you think would have the highest rates, so they are the *least safe* for infants. Continue rating the 15 countries, using a scale that ranges from 3 to 7. The answers appear at the end of the chapter.

_____ Australia	_____ Japan	_____ Belgium
_____ Greece	_____ France	_____ Czech Republic
_____ Cuba	_____ Sweden	_____ Ireland
_____ Israel	_____ Germany	_____ Italy
_____ Denmark	_____ United States	_____ Canada

Note: These data represent infant mortality rates for 2005, the most recent international data available.

Source: United Nations (2006).

Negative Factors

A newborn infant certainly creates pressures and stress for the mother. Many of these problems will seem relatively trivial when the infant is older (Hayden et al., 2006). However, here are some of the negative factors that women often mention during the first weeks after childbirth:

1. Child care is physically exhausting, and sleep deprivation is also common (Huston & Holmes, 2004; Simkin et al., 2008; J. F. Thompson et al., 2002). Because infant care takes so much time, new mothers often feel that they can accomplish very little other than taking care of the infant.
2. Roughly 35% of all infants in the United States are born to women who are not married (Hoyert et al., 2000). The father may not live in the same house, and the mother may not have adequate income to raise children.
3. Fathers who do live in the same home usually help much less with child rearing than mothers had expected. As we noted in Chapter 7, mothers usually take the major responsibility for child care, including unpleasant tasks such as changing diapers (Genesoni & Tallandini, 2009; Gjerdingen & Center, 2005; Rice & Else-Quest, 2006).
4. For several weeks after childbirth, women report that they feel leaky and dirty, coping with after-birth discharges. They are also likely to feel pain in the vaginal area, the uterus, and the breasts (Simkin et al., 2008).
5. New mothers seldom have training for the tasks of motherhood; they often report feeling incompetent. As a result, they may wonder why no one warned them about the difficulty of child care or how their life would change after the baby was born (Boston Women's Health Book Collective, 2008; Gager et al., 2002; J. Warner, 2005).
6. Pregnant women often create a vision of the glowing baby they expect to cuddle in their arms. In reality, babies cry much more than parents expect, and they do not smile until they are about 2 months old (Kail, 2010; Simkin et al., 2008).

7. Because mothering is done at home, mothers of newborns may have little contact with other adults (Johnston & Swanson, 2008). A single mother may regret that she has no social interactions. This kind of isolation further encourages the invisibility of women, already an important issue throughout this book.

8. Because the woman's attention has shifted to the newborn, the baby's father may feel neglected. Many mothers comment that their male partners make them feel inadequate. However, parents and nonparents are equally positive about the quality of their marriage (Huston & Holmes, 2004).

9. Women feel disappointed in themselves because they do not match the standards of the ideal mother, the completely unselfish and perfect woman. She is our culture's stereotype of motherhood—but no one really lives up to that stereotype (P. J. Caplan & Caplan, 2009; Quindlen, 2005).

10. People frequently blame mothers—more than fathers—for most of the problems that infants and children develop, such as aggressive behavior and "school phobia" (P. J. Caplan & Caplan, 2009).

However, the most horrifying of all these negative factors is that a large number of infants throughout the world die at an early age. The most common measure is called the **infant mortality rate**, which is the annual number of deaths prior to the first birthday, per 1,000 live births. For instance, in Angola, Liberia, Mali, Sierra Leone, and other sub-Saharan African countries, more than 100 out of every 1,000 infants die before their first birthday (United Nations, 2006m]). Some so-called developed countries also have a much higher child death rate than most people expect. Check your responses to Demonstration 10.3 against the answers on page 349. Did you guess that the United States has the worst record among the 15 countries on this list?

Furthermore, 1 in 16 women in sub-Saharan Africa will die at some point in her lifetime, due to complications of pregnancy and childbirth. In contrast, the ratio is 1 in about 2,800 maternal deaths in developed countries such as Canada, the United States, and Europe (Rosenfield et al., 2007).

Positive Factors

Motherhood also has its positive side, although these qualities may not predominate early in motherhood. Some women discover that an important positive consequence of motherhood is a sense of their own strength. As one woman told me, "I discovered that I felt very empowered and confident, like, 'Don't mess with me! I've given birth!'" (T. Napper, personal communication, 1998). Sadly, we often focus so much on childbirth's negative consequences for women that we fail to explore the life-enhancing consequences. One mother described her new perspective:

> I had a child at 46. Before that, although I loved being with other people's children, anytime something went wrong and the child irritated me, I would think to myself, How could I ever stand the full-time responsibility of being a mother? Somehow, becoming a mother changed that. There is an intangible, indescribable bond intrinsic to the relationship, which in the long run transcends the petty everyday irritating occurrences. (Boston Women's Health Book Collective, 2005, p. 311)

Parents often point out that a child can be fun and interesting, especially when they can look at the world from a new viewpoint, through the eyes of a child. In addition, one mother explained how her children developed an important part of her personality: "My kids have opened up emotions in me that I never knew were possible; they have slowed down my life happily" (Villani, 1997, p. 135). Many women point out that having children helped them to identify and develop their ability to nurture (Bergum, 1997).

Many fathers are very competent in caring for their children (R. C. Barnett & Rivers, 2004; Deutsch, 1999). Fathers also express their admiration and affection for their partner. In these families, marital satisfaction increases after children are born (Shapiro et al., 2000). These couples typically say that they enjoy the sense of unity and feeling like a family (Feeney et al., 2001).

Summarizing the comments of many mothers, Hoffnung (1995) wrote:

> The role of mother brings with it benefits as well as limitations. Children affect parents in ways that lead to personal growth, enable reworking of childhood conflicts, build flexibility and empathy, and provide intimate, loving human connections…. They expand their caretakers' worlds by their activity levels, their imaginations, and their inherently appealing natures. Although motherhood is not enough to fill an entire life, for most mothers, it is one of the most meaningful experiences in their lives. (Hoffnung 1995, p. 174)

If you were to ask a mother of an infant to list the positive and negative qualities of motherhood, the negative list would probably contain more items and more specific details. Most mothers find that the positive side of motherhood is more abstract, more difficult to describe, and yet more intense (Feeney et al., 2001). The drudgery of dirty diapers is much easier to talk about than the near ecstasy of realizing that this complete human being was once part of your own body, and now this baby breathes and gurgles and hiccups independently.

Also, shortly after birth, babies develop ways of communicating with other humans. The delights of a baby's first tentative smile are undeniable. An older baby can interact even more engagingly with adults by making appropriate eye contact and conversational noises. Most mothers also enjoy watching their babies develop new skills. They also value the intimate, caring relationships they develop with their children (Feeney et al., 2001). Motherhood has numerous joyous aspects. Unfortunately, our society has not yet devised creative ways to diminish the negative aspects so that we can appreciate the joys more completely.

Motherhood and Women of Color

The U.S. Census Bureau (2005) provides information for each major ethnic group about the average number of children that a woman would be expected to have in her lifetime. (Keep in mind that many women in each group do not have any children.) These ethnic-group differences are smaller than many people expect: 2.1 for White and Black women, 2.3 for Asian women, 2.5 for Native Americans, and 2.8 for Latina women.

The data on family size may be fairly similar, but the motherhood experiences for women of color often differ from the European American experience.

For example, Hoffnung (2010) conducted a study of women who had graduated from several East Coast colleges. Part of her study compared White women with women of color, who were Black, Latina, or Asian. Fourteen years later, the women of color who were mothers were significantly more likely than White mothers to be employed full time.

In general, however, mothers who are not White are surprisingly underrepresented in the social science research. Women of color are also missing from the articles in popular magazines that idealize mothers (Johnston & Swanson, 2008).

Fortunately, we do have some information about the role of extended families. In Black culture, for example, the networks of grandmothers, aunts, siblings, and close family friends are especially important among low-income mothers (Kirk & Okazawa-Rey, 2001; H. P. McAdoo, 2002; Parke, 2004).

The extended family is also important for Latina/o families (Cisneros, 2001; Harwood et al., 2002; Matsumoto & Juang, 2004). For instance, many immigrants from Latin America move in with relatives who are already established in North America. As a result, young Latina/o children are likely to be cared for by members of their extended family (Parke, 2004).

> Some ethnic groups emphasize values in motherhood that would not be central for European American mothers. For example, many North American Indians emphasize the continuity of generations, with grandmothers being central when their daughters give birth (A. Adams, 1995).

Asian American perspectives on motherhood depend on the family's country of origin and the number of generations that the family has lived in North America (Parke, 2004). However, cultural beliefs may conflict with the U.S. medical model when women from Asia emigrate to the United States. For instance, Hmong women who have come to the United States from Southeast Asia are horrified at the prospect of being examined by a male obstetrician when they are pregnant (Symonds, 1996).

Lesbian Mothers

Lesbians become mothers by a variety of pathways. The largest number are women who had a child in a heterosexual relationship and later identified themselves as lesbians. Other lesbians adopt their children. Still others decide to conceive by donor insemination, for example through a sperm bank (Pawelski et al., 2006; Peplau & Fingerhut, 2007). As you might imagine, it's difficult to estimate how many lesbians are raising children. According to one estimate, about 1.5 to 5 million lesbian mothers in the United States are raising children (Mamo, 2007). Although comparable Canadian data are not available, an estimated 200,000 lesbian mothers live in Canada (Walks, 2005).

Several studies have compared the parenting styles of lesbian mothers and heterosexual mothers. The two groups are similar in characteristics such as their parenting quality, enthusiasm about child rearing, warmth toward children, and self-esteem (Golombok et al., 2003; S. M. Johnson & O'Connor, 2002; C. J. Patterson, 2003; Pawelski et al., 2006). However, compared to heterosexual mothers, lesbian mothers in one study were more likely to

engage in imaginative play with their children and less likely to spank them (Golombok et al., 2003).

Other research—including a meta-analysis by M. Allen and Burrell (2002)—has compared the adjustment of children raised in lesbian households and children raised in heterosexual households. According to studies in the United States, Canada, and England, the children in the two groups are similar in characteristics such as intelligence, development of gender roles, self-esteem, psychological well-being, social adjustment, popularity with peers, and positive feelings about their family (Foster, 2005; Fulcher et al., 2008; Golombok et al., 2003; Herek, 2006; S. M. Johnson & O'Connor, 2002; C. J. Patterson, 2003; Pawelski et al., 2006; Savin-Williams & Esterberg, 2000; Stacey & Biblarz, 2001; M. Sullivan, 2004).

My students sometimes ask whether children raised by lesbians have trouble being accepted by the wider community, especially because of the problem of sexual prejudice. Although some children feel uncomfortable talking about their mothers' sexual orientation, most are positive about their mothers' nontraditional relationships (S. M. Johnson & O'Connor, 2001; Pawelski et al., 2006). Many children also report that they are more accepting of all kinds of diversity, compared to the children of heterosexual parents (D. Johnson & Piore, 2004; C. J. Patterson, 2003; Peplau & Beals, 2004).

As we have seen, the research confirms that children raised by lesbians are well adjusted and that they do not differ substantially from children raised by heterosexuals. In light of these findings, professional organizations have emphasized that the courts should not discriminate against lesbian mothers in custody cases and that lesbians should be allowed to adopt

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Numerous studies demonstrate that children raised by lesbian mothers are similar in psychological adjustment to children raised by heterosexual mothers.

children (e.g., American Academy of Pediatrics, 2002a, 2002b; American Psychological Association, 2004).

However, in many parts of the United States, same-gender parents cannot legally adopt a child (C. J. Patterson, 2003; Pawelski et al., 2006; Peplau & Beals, 2004). Lesbian parents also face discrimination in numerous ways that heterosexual parents would never anticipate. For example, a hospital security guard refused to let two lesbian parents visit their child in the pediatric ward of a California hospital. As the guard said, the regulations allowed "only parents" on the ward (M. Sullivan, 2004, p. 177).

Breast Feeding

Currently, between about 70% and 90% of North American mothers breast-feed their newborn infants, and between 15% and 35% continue to nurse their babies for at least 6 months (Callen & Pinelli, 2004; Chalmers et al., 2009). Mothers who breast-feed are likely to be better educated than mothers who bottle-feed (Heck et al., 2003; J. A. Scott et al., 2004; Slusser & Lange, 2002). Mothers who are in their 30s or older are also more likely than younger mothers to breast-feed (Chalmers et al., 2009; Johnston-Robledo & Fred, 2008; J. A. Scott et al., 2004; Slusser & Lange, 2002). According to surveys, European American and Asian American mothers are most likely to breast-feed, Latina mothers are less likely, and Black mothers are least likely to breast-feed their infants (Kruse et al., 2005; R. Li & Grummer-Strawn, 2002; Slusser & Lange, 2002).

As you might expect, women are more likely to nurse successfully if their friends and the hospital staff members are knowledgeable, supportive, and encouraging (Avery et al., 2009; Kruse et al., 2005; Zeldes & Norsigian, 2008). Early encouragement in breast feeding is also more likely in hospitals that favor vaginal births, rather than cesarean sections (Rowe-Murray & Fisher, 2002). However, many mothers with cesarean sections nurse their babies, as described by one mother:

> I'd sit on the couch, scoop him up … and place him on a fat cushion by my side. I'd tuck his feet behind me and lie his head to my breast, and he would latch right on. These first moments of sucking brought such a physical and emotional release. I'd sigh and stare into his eyes or close my eyes and drift. Eventually he'd pop off my nipple, give a contented "ah," and fall asleep. (Boston Women's Health Book Collective, 2008, p. 250)

Health-care professionals have devised programs to encourage mothers to breast-feed. For example, low-income mothers are more likely to breast-feed if they have received guidance from women who had successfully breast-fed their own infants (e.g., Ineichen et al., 1997; Schafer et al., 1998).

Mothers who breast-feed typically report that nursing is a pleasant experience of warmth, sharing, and openness (Houseman, 2003; Lawrence, 1998). In contrast, mothers who bottle-feed their babies are more likely to emphasize that bottle feeding is convenient and trouble free.

The research demonstrates that human milk is better for human infants than is a formula based on cow's milk. After all, evolution has encouraged the development of a liquid that is ideally designed for efficient digestion.

Breast milk also protects against allergies, diarrhea, infections, and other diseases (American Academy of Pediatrics, 2001, 2005; Kitzinger, 2003; Simkin et al., 2008). In addition, breast feeding offers some health benefits for mothers, such as reducing the incidence of breast cancer and ovarian cancer (Simkin et al., 2008; Lawrence, 1998; Slusser & Lange, 2002).

Because of the health benefits, health professionals should encourage breast feeding. This precaution is especially important in developing countries where sanitary conditions make bottle feeding hazardous. However, health professionals should not make mothers feel inadequate or guilty if they choose to bottle-feed their babies (Else-Quest et al., 2003; Johnston-Robledo & Fred, 2008; Zeldes & Norsigian, 2008).

Postpartum Disturbances

Our culture expects mothers to be delighted with their young infants, anticipating a blissful motherhood. However, a significant number of women develop psychological disturbances during the **postpartum period**, which extends from 0 to 6 weeks after birth. Take a moment to glance back over the list of ten negative factors on pages 333–334. Imagine that you are a new mother who is exhausted from childbirth, and you are also experiencing most of these negative factors. In addition, suppose that your infant is not yet old enough to smile delightfully. Under these stressful circumstances, you can easily imagine how a mother might experience these emotional problems (Mauthner, 2002).

Two different kinds of postpartum problems occur relatively often. The most common kind of problem is called **postpartum blues** or **baby blues**, a short-lasting change in mood that usually occurs during the first 10 days after childbirth, and it occurs in many different cultures. According to some estimates, at least half of new mothers in North America experience postpartum blues (Boston Women's Health Book Collective, 2008; G. E. Robinson & Stewart, 2001). Common symptoms include crying, sadness, insomnia, irritability, anxiety, and a lack of confidence, as well as feeling overwhelmed (O'Hara & Stuart, 1999). Postpartum blues are probably a result of the emotional letdown following the excitement of childbirth, combined with the sleeplessness and other life changes that a new baby brings. Most women report that the symptoms are gone within a few days. However, it is important for women to be well informed about this problem. Talking with other mothers is often helpful (Boston Women's Health Book Collective, 2008; Mauthner, 2002; G. E. Robinson & Stewart, 2001).

Postpartum depression is a more intense and serious disorder, typically involving feelings of extreme sadness, exhaustion, sleep disturbances, despair, lack of interest in enjoyable activities, loss of interest in the baby, and feelings of guilt (Boston Women's Health Book Collective, 2008; Kendall-Tackett, 2005; Simkin et al., 2008). Postpartum depression usually begins to develop within 6 months after childbirth, and it may last for many months (G. E. Robinson & Stewart, 2001).

Postpartum depression is also associated with physical problems, such as fatigue, nausea, and backaches (Webb et al., 2008). An additional problem is

that depressed mothers tend to interact less effectively with their infants, placing them at risk for health and psychological problems (Bartlett et al., 2004; P. S. Kaplan et al., 2002; Kendall-Tackett, 2005).

Postpartum depression affects about 10% to 15% of women who have given birth (P. S. Kaplan et al., 2002; Kendall-Tackett, 2005; L. J. Miller, 2002). It is also reported in many different cultures (e.g., des Rivieres-Pigeon et al., 2004; E. Lee, 2003; Wang et al., 2005; Webster et al., 2003). One U.S. mother described her struggle with postpartum depression:

> To not have any hope…. It's like you're suffocating or you're in a little prison…. And to wake up and to dread the day, I think, was the most hardest for me. To get up and go, "Oh, my God, I've got to go through another day." I mean, I never thought about killing myself. I never had those thoughts. I just thought I wanted to dig a big hole and have no one ever find me. (Mauthner, 2002, p. 189)

Postpartum depression is similar to other kinds of depression that are not associated with children. In fact, it may be the same as other forms of depression (G. E. Robinson & Stewart, 2001; Stanton et al., 2002). We will explore depression in more detail in Chapter 12. Fortunately, most cases of depression can be successfully treated, so it is important for women to speak with a professional about the problem (Boston Women's Health Book Collective, 2008).

Social factors are also important, according to research in the United States, Canada, and Europe. For instance, women who experience major life stress during pregnancy are more likely to develop postpartum depression. As a result, low-income women are at risk (L. J. Miller, 2002; Simkin et al., 2008).

Women who lack social support from a partner, relatives, or friends are also likely to develop postpartum depression (Feeney et al., 2001; G. E. Robinson & Stewart, 2001; Thorp et al., 2004). In contrast, researchers found a low rate of postpartum depression among Hmong women who had emigrated from Southeast Asia to a community in Wisconsin (S. Stewart & Jambunathan, 1996). The researchers also noted that these women received high levels of support from their spouses and family members in this community.

The origins of both postpartum blues and postpartum depression are controversial. We noted that the levels of progesterone and estrogen drop sharply during the last stages of childbirth. Women's popular magazines are likely to emphasize these hormonal factors as a cause of psychological disorders (R. Martínez et al., 2000). However, the relationship between hormonal levels and postpartum disorders is weak and inconsistent (Mauthner, 2002; G. E. Robinson & Stewart, 2001). In contrast, as we just discussed, social factors do play an important role in postpartum disturbances.

Keep in mind that many women do not experience either the blues or depression following the birth of their baby. Earlier in this chapter, we noted that some women experience little discomfort and few psychological problems during pregnancy. In Chapter 4, we pointed out that many women do not have major premenstrual or menstrual symptoms, and we'll see in Chapter 14 that most women pass through menopause without any trauma. In short,

women differ widely from one another. The various phases in a woman's reproductive life do not inevitably bring emotional or physical problems.

Employment Following Childbirth

Should women work outside the home after the birth of a child? The popular media and public opinion basically suggest a "no win" dilemma. If you have a young child, you should *definitely* stay home and be a full-time mother. However—especially if you are well educated—you should *definitely* work outside the home, rather than wasting all that education by not living up to your potential (Boston Women's Health Book Collective, 2008; Johnston & Swanson, 2003a, 2004; Rice & Else-Quest, 2006).

There's a further complication: Suppose that a woman does decide to work outside the home after she has given birth. People often judge employed mothers to be less competent than employed women who have no children (Correll et al., 2007; Heilman & Okimoto, 2008; Cuddy & Fiske, 2004). Earlier in the chapter, we examined the bias against a pregnant woman in the workplace. The bias persists when a woman seeks employment after the baby is born.

We have seen abundant evidence for Theme 4 throughout this chapter: During pregnancy, childbirth, and motherhood, women differ widely from one another. Marjorie H. Klein and her colleagues (1998) discovered another aspect of individual variation: Women differ widely in their reactions to combining motherhood and employment. These researchers surveyed 570 women in two Midwestern cities; each woman had recently given birth. Overall, they found that the length of the women's maternity leave—before returning to work—was not correlated with mental health measures such as depression, anxiety, anger, and self-esteem.

However, Klein and her colleagues (1998) then conducted a separate analysis for women who considered their employment an important part of their identity. In general, these women tended to be more depressed if they had a relatively long maternity leave. In other words, staying home with a baby on an extended maternity leave may actually be harmful for those women who really value their work role.

In another part of the same study, Klein and her colleagues (1998) compared the mental health of three groups of women: homemakers, women employed part time, and women employed full time. One year after childbirth, these three groups of women did not differ on measures of depression, anxiety, anger, or self-esteem.

We saw in Chapter 7 that children do not experience increased problems if someone other than their mother takes care of them. Similarly, mothers who choose to work outside the home are no more likely than other mothers to experience mental health problems. In fact, women who are engaged in more than one role (e.g., mother and employee) often have better physical and psychological health than women who have only one role (R. C. Barnett & Hyde, 2001). In short, mothers should assess their own personal situations and preferences so that they can make informed decisions about this crucial question.

Unfortunately, there's another important factor related to the issue of employment following childbirth. Employees in the United States are entitled to take maternity leave if they meet specified criteria. However, they receive *unpaid* leave. The United States and Australia are the only industrialized countries that do not offer paid maternity leave (Vahratian, 2009). The informed decisions that mothers make—following childbirth—are clearly limited by the reality of family income.

Deciding Whether to Have Children

As recently as the 1970s, most married women did not need to make a conscious decision about whether to have a child. Almost all married women anticipated becoming mothers, with little awareness that they actually had a choice. However, attitudes have changed. In the United States, for example, about 20 to 25% of women will never have children (Simon, 2008; Warren & Tyagi, 2003). Some of these women may choose not to have children because they are unmarried or they do not want to be mothers. Still other women may not have children because they, or their partners, are infertile.

Let's consider how other people view these "childfree" women. We'll also explore some advantages and disadvantages of deciding not to have children.

DEMONSTRATION 10.4

Attitudes Toward Childfree Women

For this demonstration, you will need some volunteers—ideally, at least five people for each of the two scenarios described. Read the following paragraph aloud to half of the volunteers, either individually or in a group.

> Kathy and Tom are an attractive couple in their mid-forties. They will be celebrating their twentieth wedding anniversary next year. They met in college and were married the summer after they received their undergraduate degrees. Tom is now a very successful attorney. Kathy, who earned her Ph.D. degree in social psychology, is a full-time professor at the university. Kathy and Tom have no children. They are completely satisfied with their present family size because they planned to have no children even before they were married. Because both have nearby relatives, they often have family get-togethers. Kathy and Tom also enjoy many activities and hobbies. Some of their favorites are biking, gardening, and taking small excursions to explore nearby towns and cities.

After reading this paragraph, pass out copies of the rating sheet on page 343 and ask volunteers to rate their impression of Kathy.

Follow the same procedure for the other half of the volunteers. However, for the sentence "Kathy and Tom have no children" and the following sentence, substitute this passage: "Kathy and Tom have two children. They are completely satisfied with their present family size because they planned to have two children even before they were married."

Compare the average responses of the two groups. Do they rate Kathy as more fulfilled if she is described as having two children? Does she have a happier and more rewarding life?

(continues)

Demonstration 10.4 *(continued)*

1	2	3	4	5

Less fulfilled   More fulfilled

1	2	3	4	5

Very unhappy   Very happy

1	2	3	4	5

Unrewarding life   Rewarding life

Attitudes Toward Women Choosing Not to Have Children

Many people believe that all women should have children, a viewpoint called **compulsory motherhood** (Boston Women's Health Book Collective, 2005; Coltrane, 1998). A few decades ago, a young woman who did not plan to have children would have been viewed very negatively. Attitudes toward childfree women are still somewhat negative (P. J. Caplan, 2001; Mueller & Yoder, 1999; Simon, 2008).

For example, Demonstration 10.4 is a modified version of two scenarios tested by Karla Mueller and Janice Yoder (1997). These researchers found statistically significant differences in the way that college students in Wisconsin

TABLE **10.1**

Ratings of a Childfree Woman and a Woman With Two Children, on Three Different Characteristics

Characteristic	Rating of Woman in Scenario	
	Childfree Woman	Woman With Two Children
Fulfillment	4.0	4.4
Happiness	3.5	4.3
Rewarding life	3.5	4.2

Note: 5 is the highest level of the attribute.

rated the women in the two scenarios. Table 10.1 shows the results on the three dimensions included in this demonstration. The ratings for the childfree woman would probably be somewhat more negative in a general population that includes nonstudents (Simon, 2008).

Married couples also report that they receive advice about the ideal family size from many different people, including their parents, friends, and acquaintances (Boston Women's Health Book Collective, 2005; Casey, 1998; Mueller & Yoder, 1999). Childfree couples are informed that they are self-centered and too career-oriented. Couples with one child are told—incorrectly—that an only child will face emotional problems. Couples with four or more children are told that they are basically crazy, because they won't be able to pay enough attention to each child (Blayo & Blayo, 2003; Kantrowitz, 2004).

Notice, then, that our culture seems to admire only a narrow range of options. A couple may have two or three children, but many people will criticize them for fewer than two or more than three. Interestingly, however, Mueller and Yoder (1999) also studied married couples and found that family size was not correlated with the couples' actual satisfaction. In other words, those with no children were just as happy as those with one, two, three, or more children.

Advantages and Disadvantages of Being Childfree

Married couples provide many reasons for not wanting to have a child (Boston Women's Health Book Collective, 2005; P. J. Caplan & Caplan, 2009; Ceballo et al., 2004; Jokela et al., 2009; Megan, 2000; Townsend, 2003; Warren & Tyagi, 2003):

1. Parenthood is an irrevocable decision; you can't take children back to the store for a refund.
2. Some couples are afraid that they will not be good parents. This fear is encouraged by the myth of the Perfect Mother.
3. Parenthood is extremely stressful. It's a well-kept secret, but parents actually report more symptoms of depression than nonparents who are the same age (Simon, 2008).
4. Some couples realize that they don't have the energy required to raise children.
5. Some couples realize that they genuinely do not enjoy children.
6. Some couples are reluctant to give up a satisfying and flexible lifestyle for a more child-centered orientation.
7. Children can interfere with educational and vocational plans.
8. Raising children can be extremely expensive, especially if they will attend college.
9. People can spend time with other people's children, even if they don't have children of their own.
10. Some couples do not want to bring children into a world threatened by overpopulation, nuclear war, terrorism, and other serious global problems.

Still, people who are enthusiastic about parenthood provide many reasons for having children (Boston Women's Health Book Collective, 2005; Ceballo et al., 2004; de Marneffe, 2004; Jokela et al., 2009; McMahon, 1995; Simon, 2008):

1. Parenthood offers a lifelong relationship of love, connection, nurturance, and social interactions with other human beings; children can enrich people's lives.
2. Parents have a unique chance to be responsible for someone's education and training; in raising a child, they can clarify their own values and instill them in their child.
3. Parents can watch their children grow into socially responsible adults who can help the world become a better place.
4. Parenthood is challenging; it offers people the opportunity to be creative and learn about their own potential.
5. Through parenting, people can fulfill their relationship with their spouse, and they can become a "family."
6. Children can be a source of fun, pleasure, and pride.

Infertility

You probably know a woman who has wanted to have children, but pregnancy does not seem to be a possibility. For example, one woman wrote:

> How had having a baby, getting pregnant, become such an obsession with me? All I could think was that there must be a mechanism that clicks in once you try to get pregnant that, instead of allowing you to accept that you cannot, compels you to keep trying, no matter what the odds or cost…. I never would have suspected, until I tapped into it, just how powerful the desire could be. (Alden, 2000, p. 107)

By the current definition, **infertility** is the failure to conceive after 1 year of sexual intercourse without using contraception (Carroll, 2005; Pasch, 2001). An estimated 10% to 15% of couples in the United States are infertile (Beckman, 2006; A. L. Nelson & Marshall, 2004). In the United States, women are especially likely to have infertility problems if they have had infections that can damage the reproductive system, as well as poor medical care (Mundy, 2007). Women who are between 30 and 40 years of age are less likely than younger women to become pregnant. However, women older than 35 are now more likely than in previous decades to become pregnant, often with reproductive technology (Gregory, 2007; Lobo, 2005).

Some women manage to reconcile their initial sadness. Consider the conclusion reached by the woman in the previous quote: "It came to me that it really was a choice between two good things—having a child and not having a child. Our life without a child seemed good to me. I caught a glimpse that it was what was right for us, for the best" (Alden, 2000, p. 111).

Some women have looked forward to children as a central part of their married lives. They experience stress and a real sense of loss, and they report

that people give them unsolicited advice about fertility options (Perry, 2005). However, comparisons of fertile and infertile women show that the two groups do not differ in their marital satisfaction or self-esteem (Beckman, 2006; Stanton et al., 2002).

Still, the research does suggest that women who are infertile—and want to have children—have higher levels of distress and anxiety than fertile women (L. L. Alexander et al., 2004; Stanton et al., 2002). We need to emphasize an important point: According to researchers, the infertility causes the distress and anxiety. Distress and anxiety do not cause couples to become infertile. Also, individual differences in psychological reactions to infertility are substantial, consistent with Theme 4 of this book (Parry, 2005; Stanton et al., 2002).

One source of psychological strain for people facing infertility is that they may live with the constant hope, "Maybe next month…." They may see themselves as "not yet pregnant," rather than as permanently childless. As a result, they may feel unsettled, caught between hopefulness and mourning the child they will not have.

Women of color face an additional source of strain when they experience infertility. In one study, Ceballo (1999) interviewed married African American women who had tried to become pregnant for many years. These women often struggled with racist health-care providers who seemed astonished that a Black woman would be infertile. As these women explained, European Americans seem to believe that infertility is "a White thing" because they believe that Black women are highly sexualized, promiscuous, and fertile. One woman pointed out how she began to internalize these racist messages; she almost believed that she was "the only Black woman walking the face of the earth that cannot have a baby." Unfortunately, psychologists know relatively little about the impact of infertility on the lives of women of color (Pasch, 2001; Stanton et al., 2002).

Many couples who are concerned about infertility decide to consult health-care professionals for an "infertility workup," which includes a medical examination of both partners. About half of couples who seek medical treatment will eventually become parents (A. L. Nelson & Marshall, 2004). They will use one of a wide variety of reproductive technologies, which are often stressful and extremely expensive. Health insurance plans rarely cover these costs (Beckman & Harvey, 2005; Gregory, 2007; Mundy, 2007).

However, many women will not become pregnant, even after medical treatment, or they may experience miscarriages. Eventually, some will choose to adopt (Ceballo et al., 2004; Gibbons et al., 2006). Others will decide to pursue other interests. A woman who might have focused on the regret of infertility in earlier eras can now shift her emphasis away from what is not in her life, so that she can fully appreciate the many positive options available in her future (Alden, 2000).

SECTION SUMMARY

Section Summary: Motherhood

1. The stereotypes about motherhood reveal our ambivalence about mothers: Mothers are supposed to feel happy and contented, but they are also blamed for children's problems.

2. Motherhood has a strong negative side because mothers may feel exhausted, overworked, physically uncomfortable, incompetent, unrewarded, isolated, guilty, disappointed by failing to be the "ideal mother," and responsible for children's problems.

3. In addition, some children die before they are 1 year of age; the neonatal mortality rate is extremely high in low-income regions such as sub-Saharan Africa.

4. Motherhood also has a strong positive side; the benefits include a sense of women's own strength, pleasurable interactions with children, and increased nurturing skills, as well as abstract, intense joys.

5. College-educated mothers of color are more likely to be employed, compared to their White counterparts. Extended familes tend to be especially important for Black, Latina, and Native American mothers. Asian women who have immigrated to the United States may encounter conflicts between their cultural beliefs and U.S. medical practice.

6. Extensive research on lesbian mothers reveals that they do not differ from heterosexual mothers in their parenting skills or the adjustment of their children. However, lesbian families currently face numerous legal obstacles.

7. Breast feeding provides benefits for a mother's interactions with her infant, as well as for the health of both the infant and the mother.

8. About half of new mothers experience the short-term depression called postpartum blues; between 10% and 15% experience the more severe postpartum depression.

9. Despite popular beliefs, the psychological well-being of mothers of infants is similar for homemakers, women employed part time, and women employed full time; those with multiple roles may even experience benefits to their physical and psychological health.

10. At present, attitudes toward childfree women are somewhat negative; attitudes toward women with large families are also somewhat negative.

11. Childfree couples say that the disadvantages of parenthood include the irrevocability of the decision to have a child, the interference with lifestyle and work, and the expenses.

12. Couples who want to have children cite advantages such as the pleasurable aspects of children, the opportunity to educate children, and the challenge of parenthood.

13. Women who are infertile are similar to women with children in terms of their marital satisfaction and self-esteem, but they may be more anxious; many women manage to refocus their lives when childbirth seems unlikely.

CHAPTER REVIEW QUESTIONS

1. Pregnancy and childbirth both involve biological processes. However, social factors are also very influential. Describe how social factors can operate during pregnancy and childbirth.

2. This chapter emphasizes ambivalent feelings and thoughts more than any other chapter in the book. Address the issue of ambivalence with respect to six topics: (a) emotional reactions to pregnancy, (b) emotional reactions to childbirth, (c) the reality of motherhood, (d) the decision to have children, (e) returning to the workplace after childbirth, and (f) reactions to infertility.

3. Describe how people react to pregnant women. How might these reactions contribute to women's emotional responses to pregnancy? Be sure to discuss both hostile and benevolent sexism.

4. Contrast the high-tech approach to childbirth with the natural-childbirth approach. List the reasons that the natural-childbirth approach would make women feel more in control of their experience during childbirth.

5. Throughout this chapter, we have seen that stereotypes often do not match reality. Address this issue with respect to some of the problems of motherhood.

6. In the chapter on women and work (Chapter 7), we discussed Francine Deutsch's (1999) research on families in which the mother and father take almost equal responsibility for child care. Based on the information in this chapter, describe how an ideal father would offer the best possible support during pregnancy, childbirth, and the initial months following birth.

7. What are the stereotypes about women of color who are mothers, and how is reality different from these stereotypes? What are the stereotypes and the reality for lesbian mothers?

8. Childbirth educators have made impressive changes in the way childbirth is now approached. However, motherhood is still extremely stressful. Imagine that our society valued motherhood enough to fund programs aimed at decreasing the difficulties that women experience during the postpartum phase. First, review those sources of stress. Then describe an ideal program that would include education, assistance, and social support.

9. Psychologists have conducted less research on pregnancy, childbirth, and motherhood than on any other topic in this book. Review this chapter, and suggest several research projects that could clarify how women experience these three important events in their lives.

10. As we pointed out in this chapter, women often face a no-win situation with respect to decisions about childbearing and employment. Consider the options for three categories of women: married, lesbian, and single. What kinds of prejudices would be aimed at each category of women (e.g., a lesbian who decides to have children and to be employed full time)? Can any of these women win the complete approval of society?

KEY TERMS

placenta (p. 320)

miscarriage (p. 323)

hostile sexism (p. 324)

benevolent sexism (p. 324)

preterm birth (p. 327)

premature birth (p. 327)

cesarean birth (cesarean section or C-section) (p. 328)

doula (p. 328)

natural childbirth (p. 329)

infant mortality rate (p. 334)

postpartum period (p. 339)

postpartum blues (p. 339)

baby blues (p. 339)

postpartum depression (p. 339)

compulsory motherhood (p. 343)

infertility (p. 345)

RECOMMENDED READINGS

Biernat, M., Crosby, F. J., & Williams, J. C. (Eds.). (2004). The maternal wall: Research and policy perspectives on discrimination against mothers [Special issue]. *Journal of Social Issues*, *60* (4). The *Journal of Social Issues* publishes special issues about a variety of social-justice concerns, and many of them focus on the psychology of women and gender. This particular special issue examines a wide variety of biases against employed women who are mothers.

Birth: Issues in Perinatal Care. This quarterly journal provides an interdisciplinary perspective on topics that psychologists have generally ignored. The articles examine women's experiences during pregnancy, childbirth, and the postpartum period; they also discuss innovative childbirth approaches.

Boston Women's Health Book Collective. (2008). *Our bodies, ourselves: Pregnancy and birth*. New York: Simon & Schuster. To prepare for writing this chapter, I read several books about pregnancy and childbirth. This one is my favorite, because it is informative and not falsely cheerful. It also includes insightful descriptions of women's experiences.

Walker, R. (2007). *Baby love: Choosing motherhood after a lifetime of ambivalence*. New York: Penguin. Here is a thoughtful book that Rebecca Walker began to write after she learned that she was pregnant. It would be useful for a woman to read this book if she is considering becoming a mother, because Walker captures both the joy and the concerns about motherhood.

ANSWERS TO THE DEMONSTRATIONS

Demonstration 10.3: Note: The name of each country is followed by its infant mortality rate (the number of infant deaths during 1 year per 1,000 live births). Australia, 6; Greece, 4; Cuba, 6; Israel, 5; Denmark, 3; Japan, 3; France, 4; Sweden, 3; Germany, 4; United States, 7; Belgium, 4; Czech Republic, 4; Ireland, 6; Italy, 5; Canada, 5.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. True (p. 319);   2. True (p. 320);   3. True (p. 323);   4. True (p. 324);   5. True (p. 328); 6. False (p. 329);   7. False (pp. 333–334); 8. True (pp. 336–337);   9. True (p. 339); 10. False (pp. 343–344).

11 Women and Physical Health

True or False?

_____ 1. When we consider U.S. women who are 55 or older, more than half are currently experiencing one or more chronic health problems.

_____ 2. Despite progress in many professions, only about one-third of current medical school graduates are female.

_____ 3. In the United States, a person's social class no longer has an effect on her or his physical health.

_____ 4. The media have publicized the problem of female genital mutilation for young girls in Africa and other regions of the world; however, recent investigations show that only about 5,000 to 7,000 girls have been harmed by this ceremonial procedure.

_____ 5. Women in the United States are more likely to die from cardiovascular disease than from breast cancer and all other forms of cancer.

_____ 6. Between 20% and 30% of U.S. and Canadian women have some form of disability.

_____ 7. A woman who has intercourse with an HIV-positive man is much more likely to become infected than a man who has intercourse with an HIV-positive woman.

_____ 8. Aside from AIDS, the other sexually transmitted diseases may be annoying and painful, but they cause no long-term health problems.

_____ 9. In the United States, cigarette smoking is the most common preventable cause of death.

_____10. College graduates in the United States are more likely than high-school dropouts to have tried some kind of illegal drug.

A woman named Samantha describes her relationship with her husband, Michael: "We love each other passionately and often. While the disability does, in reality, affect how we do things and what we are able to do together, it does not define our relationship. Assumptions are always the problem. People can assume that because I am disabled, my sexuality and my ability to enjoy and participate in sex have been taken away from me. It is fun to be part of an education process aimed at challenging this perception." Samantha has quadriplegia, which means that all four limbs are paralyzed (Boston Women's Health Book Collective, 2005, p. 216).

This chapter explores both the stereotypes and the realities about women with disabilities. We will also consider information about women's health status, sexually transmitted infections, and substance abuse. These topics are part of **health psychology,** an interdisciplinary area in psychology that focuses on the causes of illness, the treatment of illness, illness prevention, and health improvement (Gurung, 2006; Miller et al., 2009; Sarafino, 2008). Why should women's health problems require special attention in a course about the psychology of women? In this chapter, we will emphasize three major reasons why these health problems are important:

1. _Gender makes a difference in the kinds of health problems that people experience._ One theme of this book is that psychological gender differences are typically small. However, several biological gender differences have

important consequences for women's health. Some consequences are obvious. For example, women may need to worry about cancer of the ovaries or the uterus, but they do not need to worry about prostate cancer.

Some consequences are more subtle. For example, the female body typically has less fluid and more fat than the male body. This gender difference has important consequences for alcohol metabolism. Specifically, women's bodies have less fluid in which the alcohol can be distributed; it cannot be stored in fat. So, even if a man and a woman weigh the same and consume the same amount of alcohol, the woman will end up with a higher level of alcohol in her blood (L. L. Alexander et al., 2004; Sarafino, 2008).

2. *Gender makes a difference in the way a disease is diagnosed, viewed, and treated.* For example, when health-care providers diagnose a disease, they often consider the disease symptoms that occur in males to be normative, or standard (Benrud & Reddy, 1998). However, the same disease may cause a different set of symptoms in females. Ironically, women's disease symptoms are often considered deviations from the norm, consistent with our discussion of the normative male on page 65 (Porzelius, 2000).

Gender also makes a difference in the way certain diseases are viewed. For example, researchers in previous decades rarely studied osteoporosis, a bone disease found predominantly in women. As Theme 3 emphasizes, topics important to women are often invisible.

However, one cluster of women's health problems has received abundant attention: women's reproductive systems (N. G. Johnson, 2001). A physician in the late 1800s captured this perspective: "Woman is a pair of ovaries with a human being attached, where man is a human being furnished with a pair of testes" (cited by Fausto-Sterling, 1985, p. 90).

Gender also influences the actual treatment of diseases. For example, we'll see that men are more likely than women to be treated for certain heart problems (Travis, 2005). This differential treatment is consistent with Theme 2 of this book.

3. *Illness is an important part of many women's experience.* A textbook on the psychology of women must explore both gender comparisons and the life experiences of women. Sadly, health problems are a major concern for many women, and they become an increasingly central force as women grow older. For example, consider women in the United States who are 55 or older. More than 80% of these women experience at least one chronic health problem (Meyerowitz & Weidner, 1998; Revenson, 2001; Stanton et al., 2007). A **chronic health problem** is a long-lasting illness that cannot be completely cured. In the United States, 70% of the deaths each year can be traced to chronic illnesses (Hwang & Danoff-Burg, 2010).

In this chapter, we will explore several important components of women's physical health. In the first section, we examine how gender is related to both health care and health status. In the second section, we will emphasize the theme of variability among women, as we examine the lives of women with disabilities. In the last two sections, we will consider sexually transmitted infections and substance abuse. The topics in this chapter may

initially seem unrelated. However, they all focus on two central issues: How does gender influence people's physical health, and how does women's physical health influence their lives?

THE HEALTH CARE AND HEALTH STATUS OF WOMEN

Theme 2 of this book states that women are treated differently from men. The biases against women in the health-care system provide still further evidence for that theme, both in North America and in developing countries. In this section, we will also examine gender comparisons in life expectancy and in general health as well as several diseases that have an important impact on women's lives.

Biases Against Women

The medical profession has consistently been biased against women. Both women physicians and women patients have often been mistreated. A fascinating book by Mary Roth Walsh (1977) features a title based on a 1946 newspaper advertisement: *Doctors Wanted: No Women Need Apply.* The book documents the long history of attempts to keep women out of medical schools and medical practice. For example, in 1969, only 9% of medical school graduates were female. In contrast, 49.2% of current medical school graduates are women ("The Nation: Students," 2009; Eisenberg et al., 1989).

Nevertheless, the medical profession and the health-care system show several biases against women patients. As you read about these biases, keep in mind three cautions: (1) Not every doctor is biased against women, (2) some female doctors *are not* feminists, and (3) some male doctors *are* feminists. What are the biases that operate in health care so that women patients often become second-class citizens?

1. *Women have often been neglected in medicine and in medical research.* Consistent with Theme 3, the male body has been considered normative, and it serves as the standard. With this perspective, medical experts have often assumed that women are basically identical to men, except that they are smaller…and of course they have different reproductive processes (L. L. Alexander et al., 2004; Mendelsohn et al., 1994).

Furthermore, health-care providers' decisions about women's health may be based on research that does not represent women. For instance, five large-scale studies showed that a low dose of aspirin reduces the risk of a heart attack. However, three of those studies included no women, and the other two studies did not test enough women to permit conclusions. In fact, when a large-scale study was finally conducted with women, the researchers reported that a low dose of aspirin did *not* reduce the rate of heart attacks in women (Ridker et al., 2005).

Fortunately, this neglect of women has outraged many health-care consumers and some legislators. As a result, medical schools are now more likely to emphasize women's health as part of the regular curriculum (Fonn, 2003; N. Rogers & Henrich, 2003). In addition, the U.S. National Institutes of Health and many other organizations require that funded research now must include

women, as well as members of ethnic minorities (L. L. Alexander et al., 2004; N. G. Johnson, 2001). Also, activist organizations such as The Society for Women's Health Research (2006) encourage women to become better informed about recent research and health-care strategies.

These measures won't immediately correct the centuries of neglect that health-care professionals have shown toward women. However, women's health problems are now more visible. Health care is clearly an area where feminist concerns have had a clear impact on women's lives.

2. *Gender stereotypes are common in medicine.* Chapter 2 explored many of the popular beliefs about men and women. The medical profession remains attached to many of these stereotypes. For example, many physicians do not consider women's complaints to be as serious as men's complaints. Physicians may believe that women are more emotional than men or that women cannot understand information about their medical problems (Chrisler, 2001). Gender stereotypes keep women from receiving appropriate medical treatment.

3. *Medical care provided to women is often inadequate or irresponsible.* Women sometimes receive too much health care, but sometimes they receive too little (Livingston, 1999; Travis et al., 2010). Specifically, some surgical procedures are performed too often. We saw in Chapter 10 that cesarean sections are performed too often during childbirth, and we'll see later in this section that hysterectomies are also more common than they need to be. As we noted earlier, the medical profession emphasizes women's reproductive systems. In addition, breast cancer patients often receive complete mastectomies, when much less invasive procedures would be just as effective (Travis et al., 2010).

In contrast, when we consider diseases that affect both women and men, the women often receive too little health care. For example, women are less likely than men to receive diagnostic testing or surgical treatment for the same severity of coronary heart disease (Gan et al., 2000; Travis, 2005). The combination of "too much care" and "too little care" means that women often receive inappropriate treatment.

4. *Physician-patient communication patterns often make women feel relatively powerless.* In Chapter 6, we saw that men often interrupt women in ordinary conversations. When the man is a physician and the woman is a patient in a medical setting, women may feel especially powerless to speak (Manderson, 2003b; Porzelius, 2000). For instance, women are more likely than men to report that their physicians didn't listen to them and talked down to them (Lonborg & Travis, 2007).

However, some of the research indicates no gender biases in physicians' conversational style (Roter & Hall, 1997). For example, one woman described her communication pattern with her doctor:

> Friends now marvel at my close relationship with my current doctor and my ability to talk back, question, and disagree with him and his colleagues. He respects me and trusts me to tell him what is going on, and I, in turn, trust him to listen, make suggestions, and consult with me before any action is taken. (Boston Women's Health Book Collective, 2005, p. 715)

Gender Comparisons in Life Expectancy

Let's now shift our focus to a more general question: What is the life expectancy for women and for men? Figure 11.1 shows the small but consistent gender gap in life expectancy for three groups of people in North America. Specifically, women live about 5 years longer than men do. The gender gap also occurs in virtually every country in the world, despite the substantial health problems that women experience in developing countries (Bird & Rieker, 2008; Klein, 2008).

But *why* do women live longer? The answer includes biological, social, and environmental factors (Etaugh, 2008; Klein, 2008; Lee, 2010). For example, females' second X chromosome may protect them from some health problems (Landrine & Klonoff, 2001). Gender differences in high-risk activities are also likely. For example, men are more likely to die from suicide, homicide, and motor vehicle accidents. In addition, more men than women are exposed to dangerous conditions at work, as is the case for coal miners and factory workers (Stanton & Courtenay, 2004; D. R. Williams, 2003).

In both the United States and Canada, another factor that clearly contributes to women's longevity is that women visit their health-care providers more often than men do (Lee, 2010; Lonborg & Travis, 2007; Statistics Canada, 2000; D. R. Williams, 2003). We saw in earlier chapters that women are somewhat more attuned to emotions and to problems in a relationship. Compared to men, women also may be more sensitive to internal signals that might foreshadow health problems (Johnston, 2007; R. Martin & Suls, 2003;
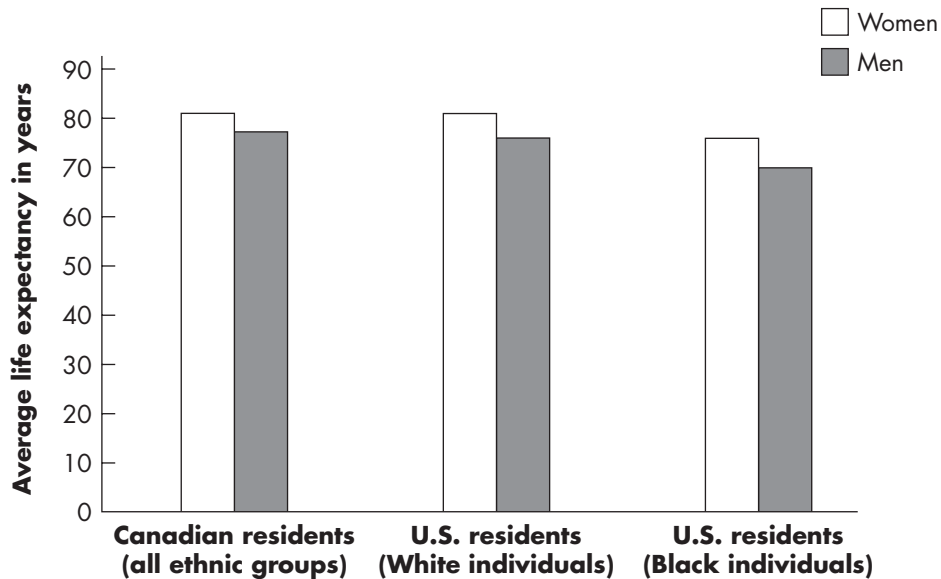
FIGURE **11.1** Average life expectancy for individuals born in 1990, in three North American populations.

Sources: Adaped from Statistics Canada (2005); U.S. Census Bureau (2005). Reprinted with Permission.

Stanton & Courtenay, 2004). In contrast, the male gender role encourages men to be physically "tough," rarely complaining about minor symptoms (Marcell et al., 2007). Women may consult physicians during the early stages of a disease, before it becomes fatal.

Gender Comparisons in Overall Health

We have seen that women have an advantage with respect to a longer life span. However, women in both the United States and Canada have a disadvantage with respect to **morbidity**, which is defined as generalized poor health or illness. The research shows that women are more likely than men to have problems such as obesity, anemia, and respiratory illness. Women are also more likely to experience lifelong illnesses, headaches, and general fatigue (Bird & Reiker, 2008; Etaugh, 2008; Statistics Canada, 2006).

Some of this gender difference is easy to explain: Women live longer than men, so they are more likely to have nonfatal illnesses associated with old age (Crimmins et al., 2002). Some of the difference can probably be traced to the fact that morbidity is usually assessed by self-report (Brannon & Feist, 2004; Skevington, 2004). A woman may be more likely than a man to report that she is bothered by her arthritis.

Other explanations for the gender differences in morbidity are not so obvious. For example, women are the primary victims of rape, and women who have been raped are very likely to experience health problems during the years following the attack (Bird & Rieker, 2008; N. G. Johnson, 2004). In addition, an estimated 22 million U.S. women are physically abused at some point during their lifetime by a boyfriend, spouse, or domestic partner (M. C. Roberts et al., 2004). Economic factors also contribute to the gender differences in morbidity, as we'll see in the following discussion. In a variety of ways, then, women are more likely than men to experience illness and poor health.

How Social Class Influences U.S. Women's Health

Social class can be measured in terms of a person's occupation, income, or education. No matter how social class is measured, it is correlated with life expectancy and morbidity (Adler & Conner Snibbe, 2003; Johnston, 2007). For example, U.S. residents in the top 5% as far as income are likely to live nine years longer than those in the bottom 10% (Gudrais, 2008).

One important factor in these correlations is the quality of health care. No country's health-care system is perfect. For example, Canadian researchers point out that that their own system should emphasize disease prevention, rather than focusing primarily on treatment (Arnett et al., 2004; Romanow & Marchildon, 2003). However, Canada and other industrialized countries provide universal health care to their citizens, whereas the United States does not. The lack of universal health care in the United States is largely responsible for two problems: The United States is a currently Number 1 in the world in the amount of money spent per person on health care, but it is Number 36 as far as life expectancy is concerned (Murray & Frenk, 2010).

Unfortunately, more than 46 million U.S. citizens—especially women—do not have any health insurance (U.S. Census Bureau, 2007). Furthermore, men are more likely than women to have private insurance provided by their employers; private insurance furnishes the best health-care benefits (Lerner, 2009). In contrast, women are more likely than men to have either Medicaid insurance—which offers second-class benefits—or no insurance at all (Chrisler, 2001; Lerner, 2009). Literally, health insurance sometimes makes a difference between life and death.

Women of color are especially likely to receive second-class health care (Brannon & Feist, 2004; Landrine & Klonoff, 2001; Yee & Chiriboga, 2007). For example, Native American women who live on a reservation are more likely than other women to die before the age of 45 (Smecker, 2009).

Many factors other than the quality of a person's health insurance help to explain the influence of social class on both life expectancy and general health. For example, low-income housing is often constructed in locations with high levels of toxic materials. Also, low-income families often live in noisy, crowded environments; these factors are associated with poor health (Adler & Conner Snibbe, 2003; Csoboth, 2003). As you can imagine, low-income people are also more likely to experience stressful events and negative emotions. These psychological factors can lead to heart disease, as well as other health problems (Adler & Conner Snibbe, 2003; Gallo & Matthews, 2003; Miller et al., 2009). In summary, any attempt to improve the health-care system in the United States—for both women and men—must emphasize both the direct and indirect effects of social class.

Health Issues for Women in Developing Countries

In developing countries, women face more severe biases than in North America. In fact, many women in other countries do not need to be concerned about a health professional treating them in a biased manner because they will never even meet a physician, a nurse, or any person trained in health care. Let's consider two important topics, access to health care and female genital mutilation.

Lack of Access to Health Care

When resources are scarce, females are especially likely to suffer (Marton, 2004). Data gathered in Asia, Africa, and the Middle East demonstrate that parents are significantly more likely to seek medical care for a son than for a daughter. For example, boys in India are more than twice as likely as girls to receive medical treatment (Landrine & Klonoff, 2001). In many developing countries, only the wealthiest females have access to medical care.

Females in developing countries typically have inadequate health care. They are also more than twice as likely as males to have too little to eat ("Join the Global Effort," 2005; Marton, 2004). Women in developing countries also face a relatively high chance of dying during pregnancy or childbirth. For example, an African woman living in either Niger or Sierra Leone is about 130 times more likely to die during childbirth than a woman living in the United States—and about 360 times more likely than a woman living in Canada (World Health Organization, 2005b).

Female Genital Mutilation

A widely discussed health issue in some developing countries is female genital mutilation. **Female genital mutilation** (also called **female genital cutting**) involves cutting or removing a section of the female genitals, usually part or all of the clitoris.

In some cultures, the labia minora are also removed, and the labia majora are then stitched together. (See Chapter 9, on page 287, for a review of the female external sexual organs.) This more drastic procedure leaves only a tiny opening to allow both urine and menstrual blood to pass out of the body (S. M. James & Robertson, 2002; Johnson, 2009; Kalev, 2004). The male equivalent of this more drastic version of female genital mutilation would require removal of the entire penis and part of the skin surrounding the testicles (Whelehan, 2001).

Female genital mutilation is a controversial issue. On the one hand, some people say that North Americans should not cast judgments about a cultural practice in another country. On the other hand, female genital mutilation clearly creates health problems for girls and women. The operation is extremely painful. It can also cause severe blood loss and infections (often leading to death), damage to other organs, and difficulty during childbirth (Johnson, 2009; Schiffman & Castle, 2005; Paley, 2008). Some researchers argue that female genital mutilation also increases the transmission of the HIV virus (Keown, 2007).

Approximately 100 million girls and women—currently living in about 30 countries throughout the world—have experienced genital mutilation (Kalev, 2004; Walley, 2002; Whelehan, 2001). Most of these women live in Africa, the Middle East, and Asia. However, many have emigrated to Canada, the United States, and Europe (Johnson, 2009; Nour, 2005).

The operation is usually performed when the young girl is between the ages of 4 and puberty. The girl is typically held down by female relatives. Meanwhile, an older woman performs the operation, often using an unsterilized razor blade, piece of glass, or sharp rock (Kalev, 2004). According to people in cultures that practice female genital mutilation, this procedure makes the genitals cleaner (Nour, 2005). People also believe that the operation reduces sexual activity outside marriage. In fact, women do experience less sexual pleasure if the clitoris has been removed (Walley, 2002).

The World Health Organization and other prominent health groups have condemned the practice of female genital mutilation. Some countries have reduced the percentage of females who experience the procedure, using culturally sensitive educational techniques (El-Bushra, 2000; Gunning, 2002; Walley, 2002).

Cardiovascular Disease, Breast Cancer, and Other Specific Health Problems

So far, we have seen that gender makes a difference for both life expectancy and morbidity. Women live longer, but they experience more illness during their lifetime. Let's now examine several specific diseases and health problems that are important in women's lives. The first problem, cardiovascular disease,

affects women's lives because it is such a frequent cause of death. The other three problems—breast cancer, cancer of the reproductive system, and osteoporosis—occur either exclusively or more frequently in women. Therefore, we need to examine these specific diseases in our discussion of women's health.

Cardiovascular Disease

The term **cardiovascular disease** includes heart attacks and other disorders of the heart, as well as clots and other disorders of the blood vessels. Cardiovascular disease is the major cause of death for U.S. women. In fact, it is more deadly than all forms of cancer combined (Bird & Rieker, 2008; Travis & Compton, 2001). Each year, cardiovascular disease kills about 500,000 women in the United States (L. L. Alexander et al., 2004; Hansen, 2002). In addition, cardiovascular diseases are responsible for 23% of all female deaths (Statistics Canada, 2006w).

Many people think that heart disease is a man's illness, but this myth is not correct. Men are likely to experience heart disease earlier than women do, but women run about the same risk by the time they reach 75 years of age (Bird & Rieker, 2008; Hwang & Danoff-Burg, 2010; Lee, 2010). In addition, Black women are more likely than White women to die of heart disease (Brannon & Feist, 2004).

An important problem is that men typically report chest pain when they are having a heart attack. Women may report chest pain, but they also report symptoms such as breathlessness (Skevington, 2004). Health professionals may fail to recognize heart attacks in women if they are searching for the classic "male" symptoms.

Furthermore, as we discussed at the beginning of this chapter, men are more likely than women to receive diagnostic testing or surgical treatment for heart disease. For example, men are twice as likely as women to receive bypass surgery, even when both genders have the same medical profile (Lonborg & Travis, 2007; Travis, 2005). We know relatively little about cardiac problems in women because researchers are much more likely to study cardiac problems in men (Boston Women's Health Book Collective, 2005; Travis & Compton, 2001).

Women and men also behave differently after a heart attack. Men typically reduce their household chores, whereas women tend to resume their household chores more quickly (Stanton et al., 2007).

What can people do to help prevent heart disease? Some precautions include a diet that is low in salt, cholesterol, and saturated fats, maintenance of a reasonable body weight, and regular exercise (Brannon & Feist, 2004; Oldenburg & Burton, 2004). As we'll discuss later in the chapter, people who smoke also run a high risk of heart disease.

Breast Cancer

At the beginning of this chapter, we noted that gender makes a difference in the way that certain diseases are viewed. As we've just seen, many people don't associate heart disease with women. The one disease in women that receives widespread publicity is breast cancer (Hwang & Danoff-Burg, 2010).

Breast cancer is definitely an important problem that requires extensive medical research, and we all know women who have struggled with this disease. Still, health psychologists are uncertain why medical researchers—as well as the general public—focus more on breast cancer than on other illnesses that are actually more dangerous for women. One important factor is our culture's emphasis on breasts as an essential part of being a woman. As a result, a woman who has had a breast removed (or partly removed) is often viewed as being less female (Chrisler, 2001; Crooks & Baur, 2008).

Each year, approximately 190,000 women in the United States are diagnosed with breast cancer and about 40,000 U.S. women die from the disease (Backus, 2002; Compas & Luecken, 2002; U.S. Census Bureau, 2009s). Also, about 22,000 Canadian women will be diagnosed with breast cancer annually, and about 4,300 Canadian women will die from the disease (Canadian Cancer Society, 2005a; Parry, 2008). Black women are less likely than White women to develop breast cancer; however, they actually have a higher death rate from it (Travis et al., 2010). Before you read further, try Demonstration 11.1.

DEMONSTRATION 11.1	**Thinking About Breast Cancer**

Thinking About Breast Cancer

Think about and answer the following questions concerning breast cancer and its relevance in your life.

1. When was the last time you heard or saw a discussion of breast cancer? Was the discussion a general one, or did it provide specific information about how to conduct a breast self-examination or where to go for a mammogram?
2. Have you seen any notices about breast self-examination or mammograms (for example, in public buildings or at the student health service)?
3. If a woman in your home community wanted to have a mammogram, do you know where she would go? (If you don't, you can find a nearby location by calling the American Cancer Society at 800-227-2345 or by visiting its website at www.cancer.org to find a nearby location.)
4. Think about several women over the age of 50 who are important to you. Have you ever discussed breast cancer or mammograms with them? If not, try to figure out how you might raise these issues with them soon, or identify another person who could make certain that these women have had a recent mammogram.

Regular, systematic breast self-examination is an important strategy for detecting cancer. Early detection of breast cancer is important because the chances of a cure are very high if the disease is diagnosed at an early stage. If you are a woman over the age of 20, you should examine your breasts at least once a month (L. L. Alexander et al., 2004; Keitel & Kopala, 2000). Women who are menstruating should examine their breasts about a week

after their menstrual period is over because their breasts are likely to have normal lumps during menstruation. Figure 11.2 on page 362 provides instructions.

Breasts can also be examined using technological methods. For example, a **mammogram** is an X-ray of the breast—a picture of breast tissue—taken while the breast tissue is flattened between two plastic plates (L. L. Alexander et al., 2004).The guidelines about mammograms are continually changing. However, women over the age of 50 are often encouraged to have a screening mammogram every year or two to detect lumps that are too small to detect by self-examination. Currently, about 70% of Canadian women between the ages of 50 and 69 have had a mammogram within the past two years (Statistics Canada, 2006w).

Unfortunately, many women over the age of 50 do not have regular mammograms. Individual differences are large, but women of color often have especially low rates for mammogram screening (Borrayo, 2004; Hwang & Danoff-Burg, 2010; U.S. Census Bureau, 2009s). For example, only about 50% of Asian American women in one study reported having had a mammogram, in contrast to 70% of European American women (Helstrom et al., 1998). Asian American women may be less likely to have mammograms for several reasons. Many cannot speak English or do not have health insurance that would cover the cost of the procedure. Furthermore, many Asian American women are taught from an early age not to discuss topics related to sexuality, so breast cancer is an especially forbidden topic of conversation (Ketenjian, 1999b).

Latina women may also be reluctant to perform a breast self-examination or seek breast cancer screening. For instance, many women of Mexican descent believe that it would be indecent for a health-care provider to see their unclothed breasts (Borrayo, 2004; Borrayo & Jenkins, 2003; Moadei & Harris, 2008).

When breast cancer is in an early stage, the most common treatment is a **lumpectomy**, that is, surgery that removes the cancerous lump and the immediate surrounding breast tissue. Radiation therapy or chemotherapy might also be used (Crooks & Baur, 2008). Fortunately, with earlier detection and more sophisticated procedures, women are much less likely to die from breast cancer now than in earlier decades (Backus, 2002).

Naturally, the diagnosis and treatment of breast cancer will cause some fear, anxiety, grief, depression, and anger. The treatment cycle is physically painful, and it is a socially lonely experience (Compas & Luecken, 2002; Peltason, 2008; Spira & Reed, 2003). Women often feel exhausted for several months during and after treatment (Kaelin, 2005).

As you might expect, women who have been treated for breast cancer differ widely in their reactions (Lonborg & Travis, 2007; Peltason, 2008; Stanton et al., 2007). Some women continue to worry for years afterward. For instance, one 70-year-old African American woman had chemotherapy, and she was cancer-free four years later. However, she still had persistent concerns about cancer: "It's just there, and I can't get it out of my brain, and it's just something that I've just learned to live with. It's just like some-time you wished you could just put your brain under a faucet and just wash
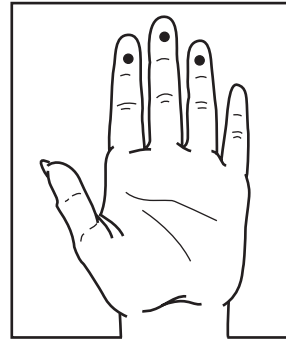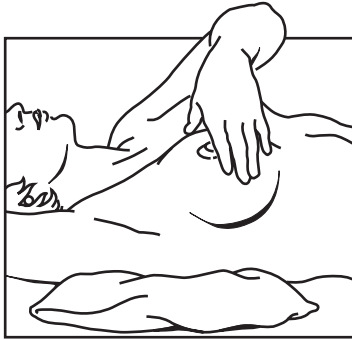
Beginning in their 20s, women should be told about the benefits and limitations of breast self-exam (BSE). Women should be aware of how their breasts normally look and feel and report any new breast changes to a health professional as soon as they are found. Finding a breast change does not necessarily mean there is a cancer.

If you choose to do BSE, the following information provides a step-by-step approach for the exam. The best time for a woman to examine her breasts is when the breasts are not tender or swollen. Women who examine their breasts should have their technique reviewed during their periodic health exams by their health care professional.

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the kinks out because it's just sticking there" (Rosenbaum & Roos, 2000, p. 160).

Fortunately, most women who have had surgery tend to cope well, especially if they have supportive friends and family members (Bennett, 2004; Stanton et al., 2007). For instance, one study focused on Black women who had had breast-cancer surgery only two months earlier; 62% reported that they were in very good spirits (Weaver, 1998). Many women who survive cancer believe that the struggle helped them to reorder their priorities, for example, by choosing a healthier lifestyle or valuing friendships more fully (Bird & Rieker, 2008; Lonborg & Travis, 2007). As one woman commented on her personal transformation:

> It does make you really look and see in your life what is important, what really matters. To try and do what makes you happy, gives you satisfaction in life. To tell those around you what they mean to you. Live each day to the fullest you can, don't waste a day. I don't mean live as if it's the last day you have, but cherish each one that you have. (Peltason, 2008, p. 293)

Reproductive System Cancer and Hysterectomies

Several kinds of cancer often affect women's reproductive systems. For example, **cervical cancer** affects the lower portion of the uterus. (Figure 4.1, on page 112, shows the cervix.)

In North America, women seldom die from cervical cancer. A major reason is a highly accurate screening test called the Pap smear, administered during routine gynecology examinations. In the **Pap smear test**, the gynecologist takes a sample of cells from the cervix to see whether they are normal,

precancerous, or cancerous. When cervical cancer is detected early, it is highly curable (Crooks & Baur, 2008; Robertson et al., 2003; Schiffman & Castle, 2005). Gynecologists recommend that all women should have an annual Pap smear if they are sexually active or if they have reached the age of 18. However, many young women do not know why Pap smears are important (Blake et al., 2004). This deadly disease is not limited to older women!

In Canada, about 75% of women between the ages of 18 and 69 have had a Pap smear within the last two years (Statistics Canada, 2006w). Most European American women in the United States have routine Pap smears, but millions without health insurance do not have this test on a regular basis (Landrine & Klonoff, 2001). For example, a 45-year-old woman remarked:

> My Mother's Day present this year was and is the best I've had in a while. My daughter got me a free Pap test…. She knew it had been years since I had one. My family's history is riddled with cancer. We don't have health insurance because it's not affordable. (Feldt, 2002, p. 92)

As we noted earlier in this chapter, U.S. women experience much more severe health problems if they do not have insurance.

Compared to European American women, Latinas and other women of color are more likely to die from cancer of the cervix—especially because they are less likely to have had this screening test (Borrayo et al., 2004; Rimer et al., 2001). Throughout the world, cancer of the cervix is one of the major causes of death, especially because women in developing countries do not have access to Pap smears (World Health Organization, 2005a).

We noted at the beginning of the chapter that gender influences the way a disease is treated and that women's reproductive systems receive more attention than other health concerns. The best example of this principle is the high rate of hysterectomies in the United States. A **hysterectomy** is the surgical removal of a woman's uterus (Elson, 2004). Some hysterectomies are advisable—for example, when advanced cancer cannot be treated by more limited surgery. However, many surgeons remove a woman's uterus when other less drastic treatments would be effective. Each year, more than 500,000 women in the United States have a hysterectomy (U.S. Census Bureau, 2009s). This rate is much higher than in other developed countries (Elson, 2004).

Some hysterectomies are medically necessary. Also, some women who have had hysterectomies experience only minimal psychological or physical symptoms. Consistent with our theme of individual differences, some women report that the hysterectomy removed an important part of their identity as a woman (Elson, 2004; Todkill, 2004). However, women need appropriate information about the alternatives before making decisions about whether they should have a hysterectomy.

Another disorder of the reproductive system has not received the attention it deserves. In the United States, cancer of the ovaries has the highest rate of death of all gynecological cancers (L. L. Alexander et al., 2004; Burns, 2001). Unfortunately, there is currently no reliable, valid screening test for this disorder. Furthermore, the symptoms include abdominal cramping and vomiting—so people are likely to attribute the symptoms to a less

serious health problem. As a result, most ovarian cancers are not discovered until they are in an advanced stage and the cancer has spread to other parts of the body (Crooks & Baur, 2008; Robb-Nicholson, 2004).

Osteoporosis

In the disorder called **osteoporosis** (pronounced oss-tee-owe-por-*roe*-siss), the bones become less dense and more fragile. Women are roughly four times more likely than men to develop this disorder, and it is especially common among older women (L. L. Alexander et al., 2004; Fausto-Sterling, 2005). If a woman has osteoporosis, she is much more likely to experience a bone fracture, even from just tripping and falling in the bathroom. Hip fractures resulting from osteoporosis create major problems, especially because they often cause long-term disability (Raisz, 2005).

Women can reduce the risk of osteoporosis by doing regular weight-bearing exercises, such as walking or jogging. Even young women need to take adequate calcium and vitamin D to build strong bones, and they need to continue this precaution throughout their lives (Boston Women's Health Book Collective, 2005). In addition, professional organizations recommend a bone-density test when women reach the age of 65 (Raisz, 2005).

SECTION SUMMARY

The Health Care and Health Status of Women

1. Women's health is a crucial issue for several reasons: (a) Women experience different illnesses than men, (b) gender influences the way a disease is treated, and (c) illness is an important factor in women's lives.
2. Health-related biases against women include the neglect of women in medicine, the prevalence of gender stereotypes in medical research, inadequate or irresponsible medical care, and problems in the physician-patient relationship.
3. U.S. women in all ethnic groups live longer than men do; this gender difference also occurs in Canada. However, women experience more health problems than men do.
4. In the United States, social class is related to a person's health status; women of color are especially likely to receive inadequate health care.
5. Women in developing countries often experience inadequate nutrition and health care. Female genital mutilation threatens the health of about 100 million girls and women.
6. Cardiovascular disease is the most common cause of death in women; precautions such as proper diet and exercise are important.
7. Breast cancer is relatively common in the United States and Canada, but the chances for survival are high if the cancer is detected early; most women cope reasonably well with breast cancer.

(continues)

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SECTION SUMMARY *(continued)*

8. Pap smears are very effective in detecting early cervical cancer. Hysterectomies may be advisable in some cases of uterine cancer, but many are performed without sufficient medical justification. Ovarian cancer is an especially deadly disease.
9. Osteoporosis often leads to serious bone fractures in postmenopausal women; appropriate exercise and nutrition can reduce the risks.

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WOMEN WITH DISABILITIES

In the United States, about 10,352,000 women and 9,861,000 men have a disability that prevents them from being employed (U.S. Census Bureau, 2009s). In Canada, women are also more likely than men to have a disability (Statistics Canada, 2006w). We have seen that women and men have somewhat different health-care experiences, and they also have somewhat different patterns of illness. Now let's consider how gender can be relevant when we consider individuals with disabilities.

Background Information on Disability Studies

One important theme of this book is that women vary widely from one another. We have already examined some factors that create variability: ethnicity, country of residence, social class, and sexual orientation. Disability is an additional dimension of variability. **Disability** refers to a physical or mental impairment that limits a person's ability to perform a major life activity in the manner considered normative (Asch, 2004; Cook, 2003; Whitley & Kite, 2010). In general, the term *person with a disability* is preferable to *disabled person* (American Psychological Association, 2010). *Person with a disability* emphasizes someone's individuality first and the disability second.

The term **ableism** refers to discrimination on the basis of disability (Nabors & Pettee, 2003). For example, in the workplace, staff members often treat people with disabilities as if they were children (Whitley & Kite, 2010). Just as sexism devalues women, ableism devalues people with disabilities (Ware, 2010).

Theme 3 in this book emphasizes that women are relatively invisible. People with disabilities (both women and men) are certainly invisible in U.S. statistical documents. For example, the *Statistical Abstract of the United States* (U.S. Census Bureau, 2009s) is 985 pages long. However, it lists only two tables that focus on adults with disabilities.

Until recently, women with disabilities were nearly invisible within the field of women's studies. However, several books are now available in the field of disability studies (M. E. Banks & Kaschak, 2003; G. A. King et al., 2003b; Olkin & Pledger, 2003; B. G. Smith & Hutchison, 2004). **Disability studies** is an interdisciplinary field that examines disabilities from the perspective of social sciences, natural science, the arts, the humanities, education, and

media studies (Siebers, 2008; B. G. Smith, 2004; Ware, 2009). Disability studies is growing internationally, in countries as diverse as Uganda, Brazil, and Nepal (Garland-Thomson, 2004; C. Lewis et al., 2002; Lloyd, 2006).

By some estimates, 21% of women in the United States have disabilities (Asch et al., 2001). Elderly women are especially likely to have a disability. For instance, consider Canadians who are age 65 and older. An estimated 30% of women and 20% of men in this age category live with a disability (Statistics Canada, 2010c; 2010p).

The variation within the disability category is tremendous. In fact, the term *women with disabilities* is simply a social construct that links together unrelated conditions (Olkin, 2008; Siebers, 2008; Whitley & Kite, 2010). In reality, life experiences may be very different for a woman who is blind, a woman who is missing an arm, and a woman who is recovering from a stroke (Asch, 2004; B. G. Smith, 2004). Still, many people judge individuals with a disability primarily in terms of that disability. As Y. King (1997) remarked, the popular culture assumes that being disabled is what these individuals *do* and *are*: "She's the one in the wheelchair."

When we consider the topic of disabilities, we also need to remind ourselves about a unity between women with disabilities and women without disabilities. Many people do not currently live with a disability. However, everyone could become disabled in a matter of seconds through an accident, a stroke, or a disease (Garland-Thomson, 2004). In other words, people who are not disabled could adopt the label "temporarily abled" (Bowleg, 1999; Siebers, 2008; Whitley & Kite, 2010).

Theorists often note that women typically live on the margins of a world in which men occupy the central territory. In many ways, women with disabilities live on the margins of those margins. As a result, they may feel that the culture considers them invisible (A. M. Bauer, 2001; Goldstein, 2001; Kisber, 2001). Women of color who have disabilities experience a triple threat, in which they constantly face sexism, racism, and ableism.

But how are disabilities related to gender? Why would the life of a woman with a disability be different from the life of a man with a disability? The following discussions of education, work, and social relationships demonstrate that disabilities can exaggerate the differential treatment of women and men (Mertens et al., 2007).

Education and Work Patterns of Women with Disabilities

Women with disabilities face barriers in pursuing an education beyond high school (Mertens et al., 2007). According to one U.S. survey, for example, only 15% of women with a disability hold at least a bachelor's degree, in contrast to 33% of women without a disability (Schur, 2004). A variety of barriers on college campuses make it difficult to pursue an education beyond high school. For example, women with disabilities often cannot find accessible buildings, wheelchair-friendly sidewalks or elevators, sign-language interpreters, and other support services (Ware, 2010).

In the United States, the employment rate is 44% for adult women with a disability; the comparable figure for men is 49%. In other words, the employment rates for these two groups are similar (Schur, 2004). However,

in both the United States and Canada, people with disabilities are much less likely to be employed than people without disabilities (MacKinnon et al., 2003; Schur, 2004).

Gender and disability combine in unique ways to discriminate in the workplace against women with disabilities (Mason et al., 2004; Mertens et al., 2007; Schur, 2004). For example, Maryé (1998) described how her disability does not allow her to use her hands. Her supervisor did not invite her to attend an important meeting because he assumed that any female would need to serve as a note-taker—a function she could not perform. As she wrote, "The glass ceiling for a disabled woman turns her office into a crawl space" (p. 102).

Women with disabilities often encounter economic problems. In the United States, for example, women with disabilities have average incomes that are between 60% and 78% of the average income of men with disabilities (Mertens et al., 2007; Schur, 2004). Furthermore, women with disabilities are also unlikely to receive adequate retirement benefits.

In Chapter 7, we discussed the dilemma that lesbians face in the workplace: Should they come out of the closet and risk discrimination? Should they try to pass, even though this option requires them to hide an important part of their identity? Women with invisible disabilities face a similar dilemma (Garland-Thomson, 2004; G. A. King et al., 2003a; Siebers, 2008). For instance, a woman with multiple sclerosis may not look disabled, but she may tire easily or experience numbness or memory problems. Should she tell her boss and risk patronizing comments or job discrimination? Or should she try to hide her disability, risking exhaustion or criticism for being lazy? In Chapter 7, we examined many biases that employed women face; these problems are intensified for women with disabilities.

Personal Relationships of Women with Disabilities

Throughout this book, we have emphasized how women are judged by their physical attractiveness. Many North Americans have fairly rigid ideas about attractiveness. As a result, they may consider some women with disabilities to be unattractive (D. Crawford & Ostrove, 2003; Mason et al., 2004). Consequently, some women with disabilities may be excluded from the social world, as well as from some aspects of the employment world (Siebers, 2008; A. Sohn, 2005; Whitley & Kite, 2010). Heterosexual women with disabilities are less likely to date and to marry. In fact, 28% of women with disabilities live alone, in contrast to 8% of women without disabilities (Olkin, 2008; Schur, 2004).

Even less is known about the love relationships of lesbian women with disabilities. However, the research suggests that many of them also have limited romantic opportunities (Asch & Fine, 1992; Chinn, 2008; Olkin, 2008).

Ynestra King (1997) described a vivid example of this bias against women with disabilities, with respect to romantic relationships. When she is sitting down, her disability is invisible; when she stands up, it's obvious she has difficulty walking. She commented on the reactions in social settings:

> It is especially noticeable when another individual is flirting and flattering, and has an abrupt change in affect when I stand up. I always make sure that I walk around in front of someone before I accept a date, just to save face for both of us. Once the

other person perceives the disability, the switch on the sexual circuit breaker often pops off—the connection is broken. "Chemistry" is over. I have a lifetime of such experiences, and so does every other disabled woman I know. (King, 1997, p. 107)

Many North Americans assume that people with physical disabilities are not interested in sex or not capable of engaging in sexual activity (Crooks & Baur, 2008; Olkin, 2008). Women with disabilities often complain that they do not receive adequate counseling about sexuality (Asch et al., 2001; Mertens et al., 2007). Furthermore, individuals with disabilities are at risk for sexual abuse (Mertens et al., 2007; Siebers, 2008).

In addition, women's own sexual desires are likely to be ignored (A. Sohn, 2005). A woman who has a spinal disorder described a conversation she had with a gynecologist before her adolescence. She asked whether she would be able to have satisfying sexual relations with a man. He replied, "Don't worry, honey, your vagina will be tight enough to satisfy any man" (Asch et al., 2001, p. 350). Apparently, he did not even consider the woman's own sexual satisfaction!

Nonromantic friendships are sometimes difficult for individuals who have disabilities. For instance, adolescents report that their classmates sometimes seem to be afraid of them or they avoid certain topics of discussion (Hortman, 2007). These censored areas may include sexuality, dating, and childbearing. However, a Canadian study investigated the life satisfaction of women with disabilities who were between the ages of 25 and 54. In general, the participants reported a very high degree of satisfaction with family and friends (Crompton, 2010).

Throughout this book, we have examined how biases can have harmful effects for individuals in a less favored social group. We have seen in earlier chapters that people may be mistreated not only because of gender but also on the basis of ethnic group and sexual orientation. As disability activists increase their publicity, we will become more informed about this additional kind of discrimination (Kreston, 2003; Ware, 2010). According to Rosemarie Garland-Thomson (2004), "Disability, like gender and race, is everywhere, once we know how to look for it" (p. 100).

SECTION SUMMARY

Women with Disabilities

1. Women with disabilities are diverse, yet they experience similar discrimination in a society that exhibits both sexism and ableism. Disabilities tend to exaggerate the differential treatment of women and men.
2. Women with disabilities may face barriers in education and in the workplace, as well as economic problems.
3. Women with invisible disabilities face a dilemma about whether to reveal their disabilities in the workplace.
4. Women with disabilities are often excluded from the social world of love relationships, sexual desires, and friendships.

AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

Sexually transmitted infections have major implications for women's health. For instance, thousands of North American women acquire AIDS each year, most often from their sexual partners. In this section, we will emphasize AIDS. However, we will also look briefly at five other sexually transmitted diseases that also have important consequences for women's lives: (1) human papillomavirus, which is also called HPV or genital warts, (2) chlamydia, (3) genital herpes, (4) gonorrhea, and (5) syphilis.

Background Information on AIDS

Acquired immunodeficiency syndrome (**AIDS**) is a viral disease spread by infected semen, vaginal secretions, or blood; this disease destroys the body's normal immune system (Sagrestano et al., 2008). AIDS is caused by the **human immunodeficiency virus** (**HIV**), which has the potential to destroy part of the immune system. In particular, HIV invades white blood cells and reproduces itself. HIV then destroys those white blood cells—the very cells that coordinate the immune system's ability to fight infectious diseases (L. L. Alexander et al., 2004; Sagrestano et al., 2008).

For women throughout the world, the most common transmission route for HIV is vaginal or anal sex with an infected person (Sagrestano et al, 2008). HIV is also spread when drug users choose inject themselves with contaminated syringes. Tragically, an HIV-positive pregnant woman can also transmit the virus to her infant, for instance, during vaginal birth.

Women are much more vulnerable to sexually transmitted diseases than men are. By current estimates, a woman who has unprotected sexual intercourse with an HIV-infected man is between two and eight times more likely to contract HIV, compared to a man who has unprotected sexual intercourse with an HIV-infected woman (Gurung, 2006; Sagrestano et al., 2008). One reason for this gender difference is that the concentration of HIV is much greater in semen than in vaginal fluid.

Women's rates are increasing for HIV/AIDS and other sexually transmitted infections. In the United States, about 25% of HIV-positive individuals are female (AVERT, 2010a). In Canada, about 10% are female (Statistics Canada, 2006).

In some parts of the world, even greater percentages of those infected with HIV are female. For instance, in the African countries south of the Sahara desert, an average of 60% of HIV-positive individuals are female. In this region, millions of women struggle to make sense of the fact that their male partners are responsible for having infected them with a deadly virus (Long, 2009). If we consider data throughout the world, AIDS is the second leading cause of death in adolescents and young adults. The only more deadly category is traffic and other accidents (R. W. Blum & Nelson-Mmari, 2004).

Figure 11.3 shows the increasing number of AIDS deaths among U.S. women since 1991. The incidence of AIDS is relatively high among Black women; Black females account for more than half of the females who are HIV positive. The incidence is somewhat lower among Latinas and equally
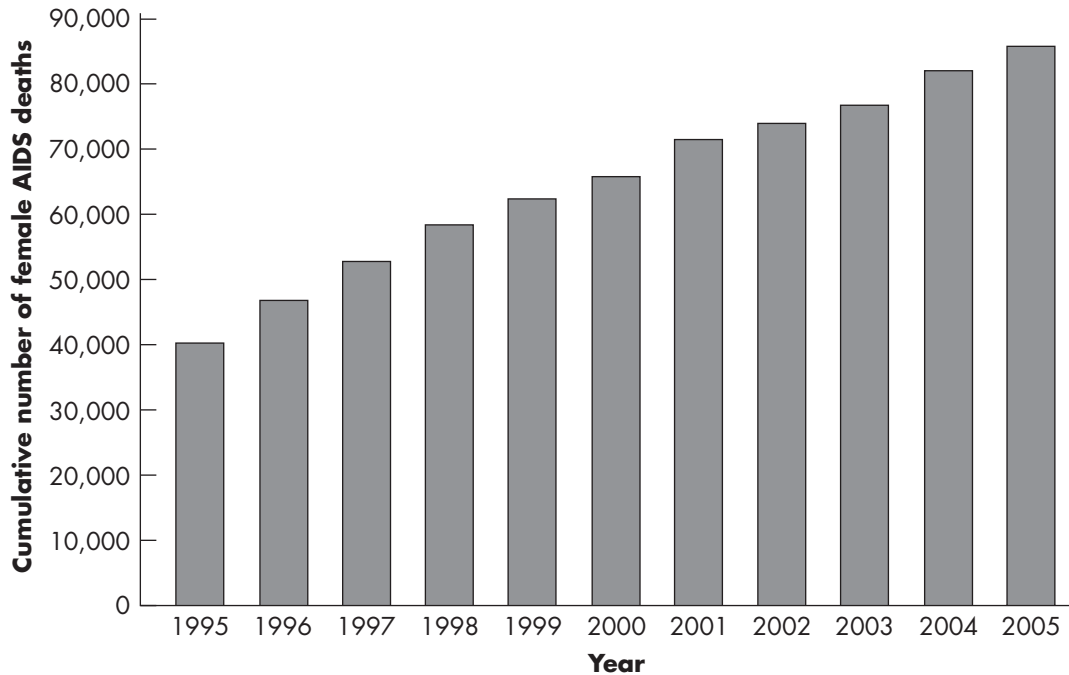
FIGURE **11.3** Cumulative AIDS deaths among females of all ages and all ethnic groups in the United States, 1995–2005.

Source: Centers for Disease Control (2002, 2005).

low among Asian American, Native American, and European American women (AVERT, 2010b; Grassia, 2005).

Let's now consider the medical and psychological consequences of AIDS. Then we'll explore how the risk of this disease can be reduced.

Medical Aspects of HIV and AIDS

Many HIV-positive individuals have no symptoms at first, and so they do not realize that they are infected. Most people experience these symptoms of infection between 6 and 9 months later. However, some people are symptom-free for as long as 10 years. The symptoms of infection may include fatigue, rashes, unexplained fevers, unintentional weight loss, and diarrhea (L. L. Alexander et al., 2004; Kalichman, 2003; Sagrestano et al., 2008). Both men and women may have these symptoms if they are HIV positive. In addition, women who are HIV positive are likely to develop vaginal infections and cervical cancer (Crooks & Baur, 2008).

People who are HIV positive are highly contagious during the initial stages of the infection, even if they have no symptoms (Blalock & Campos, 2003). As a result, HIV-positive individuals can spread the disease to other people without realizing that they are doing so. In fact, in the United States about 25% of HIV-positive people do not know that they are infected (Sagrestano et al., 2008).

It may take 10 years or longer for an HIV infection to develop into AIDS (Crooks & Baur, 2008; Kalichman, 2003). A diagnosis of AIDS is made when a person's immune system T-cell count drops below a specified level. At this point, people are seriously ill because of the symptoms mentioned earlier and because other infections have taken advantage of a severely weakened immune system (Blalock & Campos, 2003; Crooks & Baur, 2008).

Drug therapies have been developed that prolong life for HIV-positive people. As a result, many people living with AIDS now cope with a long-term illness (Sagrestano et al., 2008). However, low-income individuals in North America typically have no access to those expensive medications. Women are also less likely than men to use these medications, at least partly for financial reasons (Blalock & Campos, 2003; Ciambrone, 2003).

Psychological Aspects of HIV and AIDS

HIV can damage the central nervous system, producing psychological problems such as memory loss and cognitive problems (Blalock & Campos, 2003; Sagrestano et al., 2008). As you might imagine, HIV-positive individuals are likely to experience depression, anxiety, anger, fear, and stress (Blalock & Campos, 2003; Sagrestano et al., 2008). One woman described her reactions when she received her diagnosis: "Total shock, you just go numb…. Nothing meant anything to me. Of course, immediately you've got a death sentence; that's just what you stand there thinking" (Ciambrone, 2003, p. 24). Consistent with many diseases, high stress levels are especially likely to increase the severity of the HIV-related symptoms (Miller et al., 2009).

Some women experience a new perspective on life that is more hopeful. For instance, one woman who became an HIV/AIDS activist commented:

> My goal now is to try to help other people that have this virus and let them know that you can plan for the future—life does go on, not to give up. I've always learned that if you're a fighter you'll be okay. You have to fight and you have to want to live…. When I finally started accepting the fact and telling people, I felt like a big burden was lifted off of my shoulder. It's like, boy, I can say it and not really be ashamed. (Ciambrone, 2003, p. 72)

People living with AIDS often report that they are stunned by insensitive reactions from other people (Ciambrone, 2003; Gahagan & Loppie, 2001). For example, family members may show no sympathy (Derlega et al., 2003). A 32-year-old Canadian woman was asked whether her family had been helpful. She replied, "Are you kidding, if I ask my family for help, they say stuff like you did this to yourself and now you want us to clean up after you? I don't talk to them anymore" (Gahagan & Loppie, 2001, p. 119).

However, some people are surprised by the messages of support (Sagrestano et al., 2008). For example, Runions (1996) described how she had belonged to a fundamentalist Christian church. When she went public with her personal story about AIDS, many church members wrote to her. "The letters were warm and accepting and forgiving. Bridges that I thought had been damaged beyond repair appeared to have been strengthened by the shock of my illness" (p. 67).

Be sure you have tried Demonstration 11.2 before reading further. This demonstration assesses your personal feelings about using condoms.

Attitudes Toward Condom Use

Imagine a heterosexual woman between the ages of 18 and 35. She is sexually active, and she is not in a long-term relationship. Answer the following questions from the perspective of this woman:

1. How do you feel about condom use in general?
2. When was the last time that you had sexual intercourse?
3. Did you request that your sexual partner use a condom on that occasion?
4. How do you think that this sexual partner feels about using a condom?
5. Do you feel comfortable talking with your sexual partners about using condoms?
6. Do you typically carry a condom with you when you go out on a social occasion?
7. Where do you buy condoms?
8. Is it embarrassing for you to purchase condoms?
9. Suppose that you have been drinking and that you are about to have sexual intercourse. Would you remember to use a condom?
10. Suppose that your sexual partner says that he does not want to use a condom. What would you do?

Source: Based on Perloff (2001).

Preventing AIDS

At present, we have no cure for AIDS, so the only available alternative is to prevent it. However, AIDS prevention is difficult, at both the individual and the global level (Oldenburg & Burton, 2004; Sagrestano et al., 2008).

According to surveys, some people believe that they can avoid AIDS because they can judge which sexual partners look like they might be HIV positive (L. D. Cameron & Ross-Morris, 2004; Dolan, 2005). However, it is impossible to tell whether a person is infected just by looking at her or him (Blalock & Campos, 2003).

One problem with AIDS prevention is that many people think, "It can't happen to me!" (Dudley et al., 2002; Perloff, 2001). When people have consumed alcohol, they especially underestimate their own personal risk (L. D. Cameron & Ross-Morris, 2004). Many people also believe that they can avoid AIDS by asking a potential sexual partner about his or her HIV status. However, research with HIV-positive individuals revealed that as many as 40% did not tell their sexual partners that they were HIV positive.

You can probably anticipate another problem. Many people are HIV positive and don't know it. So a woman may be having sex with a man who doesn't realize he is HIV positive or who may not realize that he had sex with an HIV-positive individual two months before. Basically, if a woman decides to have sex, her sexual partner is not only that individual but also all of that individual's former partners… and their partners!

As we saw in Chapter 9, the abstinence-only "Just say no" approach to safer sex does not reduce teen pregnancy; it also does not reduce HIV transmission in teenagers (Coates & Szekeres, 2004). Any AIDS-prevention program must include comprehensive sex education that emphasizes condom use. In general, trained professionals are more effective than peer educators in convincing people to engage in safer sex (Durantini et al., 2006).

Furthermore, education-oriented programs are significantly more persuasive than fear-oriented presentations (Albarracín et al., 2005). The programs must also emphasize strategies for reducing risky sexual interactions, as well as active participation in role-play exercises (B. T. Johnson et al., 2003; Marín, 2003). Unfortunately, many adolescent females are dating older males, who may be HIV-positive. These young men may pressure their partners or sexually assault them (DiClemente & Crosby, 2006).

Condoms can help to limit the spread of the AIDS epidemic. However, surveys show that less than 40% of women reported that they always used condoms during sexual intercourse (Kaiser Family Foundation, 2003; Noar et al., 2004). In Demonstration 11.2, we noted some of the reasons that prevent people from consistently using condoms. In our culture, people are reluctant to discuss condom use with their potential sexual partners (Kaiser Family Foundation, 2003; Perloff, 2001).

An important problem with condom use is that men control whether they will use a condom. Throughout the world, men and women in most sexual relationships do not divide power equally. As a result, many women may not feel that they can safely insist that their partner wear a condom (R. W. Blum & Nelson-Mmari, 2004; Marín, 2003). In the United States, Latino men are especially likely to control decisions about condom use during intercourse. A program designed only for Latina women—but not Latina men—may therefore be unsuccessful (D. Castañeda, 2000a). Any AIDS-prevention program must be sensitive to the culture of the individuals that the program serves (L. A. Beatty et al., 2004; Jipguep et al., 2004).

Even regular condom use does *not* guarantee protection against AIDS because condoms can break or slip (L. L. Alexander et al., 2004). There is no perfectly safe sex, only safer sex. However, a condom is certainly better than no protection at all.

So far, the United States has lagged behind other industrialized countries in encouraging condom use and other AIDS-prevention programs. However, the international research shows that some developing, low-income countries have successfully reduced HIV rates by emphasizing widespread education about HIV/AIDS and condom use (D'Adesky, 2004; Smallman, 2008).

Interestingly, some developing countries are using creative programs to prevent the spread of AIDS. For example, in Argentina the government has worked together with AIDS activists to publicize safe sex. Several years ago, they created an enormous pink condom to cover a prominent phallic-shaped tower in Buenos Aires (Smallman, 2008). Cuba has developed a variety of precautions to reduce the transmission of HIV from mothers to infants. During a 10-year period in Cuba, only 29 infants became HIV positive (Castro et al., 2008).

Other Sexually Transmitted Diseases

AIDS has attracted far more attention during the current era than all the other sexually transmitted diseases (STDs) combined (R. W. Blum & Nelson-Mmari, 2004; Nack, 2008). However, these other STDs are important for women because women are more likely than men to be infected by having sex with a partner who has one of these diseases. For example, Asian American women are four times more likely than Asian American men to have contracted a STD from a sexual partner (Spencer et al., 2007). Sexually transmitted infections also produce fewer detectable symptoms in women than in men (Crooks & Baur, 2008).

Table 11.1 lists five diseases that have particularly important consequences for women's lives. They are **HPV** (**human papillomavirus**, or **genital warts**), **chlamydia** (pronounced klah-*mih*-dee-uh), **genital herpes** (*her*-peas), **gonorrhea** (gon-uh-*ree*-uh), and **syphilis** (*siff*-ih-liss).

Women are more likely than men to have severe long-term consequences of sexually transmitted diseases. For example, many women who do not seek early treatment for these infections will become infertile, or they may pass the infection on to a newborn (Crooks & Baur, 2008; R. W. Blum & Nelson-Mmari, 2004). An additional problem is that diseases such as gonorrhea and syphilis can produce lesions in the skin, making it easier for an STD to enter the body.

The human papillomavirus, or HPV, deserves additional attention because it is the most common of the sexually transmitted diseases in the United States, especially among people between the ages of 15 and 24 (Moscicki, 2005; Nack, 2008). One study focused on women in college who reported never having sexual intercourse. Of those who then had intercourse, 30% acquired HPV within one year (Moscicki, 2005; Winer et al., 2003).

TABLE **11.1**

Sexually Transmitted Diseases (STDs) Other Than AIDS

Disease	Description (for Women)	Consequences (for Women)
HPV (Genital Warts)	Caused by various strains of the human papilloma virus; small, often painless swellings in the genital area; very common in young women; can be treated and sometimes curable.	Can lead to cervical cancer, which may lead to death. Can be passed on to newborn during delivery.
Chlamydia	Common in young women; often no symptoms, but may cause painful urination, vaginal discharge, and infertility; curable.	Can lead to infertility. Can be passed on to newborn during delivery.
Genital Herpes	Painful genital blisters, several attacks per year; can be treated, but is not currently curable.	Can lead to cervical cancer, which may lead to death. Can be passed on to newborn during delivery.
Gonorrhea	May produce vaginal discharge and pelvic pain but may not have visible symptoms; curable.	Can lead to infertility. Can be passed on to newborn during delivery.
Syphilis	Painless sores; may produce rash on the body, but may not have visible symptoms; curable.	Can be passed on to fetus prenatally and to newborn during delivery.

Sources: Based on Crooks & Baur (2008), Hyde & DeLamater (2006), Nack (2008), Rupp et al. (2005).

Unfortunately, however, many people are unfamiliar with HPV. But even if she does not recognize the name "human papillomavirus," a young woman who contracts HPV may eventually develop deadly cervical cancer, as discussed on pages 363 to 364 of this chapter (Crooks & Baur, 2008; Hillard & Kahn, 2005). The research shows, however, that college women are much less likely to contract HPV if their sexual partners consistently used condoms (Winer et al., 2006).

The Pap smear test (see pages 363–364) is now receiving more publicity, so women are more likely to receive treatment at an early stage of infection. Also, a vaccine called Gardasil can prevent some forms of HPV. However, many parents seem to believe that giving their daughter this vaccine would encourage her to become sexually active (Nack, 2008).

Women who are considering a sexual relationship need to worry not only about pregnancy, but also about the very real threat of sexually transmitted infections. Some of them may simply be uncomfortable or painful. However, others may cause recurrent health problems for a woman and potential danger to her infant. Most tragically, a sexual relationship with a person who has a sexually transmitted disease might literally be deadly.

SECTION SUMMARY

AIDS and Other Sexually Transmitted Diseases

1. Acquired immunodeficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV). In unprotected sexual intercourse, women are more likely than men to contract HIV from an infected partner.
2. Most women are infected with HIV because they had vaginal or anal intercourse with an infected man or because they injected drugs. In sub-Saharan Africa, more than half of HIV-positive individuals are women.
3. People who are HIV positive may be very contagious; however, they may initially have no symptoms, so they often spread the disease. If they can afford to obtain expensive medicines, they can live much longer.
4. People living with AIDS are likely to be depressed, anxious, angry, fearful, and stressed.
5. Currently, AIDS cannot be cured. Sexually active people need to know that condoms do not offer complete protection; in addition, because of power inequities, women often cannot safely insist that their partner wear a condom. The United States lags behind other industrialized countries with respect to AIDS-prevention programs.
6. Other sexually transmitted diseases also have long-term consequences; they include the following:

   a. HPV (human papillomavirus or genital warts) is a common infection among young people that can lead to cervical cancer. Gardasil helps to prevent some forms of HPV.
   b. Chlamydia can cause infertility.
   c. Genital herpes is not curable, and it can lead to cervical cancer.
   d. Gonorrhea can cause infertility.
   e. Syphilis may be difficult to detect in women.

WOMEN AND SUBSTANCE ABUSE

Substance abuse is an important topic in the psychology of women for the three reasons mentioned at the beginning of the chapter:

1. The pattern of substance abuse is somewhat different for women and men, as we'll soon see.
2. Substance abuse is diagnosed differently in men and women (L. A. Beatty et al., 2006). When the patient is a woman, for example, physicians seem to be less effective in identifying problems with alcohol and illegal drugs. In addition, the screening tests that identify substance-abuse problems are based on male norms. The tests neglect common female risk factors, such as being a victim of sexual abuse or family violence (Rheingold et al., 2004).
3. Substance abuse frequently causes illness and death in women. Ironically, people voluntarily smoke, drink alcohol, and abuse other substances, even though all of these substances may kill them.

Smoking

Cigarette smoking is the largest preventable cause of death in the United States and Canada (Belgrave & Allison, 2010; Bird & Rieker, 2008). About 178,000 U.S. women die each year from diseases related to smoking (Centers for Disease Control, 2010b). Lung cancer is the best-advertised consequence of cigarette smoking, especially because only 15% of people survive more than five years after being diagnosed with lung cancer (Springen, 2004). For reasons that are not clear, smoking increases the chance of lung cancer more for women than it does for men (Cowley & Kalb, 2005; Harrell et al., 2006). Unfortunately, the rate of lung-cancer deaths is still rising among U.S. women (Hwang & Danoff-Burg, 2010).

Women who smoke are more likely than nonsmoking women to die of lung cancer, several other kinds of cancer, emphysema and other lung diseases, heart disease, and stroke. Smoking also has gynecological consequences. Women who smoke increase the risk of cervical cancer, infertility, miscarriages, premature birth, and early menopause. Furthermore, babies born to smokers weigh less than babies born to nonsmokers (Dodgen, 2005; Steptoe & Wardle, 2004). Older women who smoke also increase their chances of developing osteoporosis and hip fractures (Dodgen, 2005; Steptoe & Wardle, 2004).

Here is a startling statistic: Research in both Canada and the United States shows that smokers die an average of 10 years earlier than nonsmokers (Bélanger et al., 2002; DiFranza & Richmond, 2008). You can see why some people say that the tobacco industry is a business that kills its best customers!

Many nonsmoking women also suffer because of their husband's or partner's smoking habits. For example, nonsmoking women married to men who smoke are significantly more likely to develop lung cancer and heart disease than women married to nonsmokers (Brannon & Feist, 2004; Dodgen, 2005; Sarafino, 2008).

Every puff on a cigarette delivers a dose of nicotine, which is an addictive substance. As a result, long-term smokers seldom quit smoking, even with carefully designed smoking-cessation programs (DiFranza & Richmond, 2008; Dodgen, 2005; Hettema et al., 2005).

In the United States, 22% of women and 26% of men smoke cigarettes (Substance Abuse and Mental Health Services Administration, 2009). Canadian rates are somewhat lower, with 17% for women and 22% for men (Canadian Cancer Society, 2005b).

Ethnicity is related to tobacco use. In general, Native Americans have the highest rates, followed by European Americans, Blacks, Latinas/os, and Asian Americans. Education is also highly correlated with tobacco use: only 14% of college graduates smoke, as opposed to 34% of individuals who did not complete high school (Substance Abuse and Mental Health Services Administration, 2009).

Why would young women want to start smoking, given the serious problems it causes? Peer influence is a major factor for adolescent females (Kim et al., 2009). Furthermore, teenage females often report that they smoke to control their weight and keep slim (Lee, 2010; Saules et al., 2004).

In Chapter 2, we saw that advertisements help perpetuate gender stereotypes, and in Chapter 12 we'll see how ads also contribute to eating disorders in women. The tobacco industry currently spends billion of dollars each year on tobacco marketing and advertising. These advertisements often target teenagers, especially young girls (Cowley & Kalb, 2005; Pierce et al., 2010). Tragically, the cigarette ads contribute to the deaths of hundreds of thousands of women by appealing to their interests in staying slim and looking glamorous (Harrell et al., 2006). Demonstration 11.3 asks you to analyze current cigarette ads.

DEMONSTRATION 11.3	## Women in Cigarette Ads Between now and the end of this academic term, try to analyze any cigarette advertisements you encounter in the media. (If you discover that your favorite magazine doesn't carry cigarette ads, write a thank-you letter to its editor!) If you do locate cigarette ads, does even one ad show a woman who is not slender? Are the women in these ads young or old? Keeping in mind the ethnic groups that are *least* likely to smoke, are any ethnic groups represented more frequently than they are represented in the population? What are the women doing in these ads? What message do these ads present about how cigarettes can improve your social life or your enjoyment of life? Cigarette ads sometimes portray violent messages, sexual innuendoes, and the promise of freedom. Does your sample of these advertisements support this observation?

Alcohol Abuse

A 30-year-old woman, reflecting on her life, wrote the following passage:

> I used to think I couldn't be an alcoholic. I had a good job and I drank only wine. I certainly don't look like an alcoholic, whatever that look is. It took a long time for me to admit that I really was dependent on that wine. I needed it every day just to dull the world. (L. L. Alexander et al., 2004, p. 496)

Alcohol abuse refers to a pattern of alcohol use that repeatedly leads to significant impairment (Sher et al., 2005). Impairment includes missing work

or school, arrests for alcohol-related crimes, or family problems (Erblich & Earleywine, 2003). Try Demonstration 11.4 before you read further.

DEMONSTRATION 11.4	**Alcohol Consumption and Its Behavioral Consequences**
	
	Answer each of the following questions as accurately as possible.
	
	1. Think about your behavior during the last two weeks. How many times have you had four or more drinks in a row if you are female or five or more drinks in a row if you are male? (The operational definition of a "drink" is 12 ounces of beer or a wine cooler, 4 ounces of wine, or 1.25 ounces of liquor.)
	2. Since the beginning of this school year, how many times have you personally experienced each of the following problems as a consequence of drinking alcohol?
	
	    a. Had a hangover
	    b. Missed a class
	    c. Fell behind in schoolwork
	    d. Did something you later regretted
	    e. Forgot what you did
	    f. Argued with friends
	    g. Had unplanned sexual activity
	    h. Failed to use protection when you had sex
	    i. Damaged property
	    j. Got into trouble with campus or local police
	    k. Got injured or hurt
	    l. Required medical treatment for an alcohol overdose
	
	Source: Based on Wechsler et al. (1994).

Problems Caused by Alcohol

Alcohol has many direct effects on women's health. They include liver disease, ulcers, brain damage, high blood pressure, heart attacks, strokes, cognitive problems, and various cancers (Brannon & Feist, 2004; Yee & Chiriboga, 2007). Children born to alcoholic mothers are likely to have **fetal alcohol syndrome**, which is characterized by facial abnormalities, retarded physical growth, psychological abnormalities, and mental retardation (Sarafino, 2008; Sher et al., 2005).

Alcohol also affects women's health indirectly. For example, alcohol is a contributing factor in about 40% of all U.S. automobile fatalities each year (Centers for Disease Control and Prevention, 2010a). Furthermore, when men drink heavily, they are more likely to rape or physically abuse women (Steptoe & Wardle, 2004). Alcohol abuse also increases the number of deaths from injuries, drowning, fires, violent crimes, and suicide (Jersild, 2002; Walters & Baer, 2006; M. D. Wood et al., 2001).

Gender and Alcohol

According to U.S. estimates for 18- to 25-year-olds, 46% of women and 58% of men reported that they consumed at least one drink containing alcohol during 2008 (Substance Abuse and Mental Health Services Administration, 2009). Across all age groups, women are less likely than men to consume alcohol (Hesselbrock & Hesselbrock, 2006; Holder, 2006; King et al., 2009). The gender difference is especially large for Asian Americans (Luczak et al., 2009).

As you might suspect, alcohol companies are working hard to increase alcohol consumption among females. For example, their magazine ads focus more on underage females than underage males (Jernigan et al., 2004).

Research shows that when a male and a female with the same body weight consume the same amount of alcohol, the woman will have a significantly higher blood alcohol level (L. L. Alexander et al., 2004; Sarafino, 2008). This means that a 150-pound woman who drinks 2 ounces of whiskey will have a higher blood alcohol level than a 150-pound male friend who drinks 2 ounces of the same whiskey. In other words, women need to be more careful than men about limiting their alcohol consumption.

Studies on college campuses reveal that more males than females abuse alcohol (Harrell & Karim, 2008). One of the most striking findings is the large percentage of students who had engaged in **binge drinking** (defined as five or more drinks in a row for males and four or more drinks in a row for females) during the preceding two weeks.

Surveys on college campuses show the behavioral consequences of drinking. Specifically, those who frequently binge are likely to report doing something they later regretted. They also report that they engaged in unplanned sexual activity and unprotected sexual intercourse (L. A. Beatty et al., 2006; Walters & Baer, 2006; Yee & Chiriboga, 2007).

Gender differences are relevant when people seek treatment for alcohol problems. Families are more likely to deny that female family members have a problem with alcohol. Physicians are also less likely to identify problem drinking in female patients than in male patients (Blume, 1998). In addition, society disapproves more strongly if a woman gets drunk at a party. Women may therefore be more reluctant to admit that they have a drinking problem (L. A. Beatty et al., 2006; Springen & Kantrowitz, 2004). Consistent with Theme 2, people react differently to male alcohol abusers than to female alcohol abusers.

Abuse of Other Substances

Smoking and alcohol abuse are the two most common forms of substance abuse, but people also abuse other substances, such as prescription medicines. For example, consider individuals who are at least 12 years of age. A nationwide U.S. survey showed that 2% of males and 2% of females reported that they had abused pain relievers within the last month. In general, females and males have similar rates for the nonmedical use of psychotherapeutic drugs (Substance Abuse and Mental Health Services Administration, 2009).

When we consider illegal drugs, however, the picture changes, because males are more likely than females to use these drugs. For example, this

same nationwide survey showed that 8% of males and 4% of females aged 12 and over reported using marijuana during the previous month. Furthermore, 10% of males and 6% of females reported using at least one kind of illicit drug during the past month (Substance Abuse and Mental Health Services Administration, 2009).

Educational status is related to illicit drug use. However, you might be surprised to learn that 52% of adults who graduated from college have tried some kind of illegal drug, in contrast to 38% of adults who have not completed high school (Substance Abuse and Mental Health Services Administration, 2009).

Another trend that would surprise many people is that European American female students were more likely than Black female students to have tried illegal drugs at some point in their lives (Centers for Disease Control, 2004a). In contrast to the typical stereotype, a young woman who is experimenting with drugs is likely to be a European American female.

Some data suggest that women may metabolize illegal drugs differently than men do, but little research has been conducted on this topic. In addition, relatively few substance-abuse programs are designed to help women (L. L. Alexander et al., 2004; L. A. Beatty et al., 2006). Once again, women at risk for health problems are invisible, and their health needs are often ignored.

In this chapter, we have examined many health issues that are central to women's lives. We began by considering general health-care issues, showing that women are often second-class citizens in the United States. Women in developing countries face the risks of poor health care, complications during pregnancy, and female genital mutilation. In contrast, cardiovascular disease and cancer are primary concerns for women in North America. We also saw that women with disabilities experience exaggerated discrimination. In addition, women in the current era are increasingly likely to contract AIDS and other sexually transmitted infections. Finally, many women have problems with smoking, alcohol, and illegal substances. Feminist concerns have helped to make women's health problems more visible. However, information about these health problems is still incomplete.

SECTION SUMMARY

Women and Substance Abuse

1. In the current decade, women are almost as likely as men to smoke cigarettes, a problem that has literally deadly consequences for women's health.
2. Female alcohol abusers face the risks of numerous health problems for themselves, as well as fetal alcohol syndrome for their children. Furthermore, people are more likely to ignore alcohol problems in females than in males.
3. Men and women are equally likely to abuse prescription drugs, whereas men are more likely than women to abuse illegal drugs.

CHAPTER REVIEW QUESTIONS

1. This chapter starts by discussing three general trends in the medical treatment of women. Consult pages 351–352, and provide additional information about each of these trends.
2. At the beginning of this chapter, we examined gender comparisons in life expectancy, morbidity, and the number of visits to health-care providers. Summarize this information, and describe how these factors may be related.
3. One theme of this book is that men and women are often treated differently. Apply this theme to the following topics: (a) biases against women in health care, (b) women with disabilities, (c) diagnosis of specific diseases, and (d) the availability of substance-abuse programs.
4. What are some of the specific health problems that women are likely to face, and how can women reduce the chances of developing these life-threatening problems? What are other serious health problems for women who smoke or abuse alcohol?
5. Define the terms "disability" and "ableism." How do women with disabilities differ from one another? In what ways does the life of a woman with a disability differ from the life of a woman who is not disabled?
6. Imagine that you are counseling high-school females about AIDS and other sexually transmitted diseases. Describe each of them and explain why a sexually active woman should be concerned about this health problem.
7. Some people argue that sexually transmitted diseases are biologically "sexist"; that is, they hurt women more than they hurt men. Provide some examples to support this statement. How does this statement also apply to smoking and alcohol abuse?
8. How is social class relevant when we consider health care, morbidity, and drug therapy for people with AIDS? How is ethnicity relevant when we consider the following topics: (a) women's life expectancy, (b) women's morbidity, (c) the incidence of AIDS, and (d) substance abuse?
9. Explain why gender comparisons are complicated when we consider the topic of substance abuse. Before you had read the section on substance abuse, what did you believe about gender comparisons in this area?
10. One theme of this book is that women are relatively invisible, compared to men. Relate this theme to topics such as the general research on women's health and the specific research on women with disabilities and on women who abuse alcohol. In what areas are women relatively *visible*?

KEY TERMS

health psychology (p. 351)

chronic health problem (p. 352)

morbidity (p. 356)

female genital mutilation (p. 358)

female genital cutting (p. 358)

cardiovascular disease (p. 359)

mammogram (p. 361)

lumpectomy (p. 361)

cervical cancer (p. 363)

Pap smear test (p. 363)

hysterectomy (p. 364)

osteoporosis (p. 365)

disability (p. 366)

ableism (p. 366)

disability studies (p. 366)

acquired immunodeficiency syndrome (AIDS) (p. 370)

human immunodeficiency virus (HIV) (p. 370)

human papillomavirus (HPV) or genital warts (p. 375)

chlamydia (p. 375)

genital herpes (p. 375)

gonorrhea (p. 375)

syphilis (p. 375)

alcohol abuse (p. 378)

fetal alcohol syndrome (p. 379)

binge drinking (p. 380)

RECOMMENDED READINGS

Bird, C. E., & Rieker, P. P. (2008). *Gender and health: The effect of constrained choices and social policies*. New York: Cambridge University Press. Bird and Rieker are both sociologists, and their analysis of social-class issues is especially relevant to women's health.

Chrisler, J. C., & McCreary, D. R. (Eds.). (2010). *Handbook of gender research in psychology*. New York: Springer. This excellent handbook includes several chapters that focus on women's health. Especially relevant are the chapters on chronic illness, health behavior, and the utilization of health care.

Marlat, G. A., & Witkiewitz, K. (Eds.). (2009). *Addictive behaviors: New readings on etiology, prevention, and treatment*. Washington, DC: American Psychological Association. This book addresses a variety of issues such as family risk factors, the prevention of substance abuse, and treatment approaches. Gender is not central in this book, but several chapters provide useful information.

Nack, A. (2008). *Damaged goods? Women living with incurable sexually transmitted diseases*. Philadelphia: Temple University Press. Although this book discusses AIDS, its primary focus is on human papillomavirus (HPV). The author, sociologist Adina Nack, also includes many insightful interviews.

Siebers, T. (2008). *Disability theory*. Ann Arbor: University of Michigan Press. Here is a thought-provoking, interesting book that also includes examples from the media about some difficult situations encountered by people with disabilities, as well as some wonderful examples of disability rights activists.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. True (p. 352);   2. False (p. 353);   3. False (p. 356);   4. False (p. 358);   5. True (p. 359);   6. True (p. 367);   7. True (p. 370);   8. False (pp. 375–376);   9. True (p. 377);   10. True (p. 381).

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12 Women and Psychological Disorders

True or False?

_____ 1. Women in the United States and Canada are two to three times more likely than men to experience major depression, but researchers typically report gender similarities in other countries.

_____ 2. In the United States and Canada, men are more likely than women to attempt suicide and also to die from suicide.

_____ 3. Women are more likely than men to seek therapy, and this factor explains about 60% of the apparent gender differences in depression.

_____ 4. After a distressing event has occurred, women are more likely than men to focus on their emotional reactions to this event.

_____ 5. In many situations, a woman perceives herself as an object that can be viewed by other people.

_____ 6. White women are much more likely than Black and Latina women to feel dissatisfied with their body image.

_____ 7. As early as preschool, children typically prefer to have a friend who is slender, instead of overweight.

_____ 8. People with anorexia nervosa are underweight, and they experience several physical problems; however, they are otherwise fairly well adjusted.

_____ 9. European Americans are more likely than people of color to use mental health services.

_____10. Feminist therapy emphasizes a fairly even distribution of power between the therapist and the client.

Katie, a 16-year-old, described her personal struggles with depression:

> The experience of depression is like falling into a deep dark hole that you cannot climb out of. You scream as you fall, but it seems like no one hears you…. Depression affects the way you interpret events. It influences the way you see yourself and the way you see other people. (Barlow & Durand, 2005, p. 205)

Meike, a 19-year-old college student, has an eating disorder. She described her problem:

> Going from a fit, healthy self, I lost nearly a third of my body weight … I ate less and less until it was just a banana in the morning and some steamed vegetables or lettuce with vinegar on it in the evenings … Everything hurt—physically and emotionally. Just sitting on a chair without cushioning was torture. By Thanksgiving, after a semester of teetering, I was at the bottom. I felt no love for myself, for my family and friends. (Schleiff, 2007, p. 31, p. 33)

Like many people throughout the world, these two young women are experiencing **psychological disorders;** they have emotions, thoughts, and behaviors that are typically maladaptive, distressing to themselves, and different from the social norm (Barlow & Durand, 2005). As we'll see in this chapter, women are more likely than men to suffer from both depression and eating disorders. They are also more likely to seek therapy for these problems.

Men are more likely than women to experience a different pattern of problems. As we saw in Chapter 11, men are currently more likely than women

to abuse alcohol and other drugs. Men are also about three times more likely than women to have **antisocial personality disorder,** which includes behaviors that clearly violate the rights of other people; these behaviors include excessive aggressiveness, impulsiveness, and lying (Ali et al., 2010; American Psychiatric Association, 2000; Barlow & Durand, 2005). People with this disorder also believe that they are perfectly well adjusted, but everyone else in the world has a problem.

If we compile overall tallies—and include all individuals with substance-abuse problems—then the incidence of psychological disorders in women and men is roughly similar (Russo & Tartaro, 2008; Wilhelm, 2006). Keep in mind, however, that the specific types of disorders may differ.

In this chapter, we will focus on two categories of disorders that are more common among women than men: depression and eating disorders. Then we will investigate both traditional and feminist approaches to treating psychological disorders.

DEPRESSION

Katie, the young woman introduced at the beginning of this chapter, is suffering from depression. A person with **major depressive disorder** has frequent episodes of hopelessness and low self-esteem; this person seldom finds pleasure in any activities (American Psychiatric Association, 2000; Whiffen & Demidenko, 2006). The World Health Organization lists depression as one of the five most prevalent health threats throughout the world (Sáez-Santiago & Bernal, 2003).

In the United States and Canada, women are two to three times more likely than men to experience depression during their lifetime (Ali et al., 2010; Hatzenbuehler et al., 2010; Statistics Canada, 2006; Whiffen & Demidenko, 2006). Interestingly, no consistent gender differences in depression are found among young children (Hatzenbuehler et al., 2010; R. C. Kessler, 2006). However, around the time of puberty, females begin reporting more depressive symptoms than males. During students' first semester of college, for example, L. J. Sax and her coauthors (2002) found that 11% of women and 6% of men reported that they were frequently depressed. This gender difference continues throughout adulthood (Hatzenbuehler et al., 2010; Lapointe & Marcotte, 2000; Whiffen & Demidenko, 2006).

Gender differences in depression are substantial for all U.S. ethnic groups: White, Latina/o, Black, Asian American, and Native American (Nolen-Hoeksema & Hilt, 2009; Sáez-Santiago & Bernal, 2003; Saluja et al., 2004). Research in Canada shows gender differences for people from British, European, and Asian ethnic backgrounds (K. L. Dion & Giordano, 1990; Kornstein & Wojcik, 2002).

Furthermore, cross-cultural studies report that women are more likely than men to experience depression in countries as varied as Germany, Lebanon, Israel, Chile, South Korea, Taiwan, Uganda, and New Zealand (Kornstein & Wojcik, 2002; Nydegger, 2004; Whiffen & Demidenko, 2006; Wilhelm, 2006). Let's consider some of the characteristics of depression and

then examine some explanations for the higher incidence of depression in women.

Characteristics of Depression

Depression is a disorder that includes the following emotional, cognitive, behavioral, and physical symptoms (Joorman, 2009; Mann, 2005; Merrell, 2008; Nydegger, 2008; Whiffen & Demidenko, 2006):

1. *Emotional symptoms*: feeling sad, gloomy, tearful, apathetic, irritable, and unable to experience pleasure.
2. *Cognitive symptoms*: thoughts that focus on inadequacy, worthlessness, helplessness, self-blame, and pessimism about the future. These negative thoughts interfere with normal functioning, so that depressed people have trouble concentrating and making decisions. Depressed people also remember negative information more accurately than positive information.
3. *Physical symptoms*: illnesses such as headaches, dizzy spells, fatigue, indigestion, and generalized pain. Some people gain weight, but other people lose weight.
4. *Behavioral symptoms*: decreased ability to do ordinary tasks, decreased productivity at work, neglected personal appearance, decreased social interactions, and sleep problems. Many depressed individuals attempt suicide. In the United States and Canada, women are typically—but not always—more likely than men to think about suicide and also more likely to attempt it. However, men are more likely to die from suicide (Berman, 2009; Canetto, 2008; Nolen-Hoeksema & Hilt, 2009). The gender difference in rates of deaths from suicide is found in most developed countries (Kennedy et al., 2005; Range, 2006; Statistics Canada, 2006). However, in some developing countries—such as China—women are more likely than men to die from suicide (Canetto, 2008; Marecek, 2006).

We should emphasize that most people have occasional episodes of extreme sadness. For example, this sadness is considered normal when a close friend or family member dies. However, these symptoms normally do not continue many years after the loss. Women with major depression struggle with persistent depression, without relief (Whiffen & Demidenko, 2006). They are also likely to have other problems such as substance abuse, anxiety disorders, and eating disorders (Crick & Zahn-Waxler, 2003; J. R. DePaulo & Horvitz, 2002; Kornstein & Wojcik, 2002). These additional problems, in turn, make the depression even more intense.

Depression is correlated with certain personality characteristics. For example, women who are depressed are especially likely to have low self-esteem, traditional feminine gender typing, and little sense of control over their own lives (Malanchuk & Eccles, 2006; Travis, 2006; Whiffen & Demidenko, 2006).

Explanations for the Gender Difference in Depression

What are some of the explanations for the prevalence of depression among women? Let's begin with some biological explanations that were once

thought to be important but no longer seem relevant. Then we will examine a much longer list of factors that do contribute to the gender differences in depression.

Factors No Longer Considered Relevant

Several decades ago, many theorists believed that gender differences in biological factors could explain why women are more likely than men to be depressed. For example, perhaps the gender differences could be directly traced to biochemical factors, hormonal fluctuations, or some genetic factor associated with having two X chromosomes. However, careful reviews of the literature suggest that biological factors do not convincingly explain the greater prevalence of depression in women (Ali et al., 2010; Whiffen & Demidenko, 2006; Worell & Remer, 2003).[1]

Let's now consider some of the explanations that are currently thought to account for the gender differences in depression. As we frequently observe in psychology, human behavior is so complex that a single explanation is usually inadequate. All the following factors probably help to explain why the rate of depression is so much higher in women than in men.

Gender Differences in Seeking Therapy

Maybe you've thought about another potential explanation. In Chapter 11, we pointed out that women are more likely than men to seek medical help. Is it possible that women and men are equally depressed in the general population but that women are simply more likely to seek help from a therapist?

Research shows that men are less likely than women to report symptoms of depression if they think that a therapist will contact them about their potential depression (Sigmon et al., 2005). This research is consistent with other evidence that women are somewhat more likely than men to seek therapy (Addis & Mahalik, 2003; Mosher, 2002; Winerman, 2005). However, researchers have also examined the incidence of depression in the general population. Women are still much more likely than men to be depressed (R. C. Kessler, 2006; Kornstein & Wojcik, 2002). In summary, we must search for additional factors to help explain the large gender differences in depression.

Diagnostic Biases in Therapists

The research suggests that therapists tend to equate "healthy adults" with "healthy adult men," whereas "healthy adult women" are rated as substantially less healthy than those two other categories (Seem & Clark, 2006). In other words—before therapists have any other information—they consider adult women to be less healthy.

Therapists also *overdiagnose* depression in women (Sprock & Yoder, 1997). That is, therapists are more likely to supply a diagnosis of major

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[1] Researchers have established that biological factors can predispose individuals to develop depression. However, males and females are similarly affected by these biological factors. For example, the clear majority of the research demonstrates no sex differences in genetic effects (e.g., Mann, 2005; Nolen-Hoeksema & Hilt, 2009).

depression for women, compared to men with similar psychological symptoms. At the same time, therapists tend to *underdiagnose* depression in men (Nydegger, 2008; Sprock & Yoder, 1997). That is, therapists are guided by their stereotypes about men being "tough," so they are reluctant to conclude that men have depression.

In addition, men may respond to depression by drinking excessively or using illegal substances. As a result, therapists may diagnose a substance-abuse problem, rather than depression (Bird & Rieker, 2008; McSweeney, 2004). Therapists' bias is one reason why women are more likely to be diagnosed with depression. However, many other factors also contribute to the very real gender difference in depression.

General Discrimination Against Women

Several general forms of discrimination seem to increase the incidence of depression in women (Belle & Doucet, 2003; Mendelson & Muñoz, 2006; Nolen-Hoeksema, 2006). As we noted in earlier chapters, women experience general discrimination, and their accomplishments are often devalued relative to those of men. As Klonoff and her colleagues (2000) discovered, female students who frequently experience sexist treatment are especially likely to report symptoms of depression.

Furthermore, in Chapter 7 we saw that women are less likely to be hired and promoted in the workplace. In many cases, women's work is also less rewarding and prestigious. Depression is especially likely when women face barriers in their careers and when their achievements do not seem to be valued. Discrimination against women—in everyday life and in the workplace—leads women to feel that they have relatively little control over their lives (Lennon, 2006; Sue, 2010; Travis, 2006).

Abuse and Violence

As we will emphasize in Chapter 13, many females are the targets of violence. Some girls are sexually abused during childhood. Some women face sexual harassment at school and at work. Their boyfriends or husbands may physically abuse them. Furthermore, a large number of women are raped, either by men they know or by men who are strangers. Interpersonal violence clearly contributes to depression (Ali et al., 2010; Mendelson & Muñoz, 2006; Hatzenbuehler et al., 2010).

A 30-year-old Latina teacher wrote the following account about how an acquaintance rape continues to affect her:

> I wake up three or four mornings a week in a state of terror…. My last dream reminded me of a bad experience I had in college when my date drove to an isolated part of town, held me down, and threatened to beat me up unless I had sex with him. I tried to get away, but couldn't. I gave up fighting. But my reactions don't make sense. That experience was 10 years ago, and I didn't react much at the time…. I didn't tell anyone until last week when I called the crisis line. I feel like I am going crazy. I just don't usually get this overpowered by things. (Worell & Remer, 2003, p. 204)

As you can imagine, women are likely to feel depressed and anxious if they have been raped or if they have experienced physical or psychological

abuse (J. A. Hamilton & Russo, 2006; Russo & Tartaro, 2008). In fact, it is surprising that many women who are victims of violence manage to escape the symptoms of depression.

Poverty

Throughout this book, we have emphasized how social class influences psychological and physical well-being. In addition, people with economic problems are especially likely to experience psychological depression (Nolen-Hoeksema, 2006; Travis, 2006; Whiffen & Demidenko, 2006). Low-income women have far fewer options and choices than women with financial resources (Ali et al., 2010; Belle & Dodson, 2006; Ehrenreich, 2001). Furthermore, as Chapter 7 emphasized (Belle, 2008), unemployed mothers in the United States struggle to raise their children under the current restrictions of the TANF policy (pp. 211–212). Try to picture an unemployed woman who is trying to support three young children, with no assistance from her husband who has deserted the family. It's easy to see why she would experience depression. In fact, it's surprising that more low-income women do *not* experience depression (V. E. O'Leary & Bhaju, 2006).

Housework

Women who choose a traditional role as a full-time homemaker often find that their chores are unstimulating and undervalued. Such unrewarding work may lead to depression (Cyranowski & Frank, 2006; Kornstein & Wojcik, 2002; Lennon, 2006). On the other hand, women who work outside the home often have the equivalent of two jobs.

We saw in Chapter 7 that most women thrive when they are employed. However, some women who become overwhelmed with housework, in addition to a job, may develop depression (Lennon, 2006; Nolen-Hoeksema, 2001; Travis, 2006).

Emphasis on Physical Appearance

Beginning in adolescence, some young women become excessively concerned about their physical appearance. As we'll see in the section on eating disorders, adolescent females often resent the weight they gain during puberty. They may find their changing body shape especially unappealing in an era when female fashion models are so painfully thin. This dissatisfaction may contribute to depression (Girgus & Nolen-Hoeksema, 2006; Travis, 2006; Whiffen & Demidenko, 2006). At this point, try Demonstration 12.1 before you read further.

DEMONSTRATION 12.1	**Responses to Depression**
	Suppose that you are in a depressed mood because of a recent personal event, such as an unexpectedly low grade on an exam, the breakup of a love relationship, or a quarrel with a close friend or relative. Check which

(continues)

Demonstration 12.1 *(continued)*

of the following activities you are likely to engage in when you are
depressed:

_____ 1. Working on a hobby that takes concentration
_____ 2. Writing in a diary about how you are feeling
_____ 3. Getting away from everyone else to try to sort out your
        emotions
_____ 4. Doing something with your friends
_____ 5. Getting drunk
_____ 6. Telling friends about how depressed you are
_____ 7. Punching something
_____ 8. Exercising or playing sports
_____ 9. Writing a letter to someone describing your emotions
_____ 10. Engaging in reckless behavior (e.g., driving 10 miles over the
        speed limit)
_____ 11. Listening to music
_____ 12. Making a list of the reasons you are sad or depressed

When you have finished, count up how many of your responses fall into
the first group: Items 2, 3, 6, 9, 11, and 12. Then count up the number that
fall into the second group: Items 1, 4, 5, 7, 8, and 10. The text discusses the
results.

Source: Based on Nolen-Hoeksema (1990).

Women's Relationships

Women are more likely than men to feel responsible for making sure that their
interpersonal relationships are going well (Crick & Zahn-Waxler, 2003; Nolen-
Hoeksema & Hilt, 2009). They may believe that they ought to be more
unselfish in a relationship rather than expressing their own personal prefer-
ences (Jack, 2003; McGann & Steil, 2006; Whiffen & Demidenko, 2006).
Latina girls and women may be especially self-sacrificing (Travis, 2006).

In addition, many women become overly involved in the problems of
their friends and family members. We saw in Chapter 6 that women some-
times have closer relationships with their friends than men do. However, in
some cases, women become so involved with others' problems that they
actually neglect their own needs (McMullen, 2003; Nolen & Hilt, 2009;
Whiffen, 2001).

Rumination

So far, we have discussed eight factors that help to explain why depression is
more likely in women than in men. More women than men may seek therapy,

and therapists may overdiagnose depression in women. In addition, women are more likely than men to be influenced by factors that increase the probability of depression. These factors—including general discrimination, abuse, poverty, housework, concern about physical appearance, and women's relationships—predispose women to depression.

Another major factor also encourages depression: Women often respond differently from men when they are experiencing a depressed mood. Demonstration 12.1 focuses on responses to depression. You may recall from Chapter 3 that parents are much more likely to encourage girls—rather than boys—to contemplate why they are sad. This factor may contribute to the development of depression in women (Hatzenbuehler et al., 2010).

Susan Nolen-Hoeksema is the major researcher on responses to depression. She proposed that depressed women are more likely than depressed men to turn inward and focus on their symptoms. They contemplate the possible causes and consequences of their emotions, an approach called a **ruminative style** of response. For example, they worry about all the things that are wrong in their life (Hatzenbuehler et al., 2010; Nolen-Hoeksema et al., 2008).

Research confirms that women are significantly more likely than men to use ruminative strategies when they are depressed (Girgus & Nolen-Hoeksema, 2006; Nolen-Hoeksema, 1990, 2003). Furthermore, a Canadian study found that Black, Chinese, and South Asian students typically ruminated more than White students (M. Conway et al., 2008). However, within each of these ethnic groups, women ruminated more than men.

The problem is that rumination can intensify a bad mood. Rumination tends to create a negative bias in people's thinking, so that pessimistic and ineffective ideas come easily to mind. People are therefore more likely to blame themselves and to feel helpless about solving their problems. This pessimistic style increases the likelihood of more long-term, serious depression (Hatzenbuehler, et al., 2010; Scher et al., 2004). We also saw in the discussion about relationships, that women often worry about other people's problems. Women who tend to ruminate about all these problems often make their depressed mood even worse.

Now look at your responses to Demonstration 12.1. Naturally, no 12-item questionnaire can provide an accurate assessment of your style of responding to depression. However, if you checked more items in the first group, you may tend to have a ruminative style. In contrast, if you checked more items in the second group, you are probably more likely to distract yourself when you are depressed. (Incidentally, if you checked Item 1, 4, or 8, your distracting style may help lift you out of a depressed mood. However, if you checked Item 5 or 10, your response style could endanger yourself and others.)

What should you do if you have a ruminative style? The next time you are depressed, think briefly about the problem and then do an interesting activity that you can focus on, instead of your negative emotions. Wait until your depressed mood has lifted somewhat. Then you can think more clearly, and effectively analyze the problem that made you depressed (Nolen-Hoeksema

et al., 2008). However, if your depression persists, you should seek help from a therapist.

Conclusions About Gender and Depression

Therapists may be able to help women readjust their ruminative style. But look at the other sources of gender difference, such as poverty, violence, and workload. People who are genuinely concerned about depression in women must pressure elected officials and join organizations that publicize these issues. If societal inequities created the depression problem, then we must work to change these inequities.

Many psychiatrists and other mental health professionals strongly emphasize biological factors, which reside inside each person. When they treat depression, they simply prescribe an antidepressant such as Prozac, rather than address the problems in society. This shifting focus parallels some of the conservative perspectives in the United States. For example, we saw in Chapter 7 that the U.S. government's policy on welfare has changed. The current policy suggests that women should be blamed for being poor; it's not the government's job to reduce poverty.

In contrast, feminist psychologists emphasize a different strategy: To address psychological problems, we must acknowledge that these problems occur in a social context (Ali et al., 2010; Cosgrove & Caplan, 2004; Marecek, 2006). In fact, these societal problems are intertwined with the many other gender inequities discussed throughout this textbook.

SECTION SUMMARY

Depression

1. Women are more likely than men to experience depression and eating disorders; men are more likely to have problems with substance abuse and antisocial personality disorder.
2. Depression is two to three times more common in women than in men; this gender difference has been reported in a variety of ethnic groups in North America and also in many other countries.
3. Depression includes feelings of sadness and apathy, thoughts of inadequacy and pessimism, decreased cognitive skills, physical complaints such as headaches and dizzy spells, and a potential for suicide attempts.
4. Females and males do not differ in their biological predisposition toward depression.
5. Some likely explanations for gender differences in depression include gender differences in seeking therapy, therapists' diagnostic biases, general discrimination, violence, poverty, housework, emphasis on physical appearance, interpersonal relationships, and ruminative responses to depression. Attempts to reduce depression in women must emphasize societal problems.

BODY WEIGHT AND EATING DISORDERS

Frances M. Berg (2000) began her book on eating disorders with a thought-provoking comment:

> The number one wish of brilliant, ambitious young women is not to save the rain forests or succeed in a career, but to lose weight…. Why do modern women in the most affluent countries in the world live like starving people in a [developing country]? Why do they choose to be weak, apathetic and unable to fully contribute to their families, their careers, and their communities? Why, when instead they could be strong, capable, and caring women? (Berg, 2000, p. 15)

The truth is that most women in North America are preoccupied with their body weight. Most do not have one of the life-threatening eating disorders we will discuss later in this section. However, women often shift their lives away from social pleasures and professional concerns so that they can focus on their physical appearance and dieting.

Here's a second reason that the topic of body image is necessary in a textbook about the psychology of women. Consistent with Theme 2, people emphasize body weight much more when they judge women than when they judge men. As Calogero and Thompson (2010) note, "The different portrayals of women's and men's bodies underscore the different lived experiences of women and men" (p. 152).

In this section, we'll first address the general topic of our culture's emphasis on being slender. Then we'll consider the related issues of body weight and dieting. We need to emphasize in advance that people who are considered "overweight" do *not* have a psychological disorder. However, the emphases on women's thinness and dieting—combined with the fear of being "overweight"—are major factors in creating eating disorders. The final topics in this section focus on three categories of eating disorders: anorexia nervosa, bulimia nervosa, and binge-eating disorder.

The Culture of Thinness

Most North American females are concerned that they are overweight, even if their weight is appropriate; this tendency is called the **culture of thinness** (M. Cooper, 2003). As we saw in Chapter 4, adolescent females often develop an intense focus on being slender. Information about the culture of thinness helps us understand why most women are extremely concerned about their physical appearance.

The extremely thin images that we see in fashion magazines and other media are an important part of the culture of thinness. For example, Kate Dillon (2000) recalled her earlier experience in fashion modeling. She was 5'11" and weighed only 125 pounds, yet she was instructed to lose 10 to 20 pounds.

Research demonstrates that the media emphasize weight consciousness, slenderness, and dieting in women (Choma et al., 2007; Calogero & Thompson, 2010; C. A. Smith, 2008). Other research on the media assesses how these images may influence women's views of their bodies. For instance, studies show that, when women see images of slender women, they tend to be

especially anxious and dissatisfied with their own bodies (Greenwood & Pietromonaco, 2004; Harper & Tiggemann, 2008; Yamamiya et al., 2005).

Let's now explore several components of the culture of thinness. Specifically, we'll consider objectified body consciousness, ethnic-group comparisons, and discrimination against overweight women.

Objectified Body Consciousness and Body Dissatisfaction

In Chapter 4, we noted that attractiveness is increasingly emphasized as a young woman moves through adolescence and into adulthood. Specifically, she is likely to experience **objectified body consciousness;** she tends to view herself as an object that can be looked at and judged by other people (Fredrickson & Roberts, 1997; Lindberg et al., 2006; Szymanski & Henning, 2007). Women's objectified body consciousness typically increases when they repeatedly encounter images of slender women in the media (Calogero & Thompson, 2010; Clark & Tiggeman, 2008).

As you can imagine, females are more likely than males to view their bodies as objects and to be dissatisfied with their bodies (Calogero & Thompson, 2010; T. F. Davison & McCabe, 2005; Grabe et al., 2007). This emphasis on physical appearance can contribute to eating disorders and depression, and it also helps to explain the gender differences in the prevalence of these two categories of psychological disorders (Grabe & Hyde, 2006; Moradi & Huang, 2008).

In addition, when people focus their attention on relatively superficial characteristics—such as weight and physical appearance—they spend less time on meaningful interactions with other people (F. M. Berg, 2000). They also spend less time addressing social-justice issues and other major problems in the world.

Women of Color and Body Dissatisfaction

For many years, the research on body image focused on European American populations. However, more current research provides some information about Black women, Latinas, and Asian American women.

Does ethnicity make a difference in women's body dissatisfaction? Shelly Grabe and Janet Hyde (2006) conducted a meta-analysis of 98 U.S. studies focusing on the relationship between ethnicity and body dissatisfaction. According to their analysis, White women were somewhat more dissatisfied with their bodies than Black women. (The *d* value was 0.29; as we noted in Chapter 5, this is a small effect size.) This finding is consistent with reports that Black women also believe that an average-weight woman is more attractive than a too-thin woman (Markey, 2004).

With respect to body dissatisfaction, the comparisons between Black women and either Latina women or Asian American women were even smaller (Grabe & Hyde, 2006). Furthermore, all the other comparisons between ethnic groups had *d* values close to zero. That is, White women, Asian American women, and Latina women had virtually identical levels of body dissatisfaction (Calogero & Thompson, 2010; Grabe & Hyde, 2006).

As you've seen in previous chapters, any comparison of ethnic groups is complex. For instance, the difference in body dissatisfaction between Black

women and White women may depend on the women's age (Roberts et al., 2006). Latina women from a wealthy South American background may be more dissatisfied with their bodies than Latina women from a low-income Central American or Caribbean background. Asian American women may be dissatisfied with the size of their breasts, but not with their body weight (Forbes & Frederick, 2008).

Surprisingly, the results on body dissatisfaction cannot be explained by the amount of exposure to North American culture. For instance, a study of female undergraduate students in Western Canada found that length of time living in Canada was not correlated with their body-image satisfaction. Furthermore, European Canadian women actually had more *positive* body images than Asian and South Asian women did (Kennedy et al., 2004).

Discrimination Against Overweight Girls and Women

Our society is biased against females who are overweight (Rothblum & Soloway, 2009; Solovay & Rothblum, 2009). For example, most people would hesitate before making a racist comment, but they might make a comment about an overweight woman (Brownell, 2005; Myers & Rothblum, 2004). Furthermore, consistent with Theme 2 of this book, people discriminate more strongly against overweight women than against overweight men (Smith, 2008; Smolak, 2006).

Women who are overweight are also less likely to be hired than slender women. In addition, overweight women typically earn lower salaries, and they are less likely to be promoted (Crandall et al., 2009; Fikkan & Rothblum, 2005). People also think that overweight women are less likely than slender women to have a romantic partner (Greenberg et al., 2003). This belief may partially explain why some men deliberately look for overweight women as "easy targets" for sexual assault (Prohaska & Gailey, 2009).

Even children in preschool and elementary school report that they would prefer to be friends with a slender child, rather than a heavier one (Crandall et al., 2009; Latner & Schwartz, 2005; Puhl & Latner, 2007). Children bully peers who are fat about twice as often as their slender peers (Weinstock & Krehbiel, 2009). Furthermore, children tease overweight girls more than overweight boys (Calogero & Thompson, 2010; Neumark-Sztainer & Eisenberg, 2005). Clearly, both adults' and children's physical attractiveness can have widespread consequences for the way that other people treat them.

However, there's a thought-provoking interdisciplinary area called *fat studies*, which developed between about 2000 and 2005. **Fat studies** argues that we live in a fat-hating culture, and that we need to rethink our approach to body weight (Rothblum & Solovay, 2009; Wann, 2009). Fat studies examines popular culture, the medical profession, and the weight-loss industry, on which U.S. residents spend about $60 billion a year (Solovay & Rothblum, 2009). As we'll see in the following discussion, almost all diet programs are unsuccessful in the long run.

Body Weight and Dieting

Physicians use a variety of different measures to assess whether an individual should be categorized as "overweight." Depending on the specific measure,

roughly 65% of the adult population in the United States is considered "overweight" (Paharia & Kase, 2008). We need to discuss the issue of body weight because it is a central topic in many women's lives. In addition, the fear of becoming "overweight" is a major factor in developing an eating disorder.

Research demonstrates that people who eat foods that are high in fat and who also do not exercise sufficiently are more likely to face health risks. In addition, "overweight people" are more likely than other people to be at risk for diabetes, heart disease, and certain kinds of cancer (Paharia & Kase, 2008; Stice et al., 2006).

Unfortunately, it's extremely difficult to lose extra weight, and relatively few programs produce substantial weight loss (Faith et al., 2007; Gaesser, 2009). Some people take up smoking to suppress their appetites. However, we saw in Chapter 11 that smoking has enormous health risks. Drastic surgical procedures are extremely expensive, and many people regain all the weight they had lost (Paharia & Kase, 2008). North Americans can choose from thousands of different diet plans and products, and most of them are expensive and ineffective (Lyons, 2009). Think about this: If any of these programs were truly effective, then why are there so many other programs on the market? And if they really worked, then why are there so many fat people in North America?

Most people who have lost weight tend to gain it back (Gaesser, 2009; C. A. Smith, 2008). In addition, dieters may become so focused on food that they are tempted to binge. For these reasons, many clinicians encourage their clients to accept themselves, avoid further weight gain, and exercise moderately (Myers & Rothblum, 2004; C. A. Smith, 2008). Other clinicians suggest that "overweight" individuals should not aim for an enormous weight loss. Instead, their goal should be a realistic weight loss—perhaps 10% of body weight—that can actually be achieved.

Eating Disorders

We have examined discrimination against overweight people, as well as the problems related to dieting. Let's now consider three kinds of eating disorders. The major symptoms of these eating disorders occur on a continuum of severity (Calogero et al., 2005; Ricciardelli & McCabe, 2004). Anorexia nervosa, bulimia nervosa, and binge-eating disorder represent the most extreme end of that continuum. However, we've noted earlier that many other females have varying degrees of body-image problems. We can place their problems on the less extreme portion of that same continuum.

At the beginning of this chapter, you read about a young woman who has anorexia nervosa. A person with **anorexia nervosa** has an extreme fear of becoming obese, and she or he also refuses to maintain an adequate body weight, defined as 85% of expected weight (American Psychiatric Association, 2000; Fairburn et al., 2008). People with this disorder typically have a distorted body image (Garfinkel, 2002; Stice, 2002). For example, one young woman with anorexia nervosa weighed only 100 pounds, yet she said:

> I look in the mirror and see myself as grotesquely fat—a real blimp. My legs and arms are really fat and I can't stand what I see. I know that others say I am too

thin, but I can see myself and I have to deal with this my way. (L. L. Alexander et al., 2001, p. 64)

Approximately 75% to 95% of those with anorexia nervosa are female, and between 0.5% and 4% of adolescent females experience anorexia nervosa. The typical age range for the onset of anorexia nervosa is 14–18 years, although concern about weight often begins many years earlier (Giovanelli & Ostertag, 2009; Jacobi, Hayward et al., 2004; Jacobi, Paul et al., 2004).

In North America, this disorder is more common in White females than in Black women. However, the data about other ethnic groups are inconsistent (Jacobi, Hayward, et al., 2004; Molinary, 2007; Sabik et al., 2010).

Anorexia nervosa starts in a variety of ways. For example, a comment as innocent as "Are you gaining weight?" may prompt a woman to begin a severe dieting program. Other women with anorexia trace the beginning of their disorder to a stressful life event, such as moving to a new school, or to a traumatic event, such as sexual abuse (American Psychiatric Association, 2000; Beumont, 2002). Many who develop this disorder tend to be perfectionists who are eager to please other people (Guisinger, 2003; Polivy & Herman, 2002; Stice, 2002). Their self-esteem is typically lower than in females who do not have eating disorders (Jacobi, Hayward et al., 2004; Jacobi, Paul et al., 2004).

One important medical consequence of anorexia nervosa is **amenorrhea** (pronounced ae-men-oh-*ree*-ah), or the cessation of menstrual periods. Other frequent medical consequences include heart, lung, kidney, and gastrointestinal disorders (American Psychiatric Association, 2000; Michel & Willard, 2003). Another common problem is osteoporosis, the bone disorder we discussed in Chapter 11. Osteoporosis afflicts women with anorexia because of their low estrogen levels and inadequate nutrition (Gordon, 2000).

Anorexia nervosa is an especially serious disorder because between 5% and 10% of people with anorexia die from it (American Psychiatric Association, 2000; Keel et al., 2003). Unfortunately, treatment for this disorder is difficult, especially because many people with anorexia also meet the criteria for major depression (Fairburn et al., 2008; Russo & Tartaro, 2008). However, when anorexia is treated during the early stages, about 75% to 90% of people can recover completely (Fairburn et al., 2008; Powers, 2002; P. F. Sullivan, 2002).

Anorexia nervosa illustrates the potentially life-threatening consequences of our culture's preoccupation with thinness. One father told me about his daughter, who was struggling with anorexia: "She'd rather be dead than fat."

Bulimia Nervosa

A person with **bulimia nervosa** is able to maintain a normal body weight (unlike a person with anorexia nervosa); however, she or he has frequent episodes of binge eating and typically uses inappropriate methods to prevent weight gain. Binge eating means consuming huge amounts of food, typically 1,000 to 4,000 calories at a time (M. Cooper, 2003; Fairburn et al., 2008). The binge-eating episodes are usually secretive. People with bulimia nervosa then try to compensate for this huge food intake by vomiting or using laxatives (Stice, 2002). In between binges, they may diet or exercise excessively.

As with people with anorexia, those with bulimia tend to be depressed and low in self-esteem (Fairburn et al., 2008; Harrell & Jackson, 2008; Jacobi, Paul et al., 2004). They are also obsessed about food, eating, and physical appearance.

At least 90% of individuals with bulimia nervosa are female, and between 1% and 5% of adolescent and young adult females develop bulimia (Jacobi, Hayward et al., 2004; National Institute of Mental Health, 2001). However, it's difficult to recognize that a person has bulimia, because people with bulimia typically maintain a normal body weight. They do not stand out in a crowd (Harell & Jackson, 2008; Molinary, 2007).

The medical consequences of bulimia nervosa include gastrointestinal, heart, liver, metabolism, and menstrual-cycle problems (M. Cooper, 2003; Kreipe & Birndorf, 2000). Bulimia nervosa is typically not as life threatening as anorexia nervosa. However, bulimia is difficult to treat effectively, and it is associated with serious medical and psychological problems (R. A. Gordon, 2000; Keel et al., 2003; Tobin, 2000).

Binge-Eating Disorder

Psychologists and psychiatrists have proposed a third kind of eating disorder, although it has not been studied as thoroughly as anorexia nervosa and bulimia nervosa (M. Cooper, 2003; Schmidt, 2002). People with **binge-eating disorder** have frequent episodes of binge eating. During these binges, they consume huge amounts of food, and they feel that they cannot control these binges. Unlike people with bulimia nervosa, they do not compensate for the binges by using inappropriate weight-loss methods, such as vomiting or the use of laxatives (Fairburn et al., 2008). As a result, those with binge-eating disorder are typically overweight.

Between 1% and 4% of the general population suffers from binge-eating disorder. About 60% to 65% of these individuals are female. In other words, the majority are female, but the gender ratio is much less skewed toward females than the gender ratio for either anorexia nervosa or bulimia nervosa (Fairburn et al., 2008; Grilo, 2002; Kalodner, 2003). People who have binge-eating disorders are likely to experience depression and low self-esteem, similar to those with anorexia nervosa and bulimia nervosa (Grilo, 2002; Jacobi, Hayward et al., 2004; Michel & Willard, 2003).

In this section on body weight and eating disorders, we have looked at four groups of people who are deeply concerned about their weight:

1. People who are overweight may try to lose weight, usually without long-term success.
2. People with anorexia try to lose weight, and they succeed, sometimes with fatal consequences.
3. People with bulimia fluctuate between gorging and dieting; their weight is usually normal, but their eating habits produce numerous other problems.
4. People with binge-eating disorder have frequent episodes of eating large amounts of food; they are typically overweight.

The guilt and anxiety that all four groups associate with eating might be reduced if more women were encouraged to accept their bodies. We all need to focus less on weight issues. We also need to urge the media not to show so many anorexic female actors and models. Something is clearly wrong when normal-weight women begin dieting! Imagine how much more positive we might feel if the women in the media had bodies that showed as much variety as the bodies we see in real life. Imagine how wonderful it would be to glance at the covers of magazines in the grocery store and not see guilt-inducing articles titled, "Finally—An Answer to Problem Thighs" or "How to Lose 15 Pounds in Just One Month!" Now that you are familiar with the issues related to eating disorders, try Demonstration 12.2.

DEMONSTRATION 12.2

Analyzing Your Own Attitudes Toward Body Size

Answer each of the questions in this demonstration using the following scale:

1	2	3	4	5
Never				Frequently

_____ 1. I comment about my own weight to other people.
_____ 2. I compliment other people if they seem to have lost weight.
_____ 3. If someone has gained weight, I avoid commenting about this.
_____ 4. I make jokes about people who are overweight.
_____ 5. I encourage people to feel good about their bodies, even if they do not meet the cultural norms for being slender.
_____ 6. When looking at a fashion magazine, I am concerned that many of the models are too thin.
_____ 7. When someone makes a joke about fat people, I express my disapproval.
_____ 8. I eat relatively little food, so that I can keep thinner than average.
_____ 9. I compliment other people when they show self-control in their eating habits.
_____ 10. When looking at a magazine, I'm concerned that the photographs may be encouraging eating disorders.

Now calculate your score: Add together your ratings for Items 1, 2, 4, 8, and 9. From this sum, subtract your ratings for Items 3, 5, 6, 7, and 10. If your total score is low, congratulations! You have a positive attitude toward body-size diversity.

Source: Based on F. M. Berg (2000).

SECTION SUMMARY

Eating Disorders and Related Problems

1. The "culture of thinness" is a major issue for most North American females. The media images of exaggerated thinness contribute to females' "objectified body consciousness."
2. White women are somewhat more dissatisfied with their bodies than Black women, but other racial comparisons reveal smaller differences.
3. People discriminate in a variety of ways against overweight individuals, especially against overweight females.
4. It's extremely difficult to lose weight without gaining it back.
5. People with anorexia nervosa have an intense fear of becoming overweight, and they do not maintain an adequate body weight. They have numerous health and psychological problems, which may have fatal consequences.
6. People with bulimia nervosa binge frequently, but they maintain a normal weight because they vomit or use other methods to prevent weight gain. They typically have health and psychological problems.
7. People with binge-eating disorder have frequent excessive binges, and they are typically overweight.

TREATING PSYCHOLOGICAL DISORDERS IN WOMEN

So far, we have discussed two categories of psychological disorders that are more common in women than in men: depressive disorders and eating disorders. To keep this chapter a manageable length, I omitted a third category of psychological problems that are more common in women than in men. These are called **anxiety disorders,** conditions in which a person's anxiety is intense and persistent. For instance, one kind of anxiety disorder is called "panic disorder." In a **panic disorder,** a person experiences recurrent episodes of dread or fear, without any warning. Women are two to three times as likely as men to experience panic disorder (Craske & Barlow, 2008).

If a woman seeks help for psychological problems such as depression, eating disorders, or anxiety disorders, she will probably receive psychotherapy and/or treatment with a medication. **Psychotherapy** is a process in which a therapist aims to treat psychological problems and reduce distress, most often through verbal interactions (Gilbert & Kearney, 2006). Severely disturbed individuals may receive therapy in a hospital. Others may receive psychotherapy for many years, while living at home. Still others choose psychotherapy during brief periods of stress in their lives.

Pharmacotherapy uses medication to treat psychological disorders. In recent years, researchers have developed numerous medications to help people with psychological disorders. We will discuss both psychotherapy and pharmacotherapy later in this section.

In this section, we will first consider how sexism may influence psycho-therapy, and then we will discuss psychotherapy with three important groups of women: (a) lesbians and bisexuals, (b) low-income women, and (c) women of color. Our final two topics focus on traditional approaches to psychother-apy and feminist therapy.

Psychotherapy and Sexism

Throughout this book, Theme 2 has emphasized that people treat women and men differently. We might hope that therapists' professional training would make them highly sensitive to potential biases. However, the research suggests that therapists often treat women in a biased manner during psychotherapy (Ali et al., 2010; American Psychological Association, 2007).

Gender and Misdiagnosis

Earlier in this chapter, we noted the potential for sexism in diagnosing psy-chological disorders. Specifically, therapists may over-diagnose depression in women and under-diagnose depression in men. Another problem is that therapists often rely too heavily on *The Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000). Unfortunately, many of the guidelines in this manual have not been scientifically tested (Ali et al., 2010; P. J. Caplan, 2008; Spiegel, 2005).

The Treatment of Women in Therapy

Gender bias may lead to misdiagnosis and to inappropriate treatment in ther-apy. For example, therapists may view men as more competent than women in work settings. Therapists may also evaluate clients in terms of how well their behavior fits female and male gender stereotypes (P. J. Caplan & Cosgrove, 2004a; Ali et al., 2010). In addition, therapists often ignore pov-erty, discrimination, and other cultural problems that contribute to depression in women (McSweeney, 2004).

Furthermore, therapists may blame women for events beyond their con-trol. In treating a woman who has been sexually abused, for instance, they may ask her what she did to encourage the attack. In summary, the same gen-der stereotypes and discriminatory behavior that operate throughout our cul-ture may also influence therapists.

Sexual Relationships Between Therapists and Clients

One of the principles of ethical conduct for psychologists and psychiatrists states that therapists must not engage in any form of sexual intimacy with their clients (Behnke, 2006; Bersoff, 2003; Fisher, 2003). Nevertheless, sur-veys show that about 4% of male therapists and 1% of female therapists have had sexual relationships with their clients (Pope, 2001). As the Ameri-can Psychological Association (2007) emphasizes, sexual misconduct is the most unethical form of gender bias and abuse.

We need to emphasize that most psychotherapists are ethical people who firmly believe that sexual relationships with clients are forbidden (Bersoff, 2003; Pope, 2001). As you can imagine, a woman who has been sexually exploited by a therapist is likely to feel guilty, angry, and emotionally fragile.

The research shows that she also has an increased risk for suicide (Gilbert & Rader, 2001; Pope, 2001).

Sexual relationships with clients create several problems. First, these relationships emphasize the therapist's own interest, rather than the best interest of the client. Second, they demonstrate a violation of trust. Third, they are also damaging because they represent situations in which a person with power takes advantage of someone who is relatively powerless and vulnerable (Behnke, 2006; Fisher, 2003). We examine similar power inequities in Chapter 13, where we'll discuss sexual harassment, sexual assault, and abuse.

Psychotherapy with Lesbian and Bisexual Women

When lesbian and bisexual women visit a therapist, they should feel just as valued and respected as any other client. In fact, ethical principles specify that psychologists must attempt to eliminate their own tendencies toward **sexual prejudice,** a negative attitude toward individuals because of their sexual orientation (Garnets, 2008; Herek, 2004; MacBride-Stewart, 2007). They must also believe that one client's lesbian relationship is just as important as another client's heterosexual relationship (C. R. Martell et al., 2004; T. L. Rogers et al., 2003). Therapists also must not try to change a person's sexual orientation (Herek & Garnets, 2007; D. W. Sue, 2010).

Therapists must be well informed about the research on sexual orientation and the importance of love relationships. In addition, they need to recognize that most lesbian and bisexual women frequently experience prejudice and discrimination in their daily lives (Szymanski & Owens, 2008). Furthermore, therapists must be aware that lesbian and bisexual women of color may experience different forms of sexual prejudice in their own ethnic communities (Castañeda, 2008; T. L. Hughes et al., 2003). Therapists must also be knowledgeable about community resources and support groups that are available for lesbian and bisexual clients.

Ideally, lesbians or bisexual women should feel positive about their identity. As one lesbian explained,

> A healthy lesbian has to feel strong in her sexual orientation. Really strong, and feels—not necessarily clear that they're always going to be lesbian—but clear and strong and okay that at this particular point in time: "I am a lesbian and I am a happy lesbian, and I will do all the other things that every person has to about maintaining that place, that balance." (MacBride-Stewart, 2007, p. 435)

Feminists believe that women should not be treated as second-class citizens in comparison to men. In addition, feminists believe that lesbians and bisexual women should not be treated as second-class citizens, in comparison to heterosexual women. Let's now consider how low-income women and women of color are also frequently treated as second-class citizens, compared to women with relatively high incomes and compared to European American women.

Psychotherapy and Social Class

As we saw in Chapter 11, many women do not have health insurance. Furthermore, most insurance companies in the United States cover only a small portion of the costs for mental health care (Aponte, 2004; Brewerton, 2010;

Katon & Ludman, 2003). Women also earn less than men, so they cannot afford some psychotherapy options that many men may have (American Psychological Association, 2007; V. Jackson, 2005; Nydegger, 2004).

The national health-care program in Canada is certainly more comprehensive than the U.S. system. However, their mental health coverage emphasizes drug therapy, rather than psychotherapy (Romanow & Marchildon, 2003). As a result, many low-income women in both the United States and Canada cannot afford psychological counseling. Even if they manage to obtain counseling, women often need to overcome barriers such as time off from work, child-care arrangements, and transportation (V. Jackson, 2005; L. Smith, 2005).

Furthermore, psychotherapists often treat economically poor women in a classist fashion. For example, therapists may assume that a low-income woman simply needs basic resources—such as shelter and food—and that she cannot benefit by discussing psychological problems such as loneliness and depression.

Some therapists also believe in the **myth of meritocracy,** that a person's social status indicates his or her abilities and achievements (Lott & Bullock, 2010). In this case, a therapist might think that a client has financial problems because she has chosen not to work and not to pursue training for a better-paying job (L. Smith, 2005). Clearly, psychotherapists need to overcome classist beliefs, and they also need to receive professional training about social-class issues. Furthermore, these classist beliefs may be especially destructive for women of color.

Psychotherapy with Women of Color

The United States and Canada are rapidly becoming two of the most ethnically diverse countries in the world. In the United States, for example, 97 million people (out of a total population of 300 million) say that they are Latina/o, Black, Asian, or Native American (U.S. Census Bureau, 2006). In Canada, 5 million people (out of a total population of 32 million) consider their ethnic origins to be Asian, Aboriginal, Black, or Latin American (Statistics Canada, 2006).

If North American therapists want to provide high-quality care for people of color, they must be sensitive to ethnic-group differences in values and beliefs (Balls Organista et al., 2010; Brooks et al., 2004; D. W. Sue, 2004). European American therapists should also acknowledge that people of color often face racial **microaggressions,** or everyday insults and other actions that convey second-class status (D. W. Sue, 2010; D. W. Sue et al., 2007).

One basic problem is that people of color are not as likely as White individuals to use mental health services, even when the ethnic groups are matched on variables such as family income (Alegría et al., 2007; Okazaki, 2009). Some of the reasons for this under-usage include: (1) reluctance to recognize that help is necessary; (2) language and economic barriers; (3) concern about discussing personal problems with therapists, especially White therapists; (4) the belief that psychological disorders could heal without therapy;

and (5) the preference for other culturally specific interventions, such as prayer (Balls Organista et al., 2010; L. Smith, 2005; Snowden et al., 2007).

Most members of ethnic minority groups will not be able to choose therapists from their own background. Only about 6% of U.S. doctorate-level psychologists belong to ethnic minority groups (American Psychological Association, 2003). As a result, most people of color must consult therapists whose life experiences may be very different from their own. For instance, these therapists would not be personally familiar with the continuing racism faced by people of color (Comas-Díaz, 2000; Sue & Sue, 2003).

You can probably anticipate another problem. Many people of color do not speak fluent English, especially if they recently immigrated to North America. Furthermore, most European American therapists are not fluent in any language other than English. Language can therefore be a major barrier for many people of color (Balls Organista et al., 2010; Schwartz et al., 2010; Snowden et al., 2007). In fact, one of the most important barriers to obtaining mental-health counseling is a person's lack of fluency in English. The research shows that English fluency is even more important than health insurance in determining whether a person decides to seek counseling (Snowden et al., 2007).

To make the situation more vivid—if your own first language isn't Spanish—imagine describing your psychological problems to a therapist who speaks only Spanish. You may be able to discuss the weather, but could you describe to a Latina therapist precisely how and why you feel depressed? Could you accurately capture the subtleties of your binge-eating disorder? All these factors help to explain why people of color are less likely than European Americans to seek therapy and also why they are likely to drop out of therapy sooner (Cardemil & Sarmiento, 2009; Snowden & Yamada, 2005).

Let's consider some of the important issues that arise in therapy for four different ethnic groups of women: Latinas, Blacks, Asian Americans, and Native Americans. Then we'll discuss some general therapeutic issues for women of color.

Latinas

In earlier chapters, we noted that Latina/o culture sometimes emphasizes gender roles in terms of *marianismo* for women and *machismo* for men (Arredondo, 2004; Garcia-Preto, 2005; Molinary, 2007). For example, a married woman may believe that she must place her family's needs first. As a result, some Latina women may feel that they cannot accept a suggestion to spend more time addressing their own needs (G. C. N. Hall & Barongan, 2002).

Furthermore, some Latinas have come to North America as refugees from a country besieged by war and turmoil. For example, government repression in El Salvador during the 1980s resulted in more than 75,000 deaths, as well as numerous rapes, tortures, and other human-rights abuses. A woman who escaped from El Salvador may have seen her sister slaughtered, and she may have spent years in a refugee camp (Kusnir, 2005). Living through such traumatic circumstances often creates long-lasting stress-related disorders and other psychological problems (Balls Organista et al., 2010). Well-meaning therapists, even if they are fluent in Spanish, may not be prepared to provide therapy for women who have lived through political upheaval.

Black Women

Black women are likely to experience a kind of stress that is qualitatively different from the stress experienced by middle-class European American women. Specifically, many Black women report stressful factors such as extreme poverty, inadequate housing, and neighborhood crime (Black & Jackson, 2005; D. W. Sue & D. Sue, 2003). Black women often experience discrimination. For example, 80% of adult Black women in one survey reported that other people had frequently made them feel inferior (D. R. Brown et al., 2003). However, Black women may have an advantage over European American women because their heterosexual relationships are often more evenly balanced with respect to power (Black & Jackson, 2005; R. L. Hall & Greene, 2003).

Therapists should resist the myth that all Black women are economically poor, because an increasing percentage are upper-middle class (D. W. Sue & D. Sue, 2003). Therapists should also resist the myth that all Black women are strong and resilient (P. T. Reid, 2000). That perspective would encourage therapists to believe that their Black female clients do not really require mental health services. In addition, research by Tawanda Greer and her coauthors (2009) shows that Black women who had frequently experienced racism were especially likely to feel anxious. In contrast, for Black men, there was no correlation between experience with racism and their level of anxiety.

Black people who emigrate from Africa or the Caribbean may face additional problems. For instance, one woman emigrated with her family from Sierra Leone to a small community in Newfoundland, Canada, and she reported that many residents had never seen a Black person before (Chapra & Chatterjee, 2009).

Asian American Women

We noted earlier that many Latina women are refugees from war and torture in their country of birth. Many Asian American women are also refugees. They escaped war and torture in Asian countries such as Cambodia, Laos, Sri Lanka, and East Timor (Bemak & Chung, 2004; Lee & Mock, 2005a). For instance, during the 1970s and 1980s, Southeast Asian people who speak the Hmong language immigrated to Minnesota. More than 45,000 Hmong now live in the Minneapolis-St. Paul area. As you can imagine, there are not many interpreters in mental health agencies who can speak both English and Hmong, with an appreciation of subtle nuances in both languages (Go et al., 2004).

We need to re-emphasize that individual differences among different Asian American subgroups are substantial. For example, a study conducted in California showed that Chinese, Japanese, and Koreans were more likely than other Asian subgroups to seek mental health services (Balls Organista et al., 2010; Barreto & Segal, 2005).

An important issue is that many Asian American families are strongly influenced by the traditional perspective that the male should be the powerful member of the household. These families often expect women to play a passive, subordinate role (Lee & Mock, 2005a; McKenzie-Pollock, 2005; Root, 2005).

Researchers have tried to determine why Asian Americans are somewhat less likely than other ethnic groups to use mental health services. They have concluded that Asian Americans are just as likely as European Americans to have mental health problems (Balls Organista, 2010; Lee & Mock, 2005a, 2005b). However, an important cultural value in many Asian groups is to maintain the honor of the family and to avoid any possibility of bringing shame to one's relatives. Psychological problems may be judged especially harshly. As a result, an Asian American woman who enters psychotherapy is basically admitting that she has failed (G. C. N. Hall & Barongan, 2002; Lee, 1999; Shibusawa, 2005).

Several Asian American mental health centers are trying outreach programs, using culturally sensitive techniques. These centers have been reasonably successful in increasing the number of community members who seek therapy (McKenzie-Pollock, 2005).

Native Americans

Among U.S. Native American and Canadian Aboriginal (First Nation) women, two major mental health problems are the relatively high rates of alcoholism and depression (Balls Organista et al., 2010; Sutton & Broken Nose, 2005; Tafoya & Del Vecchio, 2005). Two contributing factors are the high rates of unemployment and poverty in many Native communities (Winerman, 2004).

Another contributing factor is some racist governmental programs used several decades ago in both the United States and Canada (Sutton & Broken Nose, 2005; Tafoya, 2005; Tafoya & Del Vecchio, 2005). For example, many Native and Aboriginal children were taken from their families and placed in residential schools, where they were punished for speaking their own language (Tafoya, 2005). These programs encouraged children to assimilate into the European-focused mainstream and undermined their connection with the tribal elders.

A relatively small number of Native Americans have become therapists. For example, Tawa Witko is a Native American who decided to earn a Ph.D. degree in psychology. She then returned to live and work with the Lakota Sioux on their reservation in South Dakota. In addition to psychotherapy, she also provides counseling about substance abuse and domestic violence (Winerman, 2004).

In addition, some European American therapists are working successfully in Native American and Canadian Aboriginal communities. They are more likely to succeed if they help to train community members to become mental health professionals (Wasserman, 1994).

General Strategies for Therapy with Women of Color

Many therapists have suggested techniques for European Americans who want to develop their skills in helping women of color. Graduate training programs have incorporated a number of these suggestions (Aponte, 2004; Balls Organista et al., 2010; Cardemil & Sarmiento, 2009; Cervantes & Sweatt, 2004; R. L. Hall & Greene, 2003; McGoldrick et al., 2005b; Silverstein & Brooks, 2010; Singh, 2010; D. W. Sue, 2010; D. W. Sue et al.,

2007; S. Sue et al., 2009). As you'll see, many of these recommendations apply to *all* clients, not just women of color.

1. Search the client's history for strengths and skills that can facilitate the counseling process.
2. Learn about the history, experiences, religion, family dynamics, and cultural values of the client's ethnic group, and attend conference sessions on multiculturalism.
3. Understand that each ethnic category includes many subgroups that can differ substantially from one another.
4. Do not claim that you are "color blind"; it's impossible to avoid seeing a person's ethnic characteristics.
5. Show empathy, caring, respect, and appreciation for your client.
6. Be aware that some immigrants and some people of color might want to become more acculturated into the European American mainstream, but others want to connect more strongly with their own culture.
7. 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.
8. Hire bilingual staff members and paraprofessionals from the relevant ethnic communities; enlist other community professionals—such as schoolteachers—who can help to identify relevant problems in the community.

Traditional Therapies and Women

Therapists approach their work from a variety of theoretical viewpoints. A therapist's viewpoint can influence his or her attitudes toward women, as well as the techniques used in therapy and the goals of therapy. We'll first consider the psychodynamic approach to therapy, as well as pharmacotherapy. Then we will discuss the cognitive-behavioral approach. Our final topic will be feminist therapy.

Psychodynamic Approach

Psychodynamic therapy refers to a variety of approaches derived from Sigmund Freud's psychoanalytic theories, proposed in the early 1900s. During treatment, classic psychoanalysis requires the "patient" to free-associate, saying any thoughts that come to mind. Therapists are the "experts," and their task is to interpret these thoughts. Like Freud's psychoanalysis, current **psychodynamic therapy** focuses on unconscious and unresolved conflicts stemming from childhood; however, it emphasizes social relationships more than Freud did (Andreasen & Black, 2001).

Freud's approach presents problems for individuals who are concerned about women's mental health (P. J. Caplan & Caplan, 2009; P. J. Caplan & Cosgrove, 2004b; Chodorow, 1994; Enns, 2004a; Saguaro, 2000). For example, in Freudian theory, the male is the norm for humans, and the female is less important. Furthermore, 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.

Many modern psychodynamic theorists have redefined some of the classic Freudian concepts. You may want to read further about these more progressive approaches (Brabeck & Brabeck, 2006; Chodorow, 1999, 2000; Contratto & Rossier, 2005; Enns, 2004a; Jordan, 2000; Saguaro, 2000).

Pharmacotherapy

As we noted earlier, pharmacotherapy treats psychological disorders by using medication. However, some medications are prescribed inappropriately (Ali et al., 2010; Caplan, 2008).

Pharmacotherapy can be an important component of treating serious psychological disorders (Brewerton, 2010; Mann, 2005). For example, medication can allow severely disturbed clients to be more receptive to therapy. Furthermore, in treating a woman with anorexia nervosa, pharmacotherapy is typically not effective while she is still severely underweight. However, medication can be helpful—in combination with psychotherapy—when she is close to her appropriate weight (Brewerton, 2010).

However, the physician must carefully select the medication, discuss it with the client, and monitor the dosage and side effects of any medications (Dunivin, 2006). Furthermore, most therapists would argue that any client with a disorder serious enough to be treated with medication should receive psychotherapy as well (P. J. Caplan & Cosgrove, 2004b; Dunivin, 2006). Incidentally, try Demonstration 12.3 before you read further.

DEMONSTRATION 12.3

Preferences About Therapists

Imagine that you have graduated from college and would like to consult a therapist for a personal problem you are experiencing. You feel that the problem is not a major one. However, you want to sort out your thoughts and emotions on this particular problem by talking with a psychotherapist. The following list describes characteristics and approaches that therapists may have. Place a check mark in front of each characteristic that you would look for in a therapist. When you are done, consult page 415 to see how to interpret your responses.

_____ 1. I want my therapist to believe that it's okay not to adopt a traditional gender role.

_____ 2. I would like my therapist to help me think about forces in our society that might be contributing to my problem.

_____ 3. I would like my therapist to believe that the client and the therapist should have reasonably similar power in a therapy situation.

_____ 4. My therapist should believe that women and men are similar in their capacity for assertiveness and their capacity for compassion.

_____ 5. I want my therapist to be well informed about the research on women and gender.

(continues)

Demonstration 12.3 *(continued)*

_____ 6. I think that my therapist should reveal relevant information about her or his own experiences, if the situation is appropriate.

_____ 7. I want my therapist to address relevant issues other than gender in our therapy sessions—issues such as age, social class, ethnicity, disability, and sexual orientation.

_____ 8. My therapist should encourage me to develop relationships in which the two individuals are fairly similar in their power.

_____ 9. I want my therapist to avoid interacting with me in a gender-stereotyped fashion.

Source: Based on Enns (2004a).

Cognitive-Behavioral Approach

According to the **cognitive-behavioral approach,** psychological problems arise from inappropriate thinking (cognitive factors) and inappropriate learning (behavioral factors). This approach encourages clients to develop new behaviors and thoughts about themselves. For example, a woman who is depressed and lonely might be encouraged to initiate at least five social interactions within the next week (Andreasen & Black, 2001).

The cognitive-behavioral approach also encourages clients to think about any irrational thought patterns they may have. For instance, suppose that a woman is depressed because she feels she is not socially skilled. A therapist may help the woman to see alternative viewpoints, such as "Just because my friend ate lunch with someone else today, it doesn't mean that I'm a loser." Well-controlled research demonstrates that cognitive-behavioral therapy (CBT) is at least as effective as medication in reducing depression and anxiety disorders (Hollon et al., 2006; Nydegger, 2008; Worell & Remer, 2003).

In addition, therapists frequently use the cognitive-behavioral approach to treat eating disorders. Well-controlled research on anorexia and bulimia nervosa shows that CBT is often more effective than pharmacotherapy (Agras & Apple, 2002; Brewerton, 2010; Wilson et al., 2007). For example, a cognitive-behavioral therapist could help a client develop behavioral strategies to reduce her compulsive eating and her automatic thoughts about body image (M. Cooper, 2003; Kalodner, 2003). The therapist may also work with the client to reword negative statements (e.g., "My thighs are disgusting") into more neutral forms (e.g., "My thighs are the heaviest part of me").

Cognitive-behavioral therapy can also be useful for lesbians and gay males—for instance, in helping them develop strategies for dealing with heterosexist acquaintances (C. R. Martell et al., 2004). Furthermore, many cognitive-behavioral principles can be combined with feminist therapy (Worell & Remer, 2003). Before reading further, be sure that you tried Demonstration 12.3, which begins on page 409.

Feminist Therapy

We have examined how therapists can use the psychodynamic approach, pharmacotherapy, and the cognitive-behavioral approach in treating psychological disorders. However, feminists emphasize that psychotherapists must be sensitive to gender issues.

Most therapists probably believe that therapy should be nonsexist. According to the principles of **nonsexist therapy,** women and men should be treated similarly, rather than in a gender-stereotyped fashion (Worell & Remer, 2003). The nonsexist therapy approach emphasizes that therapists must interact with female and male clients in an unbiased fashion. Furthermore, therapists should be familiar with the recent research about the psychology of women and the pervasiveness of sexism in our society (Enns, 2004a; Swim & Hyers, 2009). However, feminist therapy goes beyond nonsexist therapy in order to address these social inequalities. Demonstration 12.3 highlighted some of the differences between nonsexist therapy and feminist therapy.

Feminist therapy has three important components:

1. Clients should be treated in a nonsexist fashion, as described in the preceding paragraph.
2. Therapists must emphasize women's strengths, especially because women are frequently devalued in our culture.
3. The distribution of power between the client and the therapist should be as equal as possible.

Let's consider the second component of feminist therapy, that North American culture devalues women (Brown, 2006; Cantor et al., 2004; Enns, 2004a; Nolen-Hoeksema, 2003; Rastogi & Wieling, 2005; Silverstein & Brooks, 2010; Worell & Remer, 2003). Here are five ways in which feminist therapy addresses this important principle:

1. Feminist therapists believe that women are typically less powerful than men in our culture, and women therefore have an inferior status. In reality, women have many strengths, and their major problems are *not* personal deficiencies. Instead, the problems are primarily societal ones, such as sexism, racism, and classism.
2. Women and men should have equal power in their family and other social relationships; therapists must help clients gain more power.
3. Society should be changed to be less sexist; therapists should not encourage women to adjust to a sexist society by being quieter and more obedient. In other words, feminist therapy must focus on social change, as well as individual change.
4. We must work to change and improve 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 other important inequalities, which are based on factors such as ethnicity, age, sexual orientation, social class, and disabilities; gender is not the only important inequality.

The third important component of feminist therapy focuses on power issues within the therapeutic relationship. In traditional psychotherapy, therapists have much more power than clients. In contrast, feminist therapy emphasizes more egalitarian interactions (Ballou, 2005; Brown, 2006; Bruns & Kaschak, 2010; Enns, 2004a; Marecek, 2001b; Rader & Gilbert, 2005; Silverstein & Brooks, 2010; Szymanski, 2003). Here are several ways in which feminist therapy tries to balance the power between the therapist and the client:

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 sense of inferior status.
2. The therapist must encourage clients to become more self-confident and independent and to develop appropriate skills to help themselves.
3. The therapist believes and demonstrates that the clients—rather than the therapist—are their own best experts on themselves.
4. When appropriate, feminist therapists may share information about their own life experiences, reducing the power discrepancy. However, a therapist's primary tasks are listening and thinking, not talking.

Feminist therapy can be a powerful tool in encouraging clients to analyze their psychological problems and to develop their personal strengths. Therapists are supposed to improve the psychological well-being of human beings. Isn't it puzzling that many therapists are not more concerned about females having an equal right to be psychologically healthy? More therapists—and more psychologists—need to work actively to support feminist politicians, gender-fair legislation, and greater gender equality (Nolen-Hoeksema, 2003; Silverstein & Brooks, 2010).

SECTION SUMMARY

Treating Psychological Disorders in Women

1. Gender stereotypes may encourage some therapists to misdiagnose some psychological disorders and to treat clients in a gender-biased fashion.
2. One clearly harmful violation of ethical conduct is a sexual relationship between a therapist and a client.
3. In treating lesbians and bisexual clients, therapists must appreciate the importance of their clients' relationships and must also try to eliminate sexual prejudice.
4. Many low-income women cannot afford psychotherapy; furthermore, some therapists may treat clients in a classist fashion.
5. People of color are less likely than European Americans to use mental health services. Therapists must make a genuine effort to learn about

(continues)

SECTION SUMMARY *(continued)*

other ethnic groups and other cultures, and also to convey their empathy and respect for these clients.

6. Therapists can increase their skills in helping women of color by a variety of methods, including searching a client's history for her personal strengths, learning more about her ethnic group, and being aware of diversity within her ethnic group.

7. The psychodynamic approach is based on Freudian theory, a framework in which men are normative and mothers are blamed for their children's psychological problems. Modern psychodynamic approaches are more progressive.

8. Pharmacotherapy may help in treating serious disorders, but it must be used with caution.

9. Cognitive-behavioral therapy emphasizes restructuring inappropriate thoughts and changing behaviors; it is effective in treating depression, eating disorders, and other psychological problems.

10. Nonsexist therapy emphasizes that therapists should treat women and men similarly, and they should avoid gender-stereotyped behavior; therapists should also be familiar with current research about the psychology of women.

11. Feminist therapy proposes that (a) therapists must provide nonsexist therapy; (b) therapists must emphasize women's strengths; and (c) in therapy, power should be more equally divided between the therapist and the client.

CHAPTER REVIEW QUESTIONS

1. Describe the four defining characteristics of major depression. Think of someone you know who currently seems to show no signs of depression. How would you evaluate this person, in terms of each of these four characteristics?

2. Review the factors that help to explain why women are more likely than men to develop depression. Describe which factors could be related to cultural and societal forces. How could a group of students—working on your own campus—help to reduce the impact of several of these factors?

3. Define the terms "culture of thinness" and "objectified body consciousness." Describe how these factors could contribute to eating disorders. In what ways does North

American culture discriminate against females who are overweight?

4. Many women want to lose weight and not regain this lost weight. Describe why the issues of being overweight and dieting make these goals difficult.

5. Describe the typical characteristics of anorexia nervosa and bulimia nervosa, as well as their medical consequences. Explain why women with these two eating disorders would also be likely to experience depression.

6. Summarize the material on the unique concerns that women of color bring to a psychotherapy session. Why must therapists acknowledge individual differences within every ethnic group?

7. Based on what you have read in this chapter, why does the psychodynamic approach present major problems for those who favor a nonsexist or feminist approach to therapy?

8. Suppose that you are a feminist therapist working with a female client who is depressed. Imagine someone who would fit this description, and point out how you would use selected principles of feminist therapy to facilitate her recovery. How might social class be relevant in this situation?

9. Many therapists favor an eclectic approach to the treatment of psychological disorders, in which they combine elements of several approaches. If you were a therapist, how could you combine elements of cognitive-behavioral therapy and feminist therapy?

10. This chapter focused on psychological disorders. Some theorists point out that psychologists should place more emphasis on how individuals can achieve positive mental health, rather than just avoiding disorders. Based on the information in this chapter, describe the characteristics of an individual who is mentally healthy.

KEY TERMS

psychological disorders (p. 385)

antisocial personality disorder (p. 386)

major depressive disorder (p. 386)

ruminative style (p. 392)

culture of thinness (p. 394)

objectified body consciousness (p. 395)

fat studies (p. 396)

anorexia nervosa (p. 397)

amenorrhea (p. 398)

bulimia nervosa (p. 398)

binge-eating disorder (p. 399)

anxiety disorders (p. 401)

panic disorder (p. 401)

psychotherapy (p. 401)

pharmacotherapy (p. 401)

sexual prejudice (p. 403)

myth of meritocracy (p. 404)

microaggressions (p. 404)

psychodynamic therapy (p. 408)

cognitive-behavioral approach (p. 410)

nonsexist therapy (p. 411)

feminist therapy (p. 411)

RECOMMENDED READINGS

Balls Organista, P., Marín, G., & Chun, K. M. (2010). *The psychology of ethnic groups in the United States*. Los Angeles, CA: Sage. I strongly recommend this book for both college libraries and community libraries. It is current, informative, and well written.

Chrisler, J. C., & McCreary, D. R. (Eds.). (2010). *Handbook of gender research in psychology*. New York: Springer. This excellent two-volume handbook includes seven chapters that are directly related to women's psychological well-being, as well as many others on related topics.

Enns, C. Z. (2004a). *Feminist theories and feminist psychotherapies* (2nd ed.). New York: Haworth. Carolyn Enns's book includes descriptions of a variety of feminist theoretical approaches, as well as feminist therapy approaches. She also includes self-testing exercises to help readers clarify their own perspectives on these approaches.

Gotlib, I. H., & Hammen, C. L. (Eds.). (2009). *Handbook of depression* (2nd ed.). New York: Guilford. I recommend this handbook if you are looking for background information on the symptoms, theory, and treatment of depression.

Rothblum, E., & Solovay, S. (Eds.). (2009). *The fat studies reader*. New York: New York University Press. No doubt the title will puzzle many people, but this book provides an interdisciplinary overview of how psychology, literature, and popular culture approach the issue of being overweight.

ANSWERS TO THE DEMONSTRATIONS

Interpreting Demonstration 12.3: Look at your answers to Demonstration 12.3, and count how many of the following items you endorsed: Items 1, 4, 5, and 9. If you checked most of these, you tend to appreciate a non-sexist therapy approach. Now count how many of the following items you endorsed: Items 2, 3, 6, 7, and 8. Add this second number to the previous total to get a grand total. If your score is close to 9, you tend to appreciate a feminist therapy approach, in addition to nonsexist therapy.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. False (p. 386);   2. False (p. 387);   3. False (p. 388);   4. True (pp. 391–392); 5. True (p. 395);   6. False (pp. 395–396);   7. True (p. 396);   8. False (pp. 397–398); 9. True (pp. 404–405);   10. True (p. 411).

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13 Violence Against Women

True or False?

_____ 1. To label a remark "sexual harassment" from the legal standpoint, the person making the remark must specifically request some sort of sexual favor.

_____ 2. Women are more likely to be sexually harassed if they work at a job where the clear majority of the employees are male.

_____ 3. Women who have been sexually harassed typically say that the harassment was moderately unpleasant, but it had no long-lasting emotional effects.

_____ 4. About 20% of North American women will be victims of a rape during their lifetime.

_____ 5. The clear majority of rape victims were previously acquainted with the man who raped them.

_____ 6. If women follow a specific set of guidelines for behavior, they can almost completely eliminate the risk of rape.

_____ 7. Men are approximately three times as likely as women to assault a former spouse.

_____ 8. The abuse of women is just as high in the United States as it is in Asia and Latin America.

_____ 9. Unemployment increases the likelihood of partner abuse.

_____10. Most abusive relationships improve spontaneously, but therapy is recommended when the abuse is severe or long lasting.

Sexual harassment, sexual assault, and the abuse of women are among the most terrifying events that a woman could experience. These three forms of violence are especially likely to occur when women are relatively powerless and vulnerable. An especially powerless group is the approximately 500,000 women in the United States who are migrant farmworkers. These women earn low wages by picking fruits and vegetables in the field. Unfortunately, female farmworkers are about 10 times more likely than other female workers to experience sexual harassment and sexual assault.

For example, consider a Mexican American farmworker named Olivia, who lived in California. Her supervisor, Rene—also a Mexican American—repeatedly harassed and assaulted Olivia. He offered to drive her to the work site, and then he raped her. He also came to Olivia's home when her husband was at work, and he raped her again, threatening to kill her if she told anyone. When she reported these incidents to the main office, the bosses protested that she had no proof. Sexual assault is so common for female farmworkers that one woman in Iowa told a lawyer, "We thought it was normal in the United States that in order to keep your job, you had to have sex" (Clarren, 2005, p. 42).

Olivia's story describes both sexual harassment and sexual assault, two of the topics of this chapter. Sexual harassment, sexual assault, and the abuse of women share important similarities. One similarity is that all three situations involve some form of violence—either physical or emotional.

A second similarity in these three situations is that men typically possess more power than women. Sexual harassers are usually persons with power at work or in an academic setting (DeSouza & Fansler, 2003; Foote &

Goodman-Delahunty, 2005: Sigal & Annan, 2008). In rape and abusive situations, men typically have more physical power. As we saw in Chapter 3, children begin to learn these messages about power and gender roles. The media also play an important role in conveying these messages, because they show men who are influential, powerful, physically strong, and violent—especially compared to the women in the media. In a sense, sexual harassment, rape, and the abuse of women all represent a tragic exaggeration of traditional gender roles.

A third similarity focuses on entitlement, a concept we examined in Chapter 7, on women and work (p. 219). In our culture, many men have a sense of **entitlement**; based on their membership in the male social group, they believe they have a right to certain "privileges" and rewards when they interact with women (Sigal & Annan, 2008; A. J. Stewart & McDermott, 2004). For instance, a high-ranking executive assumes he has the right to fondle his secretary. A male college student may assume entitled to force his girlfriend to have sex. A husband may believe that he is entitled to punch his wife if she comes home late from work.

Fourth, in all three kinds of victimization, women are left feeling even less powerful after the violence. They have been forced to accept unwanted sexual attention, or their bodies have been violated or beaten. Powerlessness is yet another variation on one of the themes of this book: Women are often treated differently from men.

A fifth similarity is that women seldom regain power by reporting the violence committed against them. Legal proceedings are often embarrassing and humiliating; they invade a woman's right to woman's privacy even further. All these acts of violence encourage women to become more silent and more invisible (Foote & Goodman-Delahunty, 2005; T. S. Nelson, 2002). The relative invisibility of women is a theme we have emphasized repeatedly throughout this book.

The final similarity—across all three situations—is that people often blame the victim (T. S. Nelson, 2002; J. W. White et al., 2001). A woman is sexually harassed because "those tight pants invite it." A woman is raped because she "asked for it" by her seductive behavior. A woman is beaten because "she probably did something to make her husband angry." In contrast, the aggressor is often perceived as behaving "like any normal male." Although attitudes are changing, the aggressor may receive little blame for the violence.

SEXUAL HARASSMENT

Sexual harassment refers to unwanted gender-related behavior, such as sexual coercion, offensive sexual attention, sexual touching, and hostile verbal and physical behaviors that focus on gender (Fitzgerald et al., 2001; Gutek, 2007). Most sexual harassment situations occur in either a work setting or a school setting. According to North American surveys, women are between two and ten times as likely as men to report that they have been sexually harassed (Committee on Pediatric Workforce, 2006; DeSouza, 2008; Foote & Goodman-Delahunty, 2005).

The American legal system now prohibits two kinds of sexual harassment. In the first kind, called **quid pro quo harassment,** a powerful individual in a university or the workplace makes it clear that someone with less power must submit to sexual advances to obtain something, such as a good grade in a course, a job offer, or a promotion (Crosby, 2008; Rudman & Glick, 2008; Woodzicka & LaFrance, 2005).

The second kind of sexual harassment is called "hostile environment." **Hostile-environment harassment** applies to a situation in which the atmosphere at school or at work is so intimidating and unpleasant that a student or an employee cannot work effectively (Crosby, 2008; Foote & Goodman-Delahunty, 2005; M. A. Paludi, 2004). Before you read further, try Demonstration 13.1, an exercise designed to assess your thoughts about sexual harassment.

DEMONSTRATION 13.1	## Judgments About Sexual Harassment

Rate each of the six statements about sexual harassment, using the scale below. Then check the instructions at the end of the chapter, on page 453

1	2	3	4	5

Strongly disagree   Strongly agree

_____ 1. Sexual harassment is clearly related to power.
_____ 2. Women often try to get ahead by encouraging a professor or a supervisor to be sexually interested in them.
_____ 3. Women don't have a sense of humor, and so they make a big deal out of sexual remarks and jokes in the classroom.
_____ 4. Most charges of sexual harassment are made by women who really have experienced harassment.
_____ 5. Women frequently use their sexuality to tease professors and supervisors.
_____ 6. When a female says "No" to a sexual advance from a male professor or supervisor, he should realize that she really does mean "No."

Source: Based on Mazer and Percival (1989) and Kennedy and Gorzalka (2002).

Let's consider several examples of sexual harassment so that we can appreciate the variety of problems in this area.

1. *Quid pro quo sexual coercion.* A woman named Anna and her supervisor, Jason, were on a work-related trip. During this trip, Jason kept talking about sex and rubbing her shoulders and neck. She did not respond, and so he told her to loosen up. Anna later asked about opportunities in the company for promotion. Jason replied, "You'll need to loosen up and be a lot nicer to me

before I can recommend you." Then he placed his arms around her waist and added, "Remember, I can make your life very easy or very difficult here" (Foote & Goodman-Delahunty, 2005, p. 54).

2. *Hostile environment in an academic setting.* At a university in Texas, a professor who taught courses in criminal justice was accused of kissing and hugging several female students. His comments were equally offensive. For example, he told one woman that "she would not know real happiness until she had sex with a married man like himself" (R. Wilson, 2004, p. A12). Notice that this example cannot be classified as quid pro quo harassment because the professor did not specify an academic reward for sexual activity.

3. *Hostile environment in the workplace.* In a study of Black female firefighters, more than 90% said that they had experienced unwanted sexual teasing, jokes, and remarks on the job (J. D. Yoder & Aniakudo, 1997). The women also reported that their male coworkers harassed them by pouring syrup into their firefighting boots and bursting in while they were using the toilet. It's likely that sexism and racism combined to create an especially hostile environment for these women. This hostile workplace variety of sexual harassment could also include suggestive remarks and nonverbal gestures (McDonald et al., 2010).

Most of this section on sexual harassment examines how males sexually harass females whom they perceive to be heterosexual. Keep in mind, however, that lesbian women might be sexually harassed, for example, by males or by other women in positions of power. Males can also be sexually harassed by women or by other men. For instance, a gay male may be sexually harassed by a peer. In 2010, we saw several examples of gay males who committed suicide when they had been "outed" by a peer. However, in the most common situation, a male is harassing a female (DeFour et al., 2003; Foote & Goodman-Delahunty, 2005; Levy, 2008; Magley et al., 2010).

You may read reports about females being harassed by their male classmates, beginning in elementary school and continuing through college; women are also harassed by their peers in the workplace (Duffy et al., 2004; Shute et al., 2008; Strauss, 2003). In addition, women are harassed in public settings by whistles and sexually explicit comments.

Those forms of harassment are certainly worrisome. In this chapter, however, we will focus on two situations in which a female is being harassed by a male with higher status: (1) professors harassing students in college settings and (2) supervisors harassing employees in work settings. Both situations raise particular problems because they involve power inequities and reasonably long-term relationships between the woman and the harasser.

Why Is Sexual Harassment an Important Issue?

Sexual harassment is important for several reasons (Foote & Goodman-Delahunty, 2005; Magley et al., 2010; Norton, 2002; M. A. Paludi, 2004; Piran & Ross, 2006; Sigal & Annan, 2008):

1. Sexual harassment emphasizes that men typically have more power than women in our society.

2. Sexual demands are often coercive because women are offered economic or academic advantages if they comply, but harmful consequences if they say no.
3. Sexual harassment dehumanizes women and treats them in a sexist fashion; women are seen primarily as sexual beings rather than as intelligent and competent employees or students.
4. Women are often forced to be silent, because they are afraid, and yet they need to continue either in the workplace or at school.
5. If sexual harassment occurs in a public setting, without condemnation from supervisors, many onlookers will conclude that sexist behavior is acceptable.

How Often Does Sexual Harassment Occur?

It is extremely difficult to estimate how frequently sexual harassment occurs. The boundaries of sexual harassment are often unclear. Also, people are reluctant to use the label "sexual harassment," even when they have experienced clear-cut harassment (M. A. Paludi, 2004). Furthermore, numerous cases go unreported (Gutek, 2007; Norton, 2002).

Reports of sexual harassment on college campuses suggest that between 20% and 40% of undergraduate and graduate women students have been harassed (Committee on Pediatric Workforce, 2006; Dziech, 2003; Frank et al., 1998). The incidence of sexual harassment in the workplace varies widely throughout the United States and Canada, depending on the employment setting. Women employed in traditionally male occupations are especially likely to experience sexual harassment (DeSouza, 2008; Foote & Goodman-Delahunty, 2005; Morgan & Gruber, 2008). For instance, women in the military frequently report sexual teasing, unwanted touching, and pressure for sexual favors. According to surveys, between 50% and 80% of women in the military said that they had experienced sexual harassment (Buchanan et al., 2008; Magley & Shupe, 2005; S. Nelson, 2002).

Sexual harassment is not limited to North America. Reports come from countries such as England, Germany, the Netherlands, Australia, Pakistan, India, Taiwan, Argentina, and Turkey (Hodges, 2000; Kishwar, 1999; McDonald et al., 2010; M. A. Paludi, 2004; J. Sigal et al., 2005). In all the cultures examined so far, one universal finding is that only a small percentage of women choose to report the sexual harassment to the authorities (Fitzgerald et al., 2001).

Women's Reactions to Being Sexually Harassed

Sexual harassment is not simply a minor inconvenience to women; it can change their lives. If a woman refuses her boss's sexual advances, she may receive a negative job evaluation, a demotion, or a transfer to another job. She may be fired or pressured into quitting (Foote & Goodman-Delahunty, 2005; Kurth et al., 2000; T. S. Nelson, 2002). A woman who has been harassed in an academic setting may drop out of school or miss classes taught by the harasser (Duffy et al., 2004; Fogg, 2005).

How do women respond emotionally to sexual harassment? One woman described her sense of loneliness: "Most of the time during the harassment I

felt extremely alone. I felt like no one could, or would ever understand what this man was doing to me inside my mind." Another woman reported, "I felt like running away—disappearing—becoming as unnoticeable as possible. I stopped wearing colors in my clothing—wore mostly black and gray to be less noticeable—I felt disbelief and extremely isolated from everyone" (C. V. Wright & Fitzgerald, 2007, p. 73).

Most women experience anxiety, fear, self-doubt, embarrassment, helplessness, and depression when they have been sexually harassed. Understandably, they also report reduced job satisfaction and reduced life satisfaction (Chan et al., 2008). Some develop eating disorders (Buchanan & Fitzgerald, 2008; Huerta et al., 2006). They may also feel ashamed, as if they were somehow responsible for the harassment (Collinsworth et al., 2009; Fogg, 2005; McDonald et al., 2010; Rederstorff et al., 2007). In contrast, women seldom feel responsible when they are victims of crimes such as robbery.

Understandably, a woman who has been sexually harassed may become less self-confident about her academic or occupational abilities (Duffy et al., 2004; Osman, 2004). Common physical reactions include headaches, eating disorders, substance abuse, and sleep disturbances (Foote & Goodman-Delahunty, 2005; Lundberg-Love & Marmion, 2003; Piran & Ross, 2006).

Another problem is that a woman's friends may not think that sexual harassment is an important problem. Researchers in a variety of countries have measured students' attitudes about sexual harassment (Levy, 2008; Russell & Trigg, 2004; Sigal et al., 2005). For example, Kennedy and Gorzalka (2002) asked students at a Canadian university to complete a 19-item questionnaire that included items similar to those in Demonstration 13.1. They found that females were more likely than males to believe that sexual harassment is a serious problem.

What to Do About Sexual Harassment

How should we address the problem of sexual harassment? Ignoring harassment won't make it disappear (Karsten & Igou, 2006). Let's consider how individual women and men can make a difference. Then we'll see how institutions can address sexual harassment.

Individual Action

What can an individual woman do when she has been sexually harassed? Here are some recommendations for students who are concerned about harassment in an academic setting (Fogg, 2005; McDonald et al., 2010; M. A. Paludi, 2004):

1. Become familiar with your campus's policy on sexual harassment, and know which officials are responsible for complaints.
2. If a professor's behavior seems questionable, discuss the situation objectively with someone you trust.
3. If the problem persists, consider informing the harasser that his sexual harassment makes you feel uncomfortable. Some experts recommend sending a formal letter to the harasser, describing your objections to the incident, and stating clearly that you want the actions to stop (Crosby,

2008). Many harassment policies cannot be legally applied unless the harasser has been informed that the behavior is unwanted and inappropriate.

4. Keep careful records of all occurrences—including specific dates and times—and keep copies of all correspondence.

5. If the problem persists, report it to the appropriate officials on campus. An institution that takes no action is responsible if another act of harassment occurs after an incident is reported.

6. Join a feminist group on campus, or help to start one. A strong support group can encourage real empowerment, reduce the chances that other students will experience sexual harassment, and help to change campus policy on this important issue.

These six suggestions can also be adapted for the workplace; employed women can take similar steps to avoid and eliminate sexual harassment (Karsten & Igou, 2006). If a harasser persists, it may be necessary to say that you will report the incidents to the appropriate official. Employees may need to file a formal complaint with a superior, a union official, or a personnel officer. Competent legal advice may also be necessary. Fortunately, a U.S. Supreme Court decision states that employers may be held financially liable when supervisors harass employees, even when the companies are not aware of the misconduct (Fitzgerald et al., 2001).

Some women who file a sexual harassment charge may find that their complaint is treated seriously and compassionately. Unfortunately, however, many women encounter an unsympathetic response from college administrators or company officials (Foote & Goodman-Delahunty, 2005; McDonald et al., 2010). They might be told that the event was simply a misunderstanding or that the harasser is so competent and valuable that this "minor" incident should be forgotten.

Students in women's studies courses often protest that nothing about sexual harassment seems fair. This viewpoint is absolutely correct. A woman shouldn't have to suffer the pain and embarrassment of sexual harassment, see the quality of her work decline, and then—in many cases—find that administrators, supervisors, and the legal system do not support her.

How Men Can Help

Men who care about women and women's issues can be part of the solution. First, they themselves must avoid behaviors that women might perceive as sexual harassment. In addition, men should speak up when they see another man sexually harassing someone. Harassers may be more likely to stop if other males point out that they are offended by sexual harassment.

Some men believe that women often fabricate sexual-harassment cases, so they need to understand the reality about sexual harassment (Lonsway et al., 2008). Furthermore, men who work as supervisors or as counselors can support individuals who have been sexually harassed (T. S. Nelson, 2002).

If you are a male reading this book, think about what steps you might take if you hear that a woman is being sexually harassed by one of your male friends. It's difficult to tell a friend that a woman may not enjoy his

comments about her body. However, if you do not comment, your silence may be interpreted as approval. You can also offer compassion and support to a female friend who tells you that she has been sexually harassed.

Society's Response to the Harassment Problem

Individual women and men need to take action against sexual harassment. However, to stop sexual harassment more effectively, *institutions* must be firmly committed to fighting the problem (Foote & Goodman-Delahunty, 2005; Karsten & Igou, 2006). For example, women in the military typically report that their commanding officers do not treat sexual harassment as a serious problem that must be prevented (Firestone & Harris, 2003; T. S. Nelson, 2002). Clearly, most officers have not been firmly committed to stopping sexual harassment.

Universities and other organizations need to develop clear policies about sexual harassment (Committee on Pediatric Workforce, 2006; Foote & Goodman-Delahunty, 2005; Karsten & Igou, 2006; C. A. Paludi & Paludi, 2003). They should also publicize these policies and training programs—with top administrators in attendance—on sexual harassment issues (Gutek, 2007). Students and employees should receive information about procedures to follow if they believe they have been sexually harassed. These administrators must make it clear that their organization will not tolerate sexual harassment (Kath et al., 2008).

Furthermore, public opinion needs to be changed. People should realize that they must not blame women who have been sexually harassed. The public must also realize that sexual harassment limits women's rights and opportunities in academic and work settings. Men need to know that women often do not appreciate uninvited sexual attention. In addition, behavior that a man regards as flirtation may feel more like sexual harassment to a woman (Norton, 2002). Some men who harass may not be aware that they are creating a problem. Others may believe that they have a sanction to harass because of good-natured responses from other men.

However, the real answer lies in the unequal distribution of power between men and women. If we really want to eliminate sexual harassment, we must move beyond the level of trying to convince individual harassers to alter their behavior. Instead, we need to change the uneven distribution of power that encourages sexual harassment.

SECTION SUMMARY

Sexual Harassment

1. Sexual harassment, rape, and the abuse of women all focus on violence and inequalities in power—situations in which men feel entitled to certain privileges. All of these behaviors make women feel less powerful; in addition, women are often blamed for causing the violence.

SEXUAL ASSAULT AND RAPE

Sexual assault is a comprehensive term that includes sexual touching and other forms of unwanted sexual contact. Sexual assault is typically accompanied by psychological pressure, coercion, or physical threats (O. Barnett et al., 2005; Kaufman & the Committee on Adolescence, 2008). For example, a man may say, "If you really loved me, you'd have sex with me," or he may threaten to break woman's arm if she does not comply. Katz and Myhr (2008) surveyed female college students who were currently in sexual dating relationships. About 20% of these women reported that their partner had verbally coerced them to have unwanted sex on at least one occasion.

Rape is a more specific kind of sexual assault. **Rape** can be defined as sexual penetration—without the individual's consent—obtained by force or by threat of physical harm, or when the victim is incapable of giving consent (Ahrens et al., 2008; Monson et al., 2009; Worell & Remer, 2003). Most of the discussion here will focus on rape. However, the inclusiveness of the term *sexual assault* helps us understand the many ways in which men have power over women's lives (J. W. White & Frabutt, 2006).

Although strangers commit some rapes, a rapist is more likely to be an acquaintance (Ahrens et al., 2008; J. W. White & Frabutt, 2006). In other words, women who are worried about rape need to be especially concerned about someone they already know, rather than a stranger.

A rapist may even be a woman's husband. According to a common belief, a woman is supposed to have sex with her husband whenever he wants (Platt et al., 2009). According to some estimates in the United States, between 10% and 20% of wives have been raped by a husband or an ex-husband (Herrera et al., 2006; Koss, 2003). In the United States, many of the states have a policy that a man who has forced intercourse with a woman he knows receives a ligher sentence than a man who has forced intercourse with a stranger (Monson et al., 2009; Polisi, 2009).

The incidence of rape varies cross-culturally. Rape is typically more common in cultures where women are clearly subordinate to men (Kar & Garcia-Moreno, 2009; Rudman & Glick, 2008; Sanday, 2003).

One of the most tragic forms of rape occurs during wars and ethnic conflicts. Soldiers kill other soldiers, but they also rape women. If a raped woman survives, her own community may reject her (Murthi, 2009). In recent years, invading soldiers have systematically raped women in countries such as Bangladesh, Afghanistan, Bosnia, Cyprus, Guatemala, Peru, Somalia, Uganda, Rwanda, Sierra Leone, and the Democratic Republic of Congo (Agathangelou, 2000; Barstow, 2001; Borchelt, 2005; Hans, 2004; Marshall, 2010; Nikolic-Ristanovic, 2000; Winship, 2008).

For example, about 2 million people in the Darfur region of Sudan were forced to leave their homes and move to refugee camps. The women in these camps have had to walk great distances away from the camps to gather wood for cooking their food. Men from the attacking militias search for these women and systematically rape them. Rape is therefore a weapon of war as well as a sexual attack on individual women (Agathangelou, 2000; Lalumiere et al., 2005).

How Often Does Rape Occur?

As you can imagine, estimating the incidence of rape is difficult. One problem is that surveys differ in their definitions of rape and sexual assault (Hamby & Koss, 2003). Another problem is that women are reluctant to indicate on a survey that they have been raped. Furthermore, only a fraction of rape survivors report the crime to the police. In the United States, for instance, only about 10% to 30% of rape survivors report the rape, depending on the group that is surveyed (Ahrens et al., 2008; Herrera et al., 2006; Ward & Lundberg-Love, 2006).

DEMONSTRATION 13.2

Knowledge About Rape

For each of the following statements about rape, check the space that represents your response. The correct answers appear on page 453.

	True	False
1. Women who have had a sexual relationship with a man often try to protect their reputation by claiming they have been raped.	_____	_____

Demonstration 13.2 *(continued)*

	True	False
2. Women cannot always prevent being raped by resisting their attackers.	———	———
3. Men rape because they experience uncontrollable sexual urges.	———	———
4. Most women secretly want to be raped.	———	———
5. Most rapes are not reported to the police.	———	———
6. A woman who is sexually experienced will not really be damaged by rape.	———	———
7. Women provoke rape if they dress in a sexually seductive way.	———	———
8. Most reported sexual assaults actually were true cases of sexual assaults.	———	———
9. Sexual assaults usually occur in isolated areas, away from a woman's home.	———	———
10. You can tell whether someone is a rapist by his appearance or general behavior.	———	———

Source: Based partly on Worell and Remer (2003, p. 203).

Every year in the United States, an estimated 200,000 to 320,000 women are raped or sexually assaulted (Ahrens et al., 2008; Human Rights Watch, 2008). Current estimates in both the United States and Canada suggest that between 15% and 30% of women have been raped at some point during their lives (Herrera et al., 2006; Rozee, 2005; Ullman, 2010; J. W. White & Frabutt, 2006). The data clearly demonstrate that rape is a genuine problem for women in North America.

The incidence of rape is especially high for U.S. women if they are serving in the military (Campbell & Raja, 2005; Corbett, 2007; A. Wright, 2008). For instance, the data show that a U.S. female soldier who was serving in Iraq was more likely to be raped by another U.S. soldier than to be killed by enemy fire (Harman, 2008).

Before you read further, try Demonstration 13.2 to assess your knowledge about rape. Then you can check the answers at the end of the chapter.

Acquaintance Rape

Research consistently shows that a rapist is not likely to be a stranger attacking in a dark alley. Instead, a rapist may be your chemistry lab partner, your sister's boyfriend, a business acquaintance, or the boy next door. Surveys suggest that about 85% of rape survivors knew the man who raped them (Koss, 2003). **Acquaintance rape** refers to rape by a person known to the rape survivor, who is not related by blood or marriage. For example, a woman who was a senior in high school described the following situation. A classmate had just asked her for a date, and she had turned him down.

> He got angry and told me that I was a tease and he slapped me across the face. So I pulled open the door to my car and tried to get away, but he grabbed my arm and forced me into the back seat. All I remember after that was crying and trying to push him off me. When he had finished he left me in the back seat of my car bleeding and barely conscious. (A. S. Kahn, 2004, p. 11)

Surveys suggest that about 15% of U.S. women will experience acquaintance rape. An additional 35% to 40% of women will experience some other form of sexual assault from an acquaintance (Rickert et al., 2004; J. W. White & Kowalski, 1998). However, women who have been raped by a boyfriend are less likely than other rape survivors to describe the situation as a rape (Ahrens et al., 2008; Frieze, 2005; A. S. Kahn, 2004; Z. D. Peterson & Muehlenhard, 2004).

For example, researchers in Canada and the United States have studied women who had been assaulted by an acquaintance and whose experience met the legal definition for rape. Among these women, only about 40% actually classified the assault as rape (A. S. Kahn & Andreoli Mathie, 2000; Littleton et al., 2006; Shimp & Chartier, 1998). In other words, most of these women had indeed been raped, yet they did not apply that term to the assault. Furthermore, when a woman has been raped by a boyfriend or another acquaintance, she is less likely than other rape survivors to report the rape (Worell & Remer, 2003).

Some cases of acquaintance rape can probably be traced to a particular kind of miscommunication. Specifically, men are more likely than women to perceive other people as being seductive (Abbey et al., 2000, 2001; Lindgren et al., 2008). For example, Saundra may smile pleasantly when talking with Ted. Saundra may intend for her smile to convey platonic friendship. Nevertheless, Ted may interpret her behavior as a sexual invitation. Another kind of miscommunication is that some men believe that women want to have sex, even though they have clearly said "No" (Osman, 2004).

Furthermore, sexually aggressive men and men who have negative attitudes toward women are especially likely to misinterpret neutral behavior (V. Anderson et al., 2004; Jacques-Tiura et al., 2007; Lindgren et al., 2008). Unfortunately, however, people often misconstrue this information. For example, the popular media often blame women for sending the wrong messages, rather than acknowledging that men misinterpret the messages.

The findings on miscommunication have practical implications for both women and men. First, women should be aware that their friendliness may be misperceived by men. Second—and even more important—men must learn that friendly verbal and nonverbal messages from a woman may simply mean "I like you," or "I enjoy talking with you," or "I'm being polite." A smile and extended eye contact do not necessarily mean "I want to have a sexual relationship with you."

The Role of Alcohol and Drugs

By some estimates, about half of rapes in the United States are associated with the use of alcohol by either the perpetrator or the rape survivor (Abbey, 2002; Davis et al., 2004; Kaufman & the Committee on Adolescence, 2008).

Alcohol clearly impairs people's ability to make appropriate decisions (Abbey et al., 2002). For instance, men who have been drinking tend to overestimate a woman's interest in sexual activity. Women who have been drinking are more likely to judge a sexually aggressive situation as being relatively safe, and they are less verbally assertive (Masters et al., 2006; J. W. White & Frabutt, 2006).

You may also have read about a drug called Rohypnol (pronounced row-*hip*-noll), sometimes called "roofie" or the "date rape drug." Mixed with alcohol, Rohypnol increases sleepiness and the sensation of drunkenness (Dobbert, 2004; Ward & Lundberg-Love, 2006). In both the United States and Canada, the media have reported many cases in which Rohypnol or some similar drug has been slipped into a woman's drink. The effect is like an alcohol blackout; the woman typically has no recall of any events that occurred after she passed out, even a rape attack. Obviously, a drug-induced rape can have a devastating effect on a woman.

Women's Reactions to Rape

A woman's reaction to rape depends on the nature of the attack, whether she knows the assailant, the threat of danger, her stage in life, whether she is well informed about rape issues, and other circumstances. However, almost all women who have been raped report that they were terrified, repulsed, confused, and overwhelmed while they were being raped (Lloyd & Emery, 2000; Ward & Lundberg-Love, 2006). Many women are afraid that they will be seriously hurt (Raitt & Zeedyk, 2000; Ullman, 2000). In fact, about 25% of women are injured (Koss, 2003).

During the rape, some women report that they feel detached from their own body (Matsakis, 2003; Ward & Lundberg-Love, 2006). One woman described her reaction to an acquaintance rape:

> The experience moved from heavy petting to forced intercourse. I realized that a fly on the wall watching would have seen two people making love. But inside I was horrified and remembered thinking to myself that this can't be happening to me. I felt like throwing-up, and I shriveled up inside of myself, so that the outside of my body and the parts he was touching were just a shell. (Funderburk, 2001, p. 263)

Short-Term Adjustment

Women report a wide range of feelings during the first few weeks after a rape. Some women have an expressive style. They show their feelings of fear, anger, and anxiety by crying and being restless (A. S. Kahn & Andreoli Mathie, 2000; Ahrens et al., 2008; Matsakis, 2003). Others hide their feelings with a calm and subdued external appearance.

The reactions of other people are crucial. Friends who think that the rape was a woman's fault are not likely to help her (Brown & Testa, 2008). For instance, one survivor's female friend asked her, "What were you wearing?" (Ullman, 2010, p. 4). In contrast, another survivor received emotional

support from her boyfriend. He said that "He was here for me in whatever way I needed him and and that we didn't have to have sex unless I wanted to" (Ullman, 2010, p. 63).

Most rape survivors feel helpless, humiliated, and devalued. Many women blame themselves for the rape (Ahrens et al., 2008; L. S. Brown, 2008; A. S. Kahn & Andreoli Mathie, 2000). For instance, one woman who had been raped by an acquaintance said, "I never thought of it as date rape until very recently. I just always thought of it as my fault that I let things get out of hand" (Lloyd & Emery, 2000, p. 119). Self-blame is a particularly troublesome reaction because, in nearly all cases, the woman did nothing to encourage the assault.

Immediately following a rape, a woman may experience physical pain, and she may also experience gynecological symptoms, such as vaginal discharge and generalized pain. Realistically, a woman who has been raped needs to worry about possible pregnancy, as well as AIDS and other sexually transmitted diseases (Kaufman & the Committee on Adolescence, 2008). However, many women are too upset or too ashamed to seek medical attention. Women who do go to a hospital may be treated in a caring manner, but some report that the members of the hospital staff were unsympathetic (Boston Women's Health Book Collective, 2005).

A woman who has been raped must also decide whether to report the crime to the police. Women often decide not to make an official report because "it wouldn't do any good." They believe that the criminal justice system won't handle the case effectively, that officials won't believe them, and that they might be embarrassed by the verifying procedure (Konradi, 2007). These fears may be realistic. The legal system often harasses and frightens women who have been raped, often minimizes their distress, and often blames victims rather than supporting them. In recent years, however, a growing number of women have reported that they were treated with compassion and respect (Konradi, 2007; Ullman, 2010).

Long-Term Adjustment

The effects of a rape do not disappear suddenly. The physical and mental aftereffects may last for years (Ward & Lundberg-Love, 2006). Common physical health problems include pelvic pain, excessive menstrual bleeding, vaginal infections, complications during pregnancy, gastrointestinal problems, and headaches (Reed, 2009; Ullman & Brecklin, 2003; E. A. Walker et al., 2004).

Women who have been raped are also likely to experience depression, excessive weight loss, eating disorders, substance abuse, and sexual dysfunction (Ahrens et al., 2008; Herrera et al., 2006; Ullman & Brecklin, 2003). Some women who have been raped may engage in high-risk sexual behavior (Rheingold et al., 2004; Ullman & Brecklin, 2003). They are also more likely to attempt suicide (Ahrens et al., 2008; Ullman, 2004).

Many rape survivors also meet the criteria for a psychological disorder called **post-traumatic stress disorder (PTSD)**, a pattern of symptoms such as

intense fear, heightened anxiety, and emotional numbing after a traumatic event (Ahrens et al., 2008; Olff et al., 2007; Littleton & Breitkopf, 2006). A woman experiencing PTSD following a rape may report that she keeps re-experiencing the rape, either in nightmares or in thoughts intruding during daily activities. Her memories of the rape may seem vivid and emotionally intense (Ahrens et al., 2008; Schnurr & Green, 2004). However—consistent with Theme 4—individual differences are striking. For instance, many women report that they feel "more normal" within 3 months of the assault, but some women will continue to have symptoms for several years (Frieze, 2005; Ozer & Weiss, 2004).

Many women seek professional psychotherapy to reduce persistent symptoms. Controlled studies indicate that several kinds of psychotherapy are effective (Ullman, 2010). Many current approaches use components of the cognitive-behavioral approach, as discussed in Chapter 12. For example, the therapist may ask the client to gradually confront the painful memories. Then the therapist helps her manage the anxieties that arise as she creates a mental image of the traumatic event (Enns, 2004a). Group counseling can also be beneficial, because women can share their concerns with others who have survived similar experiences (Funderburk, 2001).

Some women who are raped manage to transform their terrifying experience in a way that makes them stronger, more determined, and more resilient (Ahrens et al., 2008; Slater et al., 2003; Ullman, 2010). Many survivors choose to speak out against violence—for example, at a forum on a college campus. As Funderburk (2001) wrote:

> Besides being a therapeutic experience in its own right, speaking out helps transform self-blame to anger and can galvanize the campus to making a commitment to social change through education and awareness. (Funderburk, 2001, p. 278)

Fear of Rape

So far, our discussion of rape has focused on women who have been raped. However, we also need to consider that all women suffer because of the threat of rape (Beneke, 1997; Rozee, 2008). Young girls and elderly women can be raped. Furthermore, many women are raped in the "safety" of their own homes—the one location where they are supposed to feel most secure.

Surveys in both the United States and Canada confirm women's fear of rape and perceived danger (Frieze, 2005; M. B. Harris & Miller, 2000; Statistics Canada, 2000). Men are often astonished to learn about the large number of safety measures that women employ to avoid being raped (Rozee, 2008). One problem is that women take numerous precautions against rape by a stranger but they take significantly fewer precautions to avoid rape by an acquaintance, even though they correctly acknowledge that acquaintance rape is more common (Rozee, 2008).

Fear of rape controls women's behavior and restricts what they can do, no matter where they live. I teach at a college located in a small village in upstate New York farmland. Nevertheless, my female students do not feel safe if they are alone at night. Sadly, the fear of rape drastically reduces women's sense of freedom and power (Rozee, 2008).

Assigning Responsibility for Rape

Read the first scenario in this demonstration. Then decide who is responsible for the occurrence of the rape, John or Jane. If you believe that John is entirely responsible, assign a value of 100% to the John column and 0% to the Jane column. If they are both equally responsible, assign a value of 50% to each one. If Jane is entirely responsible, assign a value of 0% to the John column and 100% to the Jane column. Use any values between 0% and 100%, as long as the two values sum to 100. To make the situations comparable, assume that both John and Jane are college students in all five scenarios. After completing the first scenario, read and evaluate each subsequent one.

John	Jane	
_____	_____	1. Jane is walking back to her dorm from the library at 9:00 p.m., taking a route that everyone considers safe. As she passes the science building, John leaps out, knocks her down, drags her to an unlit area, and rapes her.
_____	_____	2. Jane is at a party, where she meets a pleasant-looking student named John. After dancing for a while, he suggests they go outside to cool off. No one else is outside. John knocks her down, drags her to an unlit area, and rapes her.
_____	_____	3. Jane is at a party, and she is wearing a very short skirt. She meets a pleasant-looking student named John. After dancing for a while, he suggests they go outside to cool off. No one else is outside. John knocks her down, drags her to an unlit area, and rapes her.
_____	_____	4. Jane is on a first date with John, whom she knows slightly from her history class. After a movie, they go out for an elegant late-night meal. They decide to split the cost of both the movie and the meal. In the car on the way home, John stops in a secluded area. Jane tries to escape once she realizes what is happening. However, John is much larger than she is, and he pins her down and rapes her.

(continues)

Demonstration 13.3 *(continued)*

———   ———   5. Jane is on a first date with John, whom she knows slightly from her history class. After the movie, they go out for an elegant late-night meal. John pays for the cost of both the movie and the meal. In the car on the way home, John stops in a secluded area. Jane tries to escape once she realizes what is happening. However, John is much larger than she is, and he holds her down and rapes her.

The Public's Attitudes About Rape

Before you read further, try Demonstration 13.3 above, which examines your own perspectives on rape.

Women who are raped are often doubly victimized, first by the assailant and later by the attitudes of other people (R. Campbell & Raja, 2005; J. W. White & Frabutt, 2006; Ullman, 2010). The survivor may find that her own family, her friends, the court system, and society all tend to blame her and treat her negatively because of something that was not her fault. These responses are particularly damaging at a time when she needs help and compassion. In fact, this "second victimization" increases the likelihood that a woman will develop post-traumatic stress disorder (R. Campbell & Raja, 2005).

The legal system's treatment of rape is mostly beyond the scope of this book. However, we hear numerous reports of injustice and mistreatment. For example, a New York City judge recommended leniency for a man who had forcibly sodomized a woman who had cognitive disabilities. Astonishingly, the judge said, "there was no violence here" (Rhode, 1997, p. 122).

People differ in their attitudes about rape. For instance, people with traditional gender roles place a greater proportion of the blame on the woman who has been raped (A. J. Lambert & Raichle, 2000; Simonson & Subich, 1999).

The research also shows that men are somewhat more likely than women to blame the woman who has been raped (Emmers-Sommer et al., 2005; W. H. George & Martínez, 2002). For example, Alan J. Lambert and Katherine Raichle (2000) asked students at a Midwestern university to read an acquaintance rape scenario in which students named Bill and Donna begin talking at a party and then go to her apartment. They undress. Then Donna says she does not want to have sex. However, Bill continues, despite her frequent pleading for him to stop. Participants were asked how much they thought
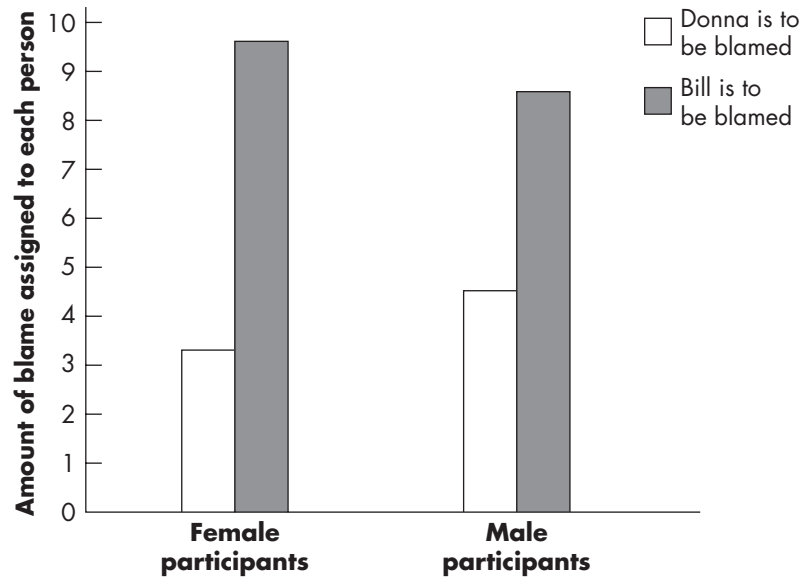
FIGURE **13.1** Responses to an acquaintance rape scenario, as a function of the participant's gender. (Note: 0 = Not at all to be blamed; 10 = very much to be blamed.)

each person could be blamed for what happened. As Figure 13.1 shows, males are somewhat more likely than females to blame Donna.

People's attitudes about rape also depend on the circumstances surrounding the assault. For instance, college students are more likely to blame a woman for a sexual assault if she was verbally coerced, rather than physically forced (Katz et al., 2007).

Furthermore, people are much more likely to blame the woman who has been raped in an acquaintance rape, rather than in a stranger rape (L. A. Morris, 1997; Wallace, 1999). Compare your answers to the first and second scenario in Demonstration 13.3 on page 432. In the first scenario, did you assign all (or almost all) of the blame to John? Did you shift the blame somewhat when Jane had known John for perhaps 30 minutes?

Next look at your response for scenario 3, in which Jane was wearing a short skirt. People are likely to hold a woman more responsible for a rape if she is wearing a short skirt, rather than more conservative clothing (Workman & Freeburg, 1999).

Now see whether your assignment of blame differed for Scenarios 4 and 5. In general, people are more likely to hold a woman responsible for a rape if the man paid for the date (Ahrens et al., 2008; L. A. Morris, 1997; Parrot, 1999). Let's say that the evening cost $100. In Scenario 4, they therefore each paid $50. In Scenario 5, John paid $100. If John pays $50 extra, does he have the right to rape Jane?

Myths About Rape

Numerous myths about rape, rapists, and survivors help to shape the kind of attitudes that we have just examined. As you might imagine, these rape myths can intensify the anguish of a woman who has been raped. Here are four of the more common myths:

Myth 1: Rapists are strangers—that is, people unknown to the victim. We noted earlier that about 85% of rapes are committed by acquaintances (Koss, 2003). However, the percentage may be even higher because women are less likely to report a rape that was committed by a person they know (Z. D. Peterson & Muehlenhard, 2004). Furthermore, if a woman is raped by a former sexual partner, many people believe that it doesn't actually count as a "real rape" (Krahé et al., 2007; Temkin & Krahé, 2008).

Myth 2: Women ask to be raped; they could avoid rape if they wanted to. Some people believe that women invite rape (Frieze, 2005; Matsakis, 2003; Ullman, 2010). Many videogames feature women who invite sexual assault (Dill, 2009). Furthermore, students believe that a woman is asking for rape if she is wearing "suggestive" clothing (Maurer & Robinson, 2008).

In addition, advertisements sometimes glamorize rape. For example, one perfume ad that appeared in several teen magazines included a photo of a very young woman. The message that accompanied the photo said, "Apply generously to your neck so he can smell the scent as you shake your head 'no'" (Kilbourne, 1999, p. 213).

Myth 3: Women who consent to sexual intercourse often claim—later on—that they were raped. Basically, this myth suggests that women don't mind telling a lie and getting men in trouble (DeMarni Cromer & Freyd, 2007; Kahlor & Morrison, 2007; Temkin & Krahé, 2008). As one male college student commented, "Women have the ability to call rape just because they weren't sure if they should have sex" (Clark & Carroll, 2008, p. 624). According to this myth, unless a woman genuinely struggles, she is basically saying "yes" to intercourse (Clark & Carroll, 2008). Kahlor and Morrison (2007) found that politically conservative college women were especially likely to endorse this myth.

Myth 4: Pornography has no effect on men's likelihood to rape. According to research, this myth is false. In fact, pornography that emphasizes violence can definitely be harmful. It can increase men's likelihood of sexual assault, as well as other forms of violence (B. A. Scott, 2008; J. W. White & Frabutt, 2006). Pornography seems to be especially dangerous for men who are high in hostility and high in promiscuity (Malamuth, 1998). Pornography can also provide men with "rape scripts," to show them specific techniques for sexual assault (Bourke, 2007).

Pornography is clearly a complex social, moral, and legal issue (B. A. Scott, 2008; J. W. White & Frabutt, 2006). However, pornography is not simply an innocent form of entertainment.

Child Sexual Abuse

So far, we have focused on the sexual abuse of college-age adolescents, as well as adult women. We also need to discuss **child sexual abuse**, which

occurs when an adult engages a child in any kind of sexual contact; this contact includes sexual touching, stimulation of the genitals, and intercourse.

Child sexual abuse is one of the most devastating forms of sexual violence. For example, when a girl named Sashima was 9 years old, her mother's boyfriend moved into their house. At first, the boyfriend began by checking on Sashima during the night and caressing her body. After several episodes, he began to touch her breasts and genitals, telling her constantly how much he loved her. He then attempted to have sexual intercourse with her. With the help of a concerned teacher, Sashima reported the events to child protective services. The mother's boyfriend was later arrested (O. Barnett et al., 2005).

Child sexual abuse is particularly cruel because, in most cases, children are abused by relatives, neighbors, and caretakers (Freyd et al., 2005). These abusers are the very individuals who should be protecting them, nurturing them, and acting in their best interests.

The incidence of child sexual abuse depends on the precise definition of the term. Estimations are also difficult because only a fraction of the cases are reported (O. Barnett et al., 2005; Frieze, 2005; Ullman, 2010).

In the past few years, we've learned that numerous young boys have been sexually assaulted by trusted adult males. However, the overall assault rates are typically higher for young girls (Ward & Lundberg-Love, 2006). In fact, estimates suggest that about 15% to 30% of all females in the United States and Canada had experienced some form of child sexual abuse by the time they were 18 years old (O. Barnett et al., 2005; Herrera et al., 2006; Lemieux & Byers, 2008; Olio, 2004). According to the research, ethnicity does not have a consistent effect on the rate of child sexual abuse (Doll et al., 2004).

Incest is a specific kind of child sexual abuse; again, the definitions vary. One accepted definition is that **incest** refers to sexual contact between biologically related individuals; this contact includes sexual touching, stimulation of the genitals, or intercourse. (Frieze, 2005). Unfortunately, relatives commit a large proportion of child sexual abuse incidents—including rape (Olafson, 2004).

Sexual abuse can profoundly affect a child, both immediately and over the long term. The immediate psychological consequences of child sexual abuse include fear, anger, depression, betrayal, and guilt. Nightmares and other sleep disturbances are also common. As you might expect, many victims also stop trusting other people (Slater et al., 2003; Ullman, 2010; Ward & Lundgren-Love, 2006).

The long-term consequences of child sexual abuse may include posttraumatic stress disorder, which we discussed on page 430 (Stern, 2010). Other common symptoms include depression, anxiety disorders, eating disorders, substance abuse, sexual dysfunction, and risky sexual behavior (Black et al., 2009; Lemieux & Byers, 2008; Ward & Lundgren-Love, 2006). Child sexual abuse also affects the long-term physical health of adult women (O. Barnett et al., 2005; Herrera et al., 2006; Zurbriggen & Freyd, 2004).

Some children who have been sexually abused may forget their memory of that experience, especially if the abuser was a close relative or other trusted adult. However, they may recover that memory when a later event triggers recall (L. S. Brown, 2008; DeMarni Cromer & Freyd, 2007; Freyd et al., 2005; Stern, 2010). In other cases, people may "remember" events that never

really happened during their childhood. This is known as "false memory" and is especially likely if the event is plausible (Brainerd & Reyna, 2005; Loftus et al., 2008; McNally, 2003).

One major problem is that we cannot easily determine whether a memory of childhood abuse is accurate. Children are abused in private settings without witnesses. Also, we cannot conduct research about child sexual abuse in a fashion that is both realistic and ethical. Most psychologists in the United States and Canada acknowledge the complexity of these issues. They argue that both recovered memory and false memory can occur (e.g., Enns, 2004b; Frieze, 2005).

The Prevention of Sexual Assault and Rape

We've examined several important characteristics of rape; what can people do to prevent it? Rape prevention is an issue both for individual women and for our entire society. Table 13.1 lists some precautions that individual women can take; it is based on much longer lists in several resources. More than 1,100 different rape-prevention strategies have been listed, and the advice is often confusing and conflicting (Corcoran & Mahlstedt, 1999; Fischhoff, 1992). Furthermore, no specific set of guidelines can prevent rape, although some strategies may reduce the dangers (Gidycz et al., 2006). Let's first consider how women can help prevent rape by strangers and next examine strategies for preventing acquaintance rape. Then we'll discuss how society can work to prevent rape.

Individuals' Prevention of Rape by Strangers

An important issue can be called the "blame-the-victim problem." Notice that many of the items in Table 13.1 will force women to limit their own freedom. For instance, women should not hitchhike or walk in unlighted areas. Why should women—the potential victims—be the ones who have to restrict their behavior? This complaint cannot be answered satisfactorily (Koss, 2003; Rozee, 2008). The situation definitely *is* unjust. However, the reality is that rape is less likely if women take these precautions. This injustice also emphasizes that the real solutions would require changes in society, rather than modifying only a woman's personal behavior.

The research also shows that women significantly reduce their chances of being raped if they try to block, push, or incapacitate their assailants. Women who fight back are also likely to recover their psychological well-being more rapidly (Crooks & Baur, 2008; Gavey, 2005; Rozee, 2005).

Resources on rape avoidance also recommend training in self-defense, especially because self-defense affords women greater empowerment and personal competence (Crooks & Baur, 2008; Gidycz et al., 2006; Ullman, 2010). In a rape situation, a woman must quickly assess the specific situation, as well as her own physical strength, before deciding whether to resist. However, even if a woman is raped, *it is never her fault.*

Individuals' Prevention of Acquaintance Rape

Women may feel comforted to think that they can protect themselves from rape by locking their doors and avoiding late-night walks in dangerous areas.

TABLE **13.1**
Safety Precautions to Avoid a Rape Confrontation with a Stranger

Note: Read the section on individuals' prevention of rape by strangers (page 437) before you look at the following information.

General Precautions

1. Before an emergency arises, locate the nearest Rape Crisis Center or similar organization to obtain material on rape prevention.
2. If you have a cell phone, take it with you when you are alone.
3. Make certain that your consumption of alcohol or other drugs does not endanger your alertness. When women use drugs or alcohol before a rape attack, they typically experience more severe bodily injury.
4. Take a self-defense course, and learn the vulnerable body parts of a potential attacker.
5. If you are attacked, do not be afraid to be rude. Instead, yell loudly and throw any available object at the attacker.
6. Women should avoid hitchhiking, and they should try to avoid walking in unlighted areas.

Precautions at Home

1. Make certain to use secure locks on doors and windows.
2. Ask repairmen and deliverymen for identification before you open the door; do not let strangers inside your home to use your phone.
3. If you live in an apartment, don't enter the elevator with a male stranger, and don't enter a deserted basement or laundry room. Insist that the apartment manager keep hallways, entrances, and grounds well lit.

Precautions on the Street

1. When you are walking, walk purposefully; make it clear that you know your destination. Be alert to your surroundings.
2. Avoid being alone on the streets or on campus late at night. If you cannot avoid being alone, carry a whistle that will make a loud noise or a "practical" weapon such as an umbrella, a pen, or keys.
3. If a car is following you, quickly turn around and then walk in the opposite direction to the nearest open store or neighbor.

Precautions in Cars and on Buses or Subways

1. Keep car doors locked, even when you are riding.
2. Keep your gas tank filled and the car in good working order. If you have car trouble, call 911 or another emergency number.
3. If you are being followed while driving, don't pull into your own driveway. Instead, drive to the nearest police or fire station and honk your horn.
4. At bus or subway stations, stay in well-lit sections, near change booths or near a group of people.

Sources: Based on L. L. Alexander et al. (2004), Boston Women's Health Book Collective (2005), Crooks and Baur (2008), Parrot (1999), Rozee (2005), and Ullman (2010)

However, they also need to protect themselves from the more frequent problem: being raped by someone they know (Messman-Moore & Brown, 2006).

Unfortunately, women must use a different set of strategies to protect themselves from an acquaintance rape (Rozee, 2005). One precaution is to avoid a relationship with a man who talks negatively about women in general or with a domineering man who insults you and ignores what you say. These men are likely to ignore your refusals if you say you do not want to have sex (Adams-Curtis & Forbes, 2004; Crooks & Baur, 2008).

Some precautions on dating safety may sound obvious, but they can decrease the chances of acquaintance rape. When you are just getting to know someone, go to public places with a group of people. If possible, agree in advance that everyone will leave together at the end of the event. Limit your alcohol intake, and make sure that no one can slip a drug into your drink (Boston Women's Health Book Collective, 2005; Crooks & Baur, 2008). Also, take some time to think about a backup plan *before* a situation becomes threatening. What would your options be? Throughout a relationship, communicate with your dating partner about any sexual activities that seem appropriate or inappropriate (Abbey, 2002; Kennett et al., 2009).

In the previous section, we discussed effective ways of preventing rape by strangers. When the attacker is an acquaintance, he may respond to verbal assertiveness. For example, a woman can shout something such as, "Stop it right now! This is rape, and I'm calling the police!" Screaming or running away may also be effective.

In an ideal world, women could trust their dates, their classmates, and their friends. In the real world, the clear majority of men would never rape an acquaintance. However, some do, and women must be prepared for this possibility.

Society's Prevention of Rape

An individual may avoid rape by following certain precautions. However, solutions at the individual level mean that women will continue to live in fear of being raped (Rozee, 2008). To prevent rape, we need to take a broader approach, encouraging people to value women and men equally. We must acknowledge that a violent society—which often devalues women—will tend to encourage rape (O. Barnett et al., 2005; Frieze, 2005; Ullman, 2010). Our list starts with concrete suggestions and then considers some problems that require more fundamental changes (Boston Women's Health Book Collective, 2005; Kaufman & the Committee on Adolescence; Rozee, 2005; Temkin & Krahé, 2008; Ullman, 2010):

1. Professionals who work with children and adolescents must be alert for evidence of sexual abuse.
2. Hospitals and medical providers should be sensitive to the emotional and physical needs of girls and women who have been raped.
3. Laws must be reformed so that the legal process is less stressful, less likely to blame the victim, and more supportive of the victim.
4. Education about rape needs to be improved, beginning in middle school (Anderson & Whiston, 2005; Konradi, 2007; Temkin & Krahé, 2008).

Students need this information when they are young because they typically form their attitudes toward rape before they reach high school. To be effective, these rape-prevention programs must continue throughout high school and college. They must emphasize that men *can* control their sexual impulses and that women must not be blamed for rape (L. A. Anderson & Whiston, 2005). These programs must also emphasize the relatively high frequency of acquaintance rape (Messman-Moore & Brown, 2006).

5. Men's groups must become more involved in rape prevention (Louwagie, 2008). On some college campuses, fraternities will join together with campus women's groups to organize a sexual-assault awareness day or a "Take Back the Night" event (Abbey & McAuslan, 2004; Marine, 2004; Ullman, 2010). Men and men's organizations need to emphasize this important quotation: "If you're not part of the solution, you're part of the problem." Programs focusing on men have also been created in India, Brazil, and Cambodia (The Population Council, 2008; Tarrant, 2009).

6. Violence must be less glorified in the media. We now recognize that there is violence on the Internet, as well as violence in films, video games, television programs, and popular music. This violence is widely recognized, yet the situation has not improved in recent years (Dill et al., 2005; Escobar-Chaves et al., 2005; Rozee, 2008; Ullman, 2010). We must emphasize that violent "entertainment" encourages aggression against women.

7. Rape crisis centers need to receive more funding, so that they can provide much more extensive education in our communities (Ullman, 2010).

8. Ultimately, our society must direct more attention toward the needs of women. As we've emphasized throughout this book, women are relatively underpaid, powerless, and invisible. Their needs are often trivialized and ignored. Every woman should be able to feel that her body is safe from attack and that she has the same freedom of movement that men have. Our culture must not tolerate violence toward women.

SECTION SUMMARY

Sexual Assault and Rape

1. Rape is more common in cultures where women have relatively little power; invading soldiers have systematically raped women during wartime.

2. According to U.S. and Canadian estimates, between 15% and 30% of women have been raped at some point during their lives.

3. Frequently, women who have been raped by an acquaintance do not consider the assault to be a "real" rape. Some instances of acquaintance rape can be traced to misinterpretations of sexual interest.

4. Alcohol and other drugs increase the likelihood of sexual assault.

(continues)

SECTION SUMMARY (continued)

5. Women who have been raped report that, during the assault, they felt terrified, confused, and overwhelmed. Afterward, they often feel help-less and devalued. Long-term consequences for a rape survivor may include post-traumatic stress disorder and physical health problems, although individual differences are substantial.

6. Because of the threat of rape, many women feel unsafe, and they restrict their activities.

7. A woman who has been raped may be blamed by her family, the legal system, and the general public; people's attitudes about rape depend on factors such as gender, and whether a stranger or an acquaintance raped the woman.

8. Some widely held ideas about rape are not consistent with the research findings. In reality, rapists are often acquaintances; women do not "ask" to be raped; women are not likely to lie about being raped; and pornography can increase the incidence of rape.

9. Child sexual abuse has both immediate and long-term effects on mental and physical health; some memories of child sexual abuse can be forgotten and then recovered later, but some adults may construct false memories of abuse that did not occur.

10. Safety precautions that may prevent rape by a stranger typically limit women's freedom at home and in public places; however, it is important not to blame the person who has been raped.

11. Precautions for reducing the likelihood of acquaintance rape include avoiding men who downgrade women; dating in groups at the beginning of a relationship; and being verbally assertive.

12. Ultimately, the number of rapes can be reduced only by greater societal attention to women's needs. The issues include increasing the sensitivity of relevant professionals, educating students, and encouraging men to become more active.

13. The media must reduce their emphasis on violence, and women's issues must receive more attention.

THE ABUSE OF WOMEN

Consider the following passage, in which a woman described how her husband had abused her:

> Little by little, he isolated me from my friends, he convinced me to quit working, he complained about how I kept the house, he kept track of the mileage on the car to make sure that I wasn't going anywhere. Eventually, when the beatings were regular and severe, I had no one to turn to, and I felt completely alone. (Boston Women's Health Book Collective, 2005)

The terms **abuse of women** and **intimate partner violence** refer to intentional acts that injure someone; these acts include physical, psychological, and sexual abuse. (We discussed sexual abuse in the previous section.) These two terms are broader than many similar terms. For example, the term *domestic violence* implies that two people are living together. Therefore, this term seems to exclude the kind of violence that often occurs in dating relationships, including high school and college students (Roberts, 2007; J. W. White & Frabutt, 2006). A second term, *battered women,* also implies *physical* abuse (J. W. White et al., 2001). However, many women who have been abused report that the emotional abuse is the most destructive component of the abusive relationship (Offman & Matheson, 2004; K. D. O'Leary & Maiuro, 2001).

Physical abuse can include hitting, kicking, burning, pushing, choking, throwing objects, and using a weapon. Emotional abuse can include humiliation, name calling, intimidation, extreme jealousy, refusal to speak, and isolating someone from friends and family members (D. A. Hines & Malley-Morrison, 2005; Stahly, 2008; Straus, 2005). Another form of emotional abuse focuses on finances, for example, when a man withholds money or destroys his wife's credit cards (Castañeda & Burns-Glover, 2004; Mandel, 2009). It is important to know that—in a substantial percentage of intimate relationships—men sexually assault their female partner, in addition to using other forms of violence (J. Katz et al., 2008).

Because of space limitations, in this section we will focus on male violence against females. The research demonstrates that some females abuse their male partners. However, most research shows that men abuse their female partners more frequently and more severely (McHugh et al., 2008; Statistics Canada, 2006). For example, men are about nine times as likely as women to assault a former spouse (Loseke & Kurz, 2005). Before you read further, try Demonstration 13.4.

DEMONSTRATION 13.4	## Thinking About Your Own Romantic Relationship As you can imagine, no simple questionnaire can assess whether a relationship shows signs of abuse. However, look at the following questions and see whether they may apply to a current relationship, a previous relationship, or to a couple whom you know well. Does your partner: 1. Make fun of you or make demeaning comments when other people are present? 2. Tell you that everything is your fault? 3. Check up on you at work or other locations, to make certain that you are at the place where you said you'd be? 4. Make you feel unsafe in the current relationship? 5. Make you feel that he (or she) would explode if you did the wrong thing?

(continues)

Demonstration 13.4 *(continued)*

6. Act very suspicious about any potential romantic relationship with another person?
7. Try to keep you from developing nonromantic friendships with other people?
8. Try to make you do things you don't want to do?
9. Criticize you frequently?
10. Decide what you will wear, eat, or buy—when you have expressed a preference for something else?
11. Threaten to hurt you?
12. Intentionally hurt you physically?

Sources: Frieze (2005), Shaw and Lee (2001), and Warshaw (2001).

We also will not examine abuse in lesbian relationships. However, other resources discuss this topic (e.g., D. A. Hines & Malley-Morrison, 2005; Peplau & Fingerhut, 2007). In addition, the items shown in Demonstration 13.4 can also apply to lesbian relationships.

How Often Does the Abuse of Women Occur?

Earlier in this chapter, we discussed the difficulty of estimating how many women experience sexual harassment and rape. Most women believe that they must not let others know that they have been abused; this silence prevents us from obtaining accurate data about violence in intimate relationships (Jiwani, 2000). According to estimates, however, about 20–35% of women in the United States and Canada will experience abuse during their lifetime (Christopher & Lloyd, 2000; Statistics Canada, 2006). To consider the statistics another way, male partners physically abuse between 1 million and 3 million U.S. women each year (Roberts, 2007; Stahly, 2008; J. W. White & Frabutt, 2006).

Between 30% and 55% of women who are treated in U.S. hospital emergency departments have injuries related to domestic violence. Furthermore, pregnancy actually increases the risk of abuse. As many as 20% of all pregnant women experience physical or sexual abuse. These kinds of abuse sometimes cause substantial birth defects (Logan et al., 2006; J. W. White & Frabutt, 2006).

According to Canadian and U.S. surveys, males abuse their girlfriends as early as elementary school, and the abuse continues through high school and college (DeKeseredy & Schwartz, 1998, 2002; Frieze, 2005; J. Katz, Carino, & Hilton, 2002). For instance, a large-scale survey of Canadian university students revealed that 31% of the women had been pushed, grabbed, or shoved by someone they were dating. Emotional abuse was even more common: 65% of the women said they had been degraded in front of friends or family, and 65% had experienced insults or swearing (DeKeseredy &

Schwartz, 1998). Many women report that the emotional abuse is worse than physical abuse (Burks, 2006).

The abuse of women is not limited to North America. The rate of abuse in European countries is similar to the North American rate (O. Barnett et al., 2005). Data gathered in Asia, Latin America, and Africa reveal even higher rates of abuse (e.g., O. Barnett et al., 2005; Ferrer, 2007; Krahé et al., 2005; Levy, 2008; Parrot & Cummings, 2006). Partner abuse is also relatively common when people emigrate from Latin America or Asia to North America (Green & Viani, 2007; Lee & Au, 2007).

Throughout the world, women are especially likely to experience abuse in the turmoil of a war or a natural disaster, such as the tsunami that hit southern Asia in 2004. As one woman said, "The silence regarding violence against women is louder than the tsunami waves" (Chew, 2005, p. 1).

In many countries, more than half of adult women reported that a partner had physically assaulted them. For example, an interviewer asked a man in South Korea if he had beaten his wife. He replied:

> I was married at 28, and I'm 52 now. How could I have been married all these years and not beaten my wife? ... For me, it's better to release that anger and get it over with. Otherwise, I just get sick inside. (Kristof, 1996, p. 17A)

Notice how this man felt entitled to batter his wife (Stahly, 2008). He never considered whether the abuse was also better for his wife.

Women's Reactions to Abuse

As you might expect, women typically react to abuse with fear, depression, and mistrust. Women who have been abused may be hyper-alert, searching for signs that their partner may be ready to strike again (Martz & Saraurer, 2002; Statistics Canada, 2006). Understandably, women in long-term violent relationships report that they are dissatisfied with these relationships (S. L. Williams & Frieze, 2005). Women who have been abused typically feel anxious, isolated, and low in self-esteem. Many abused women also develop depression (Stahly, 2008; Stark, 2009).

Abused women also experience many problems with their physical health. Women may suffer from bruises, cuts, burns, broken bones, bullet wounds, and brain damage as a direct result of an assault (Chrisler & Ferguson, 2006; Stark, 2009). Abusers may even prevent women from seeking medical care. Many months afterward, women may still experience headaches, sleep disturbances, extreme fatigue, abdominal pain, pelvic pain, gynecological problems, and other chronic disorders (O. Barnett et al., 2005; Logan et al., 2006). Naturally, these physical problems may intensify their psychological problems. These physical problems may also prevent women from going to work, resulting in numerous additional problems (Mighty, 2004; Riger et al., 2004).

Characteristics Related to Abusive Relationships

Researchers have examined several factors related to the abuse of women. For example, some family characteristics may be associated with abuse. In

addition, certain personal attributes are especially common among men who abuse their partners.

Family Variables Associated with Abuse

Reported abuse is somewhat more common among low-income families, although the relationship between abuse and social class is complex (Logan et al., 2006; Marmion & Faulkner, 2006; Stahly, 2008). Furthermore, high-income families might be less likely to report abuse. It's clear, however, that no woman is immune. For example, a female professor at a prestigious college described her own experiences, when she was married to a well-educated man who was verbally and physically abusive for 12 years. When she finally left her husband, he committed suicide (Bates, 2005).

The relationship between ethnicity and family violence is both complex and inconsistent (Flores-Ortiz, 2004; Logan et al., 2006). For instance, Statistics Canada (2006) noted that Aboriginal/First Nations women are three times as likely as other Canadian women to report domestic violence. In the United States, American Indian/Native American women provided higher estimates of domestic violence for their ethnic group, compared to estimates from European Americans (Tehee & Willis Esqueda, 2008). However, many analyses do not take social class into account, and we have just seen that social class is somewhat related to patterns of abuse.

In contrast, the number of reported cases of domestic abuse is relatively low in Asian American communities (O. Barnett et al., 2005; Marmion & Faulkner, 2006). One reason may be that Asian American families are extremely reluctant to let anyone outside the immediate family know about domestic problems (McHugh & Bartoszek, 2000). According to Asian American researchers, many Asian cultures believe that women should accept their suffering and endure their hardships. This value system would discourage women from reporting domestic violence (G. C. N. Hall, 2002; Tran & Des Jardins, 2000).

Personal Characteristics of Male Abusers

One of the most commonly reported characteristics of male abusers is that they feel they are entitled to hurt their partners. From their egocentric perspective, their own needs come first (Kilmartin & Allison, 2007; Stahly, 2008). A good example of this male entitlement perspective is the Korean man who felt he was better off releasing his anger by beating his wife (p. 444).

Abusers are also likely to believe that the male should be the head of the family, along with other traditional concepts about gender roles (D. A. Hines & Malley-Morrison, 2005; Stark, 2009). Not surprisingly, abusers have more positive attitudes toward physical and verbal aggression, compared to men who are not abusers (D. A. Hines & Malley-Morrison, 2005; J. W. White & Frabutt, 2006). Furthermore, abusers are more likely than nonabusers to have witnessed family violence during childhood (Cares, 2009; Kilmartin & Allison, 2007; Stark, 2009).

Situational factors also increase the likelihood of partner abuse. For example, men who are unemployed have a relatively high rate of domestic violence (Frieze, 2005; Marin & Russo, 1999). Men who have served in the

Armed Forces in a war zone are especially likely to abuse their partner (Alvarez, 2008).

Research also suggests that males who have a drinking problem are more likely to abuse women (D. A. Hines & Malley-Morrison, 2005; J. W. White & Frabutt, 2006). It's possible that alcohol plays an important role because it affects judgment and other cognitive processes. However, alcohol may not directly *cause* violence. For instance, some men simply use alcohol as an excuse for their violence (Gelles & Cavanaugh, 2005; Roberts, 2007). A man might try to justify his violence by saying, "I don't know what got into me. It must have been the liquor."

The Public's Attitudes About the Abuse of Women

In earlier chapters, we discussed the negative impact of the media on such issues as children's beliefs about gender, as well as adults' gender stereotypes and body images. In contrast, North American research suggests that the media have had a generally positive impact on knowledge about domestic violence (Goldfarb, 2005; Rapoza, 2004). For example, 93% of U.S. residents in a nationwide survey said that they had learned from media coverage that domestic violence is a serious problem (E. Klein et al., 1997). We should be pleased when feminist educational efforts combine with the media and legal reform to change societal attitudes (Frieze, 2005; C. M. Sullivan, 2006; Yllö, 2005). In a Canadian public opinion survey, for instance, 77% of the respondents said that the prevention of family violence should be an important priority for the federal government (Dookie, 2004).

In general, women are more likely than men to have negative attitudes toward the abuse of women. In contrast, men are more likely than women to say that a woman must have done something to deserve the punishment (Frieze, 2005; D. A. Hines & Malley-Morrison, 2005).

A study by Nayak and her colleagues (2003) assessed attitudes toward men who physically abuse their wives. These researchers gathered data from college classrooms in four countries: the United States, India, Japan, and Kuwait. (Kuwait is a Middle Eastern country where women could not vote at the time this study was conducted.)

Figure 13.2 shows the students' tendency to believe that wives deserve to be physically abused. Consistent with the other research, the women in each country were less likely than the men to believe that wives deserved abuse. Furthermore, students in the United States were less likely than students in the other three countries to endorse abuse. However, are the cross-national differences as large as you would have expected?

Myths About the Abuse of Women

We have already discussed the evidence against several commonly accepted myths about the abuse of women. For example, each of the following four myths is *not correct* because the research *contradicts* these myths:

Myth 1: Abuse is rare.
Myth 2: Men experience as much abuse as women.
Myth 3: Abuse is limited to the lower social classes.
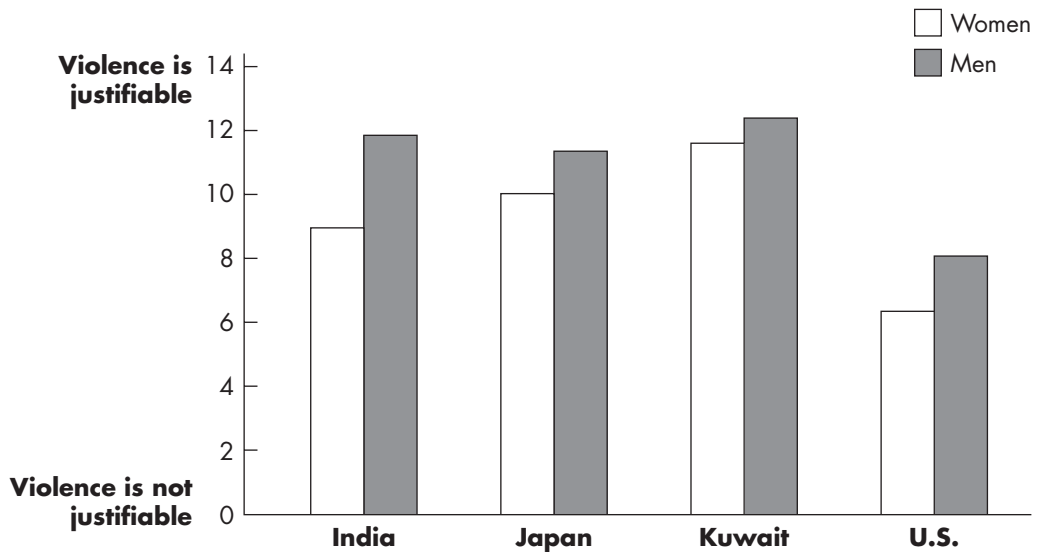
FIGURE **13.2** College students' attitudes about whether a man's physical violence toward his wife is justifiable, as a function of gender and country of residence. (Note: High scores = violence is justifiable; low scores = violence is not justifiable.)

Source: From M. B. Nayak et al. (2003).

Myth 4: Abuse is much more common among ethnic minority groups than among European Americans.

Let's examine two other myths. In each case, think how the myth encourages people to blame women for being abused.

Myth 5: Abused women deserve to be beaten and humiliated. According to this myth, when a woman oversteps the boundaries of a proper girlfriend or wife, she ought to be beaten. In other words, people may blame the woman's behavior, not the man's response (O. Barnett et al., 2005; Grothues & Marmion, 2006; Stahly, 2008). A student in my psychology of women course related an incident in which she had described a wife-abuse case to a group of friends. Specifically, a husband had seriously injured his wife because dinner was not ready as soon as he came home from work. A male friend in this student's group—whom my student had previously considered enlightened about feminism—responded, "Yes, but she really should have prepared dinner on time."

Myth 6: Abused women could easily leave, if they really wanted to. This myth ignores both the interpersonal factors and the practical factors that prevent a woman from leaving a relationship. An abused woman may sincerely believe that her boyfriend or husband is basically a good man who can be reformed (Frieze, 2005; Stahly, 2008).

Many abused women also face practical barriers. A woman may have no place to go, no money, and no way of escaping (O. Barnett et al., 2005; Frieze, 2005).

Another important concern is that the abuser may threaten to retaliate if she leaves. In fact, the research shows that the majority of abusers become even more violent after a woman has moved out of the home (Grothues & Marmion, 2006; D. A. Hines & Malley-Morrison, 2005; Stahly, 2008).

Reducing Intimate Partner Violence

Some women remain in abusive relationships, and some may seek support from family members or friends. A woman's strategies for handling abuse depend on her family background. For example, some families emphasize persevering in unpleasant situations and hiding domestic problems (O. Barnett et al., 2005). Community members and religious leaders may oppose the breakup of a marriage (McCallum & Lauzon, 2005). In these circumstances, women are less likely to leave an abusive relationship.

Beginning in the 1970s, the U.S. criminal justice system began prosecuting abuse cases and requiring the abusers to attend "batterer intervention programs." Currently, there are approximately 2000 programs nationwide that focus on the abuser. Some useful resources are available (e.g., Wexler, 2006); however, there has been little systematic research on their effectiveness (Maxwell et al., 2009; Rosenbaum & Kunkel, 2009).

An abusive relationship seldom improves spontaneously. What options does a woman have for herself? We'll discuss three of them: (1) therapy; (2) using services in the community, such as a shelter for abused women; and (3) leaving the relationship.

Therapy

Women often seek the services of therapists, who are usually aware that society's attitudes can encourage the abuse of women. Ideally, therapists who work with abused women will adopt a feminist-therapy approach (see pp. 411–412). Therapists should respect a woman's strengths and difficulties. They should also help women think about themselves with compassion, rather than with criticism. Like other forms of women-centered therapy, this approach empowers women to pursue their own goals, rather than simply focusing on other people's needs (Frieze, 2005; Logan et al., 2006).

Consider the feminist-therapy approach that Rinfret-Raynor and Cantin (1997) used in working with French Canadian women who were abused and who had decided to remain in the relationship. A major message throughout therapy was that the abuser, not the victim, is responsible for the violence. The therapists also worked to increase the women's self-esteem and sense of independence. Compared to women who had received standard nonsexist therapy, the women who had received feminist therapy experienced a greater decrease in physical violence.

Psychotherapists acknowledge that there is no "one-size-fits-all" approach to therapy for partner abuse. However, cognitive-behavioral therapy is often an effective approach (see p. 410). In some cases, group therapy can also be helpful (Murphy et al., 2009). However, in many cases, even the most competent therapist cannot reduce the overall level of physical or psychological violence in an abusive relationship.

Services for Abused Women

Most communities in North America provide services for women who have been abused. Some communities also have shelters where an abused woman and her children can go for safety, support, and information about social services available locally. Many shelters also offer counseling services and support groups for the residents (O. Barnett et al., 2005; C. M. Sullivan, 2006). On a typical day in 2007, for example, 25,321 women were living in a U.S. shelter for abused women (DeBare, 2009).

Canada currently has about 500 shelters that focus on domestic violence (Statistics Canada, 2006). The United States—with about nine times the population of Canada—currently has only about 2,000 shelters (D. A. Hines & Malley-Morrison, 2005).

Unfortunately, these shelters operate on extremely limited budgets, and we need hundreds of additional shelters throughout North America. Thousands of women are turned away each year from shelters that are filled to capacity (Marmion, 2006). Many of these women become homeless (Toro, 2007). Others return to their homes, where they risk being beaten once again.

Ironically, as of February 13, 2011, the U.S. government had spent more than $774 billion on the Iraq War (National Priorities Project, 2011), even though Iraq was not responsible for the terrorist attacks of September 11, 2001. Meanwhile, the government is decreasing its funding for abused women's shelters and other relevant services, so these facilities must struggle to locate funding from individuals and organizations in the community (Logan et al., 2006).

Deciding to Leave a Relationship

Many women decide that abuse is too high a price to pay for the advantages of remaining in a relationship. Many women reach a crisis point after a particularly violent episode (Lloyd & Emery, 2000). For instance, one woman decided to leave after her husband broke her ribs (Martz & Saraurer, 2002).

Some women decide to leave after they have been attacked in front of their children. For example, one woman left after her husband threatened to kill her in front of her children. Others leave after their partner breaks a promise about stopping the abuse or after they realize that the relationship will not improve (O. Barnett et al., 2005).

Unfortunately, people are so intrigued by the question, "Why do battered women stay?" that they forget to ask other important questions (Stahly, 2008). Some of these questions include "Why are violent men allowed to stay?" and "How can our society make it clear that emotional and physical abuse is not acceptable?"

Society's Response to the Problem of Abuse

In recent years, the criminal justice system and the general public have become much more aware that abuse is a serious problem. Still, government policies have no consistent plan for providing shelters, services, and assistance for abused women. These policies also do not require counseling for the abusers. Government officials and agencies must publicize the fact that abuse of any kind is unacceptable.

High schools and colleges should require anti-violence programs that address sexual assault and family violence. Programs also need to be developed for children who have witnessed family violence (Foshee et al., 2009).

Unfortunately, community organizations are often silent about the issue of abused women. Imagine what could happen if religious groups, parent-teacher associations, and service organizations (such as the Rotary Club and the Kiwanis) were to sponsor programs on domestic violence. These organizations often set the moral tone for a community, and they could send a strong message that abuse of women cannot be tolerated (Marmion, 2006).

One positive development is that physicians are now paying more attention to the issue of abused women (Kaufman & the Committee on Adolescence, 2008; Logan et al., 2006). For example, physicians are now encouraged to screen all women by telling them that partner abuse is a very important health problem, so they now ask all of their patients a few questions. This issue is especially important for physicians, because partner abuse is a major reason that women seek medical attention (Williamson, 2009). Physicians should be less likely to ignore the evidence of abuse now that a new norm of concern has been established.

Individual men can also make a difference (Kilmartin & Allison, 2007; Poling et al., 2002). For example, James Poling describes how he and two male colleagues "moved from a lack of awareness of abusive behaviors, to a period of growing awareness because of the honest sharing of women about their experiences of violence, to belief in a set of principles that opened our eyes." As a result, they incorporated anti-violence messages into the religious services that they conduct.

Concern about the abuse of women is emerging more slowly in developing countries. For instance, most countries do not offer legal protection for women who have been abused (R. J. R. Levesque, 2001). Still, some of the efforts are encouraging. On a trip to Nicaragua—a low-income country in Central America—I found several resources on violence against women. One brochure, developed for church groups in Nicaragua, debunked common myths, such as that women deserve to be mistreated, that abuse is God's will, and that abuse occurs only in lower-class couples (M. West & Fernández, 1997). A brief handbook is also available to educate health-care workers about the problem of the abuse of women (Ellsberg et al., 1998).

Ultimately, however, any attempt to solve the problem of abuse must acknowledge that the power imbalance in intimate relationships reflects the power imbalance in our society (Goldfarb, 2005; Pickup, 2001). In addition, our culture trains some men to control their intimate partners through physical and emotional abuse. Some television programs, music videos, and other media reinforce the images of men's violence toward women. We can help to counteract these attitudes by encouraging the media to provide less violent entertainment (Kimmel, 2004). We must work toward a world in which violence is not directed at women as a group in order to keep them powerless.

SECTION SUMMARY

The Abuse of Women

1. About one-quarter of women in the United States and Canada will experience abuse during their lifetime; abuse is also common in dating relationships; abuse is more likely in some regions of the world, including Asia, Latin America, and Africa.
2. Women who have been abused may feel afraid, depressed, and anxious; they also experience many physical health problems.
3. Abuse is somewhat correlated with social class, but its relationship with ethnicity is complex; male abusers typically have a sense of entitlement; unemployed men and men who have served in military war zones are at risk for abusing their partners.
4. Most North Americans consider abuse to be a serious issue; women are more likely than men to have negative attitudes about abuse, and country of residence is also related to attitudes.
5. Two additional myths about abused women—which the research does not support—are that abused women deserve to be beaten and that they could easily leave the relationship.
6. The U.S. criminal justice system is now more likely to require batterers to attend battering-intervention programs.
7. Therapy for abused women focuses on reducing self-criticism and emphasizing their own needs.
8. Shelters for abused women are helpful, but they are poorly funded; many women decide to leave an abusive relationship after they reach a specific crisis point.
9. Government policies have no uniform provisions about shelters or services for abused women; health-care providers now have better training about abuse issues.
10. As in other issues of violence, the problem of battered women requires gender equality at the societal level and reduced violence in our culture.

CHAPTER REVIEW QUESTIONS

1. Throughout this chapter, we emphasized that people often blame female victims for problems that are beyond the control of these women. Describe how this process operates in sexual harassment, rape, and the abuse of women.
2. According to the introduction of this chapter, a culture that values men more than women encourages some men to feel that they are entitled to certain privileges. Explain how this sense of entitlement is relevant in sexual harassment, rape, and the abuse of women.
3. What are the two general categories of sexual harassment? Provide at least one example for each category, based on the recent media or on reports from friends. How do these examples illustrate why sexual harassment is an important issue?

4. Summarize the information about acquaintance rape and child sexual abuse. What does this information tell us about the balance of power and sexual violence in close personal relationships?

5. What are some of the common myths about sexual harassment, rape, and abuse? What do all these myths reveal about society's attitudes toward men and women?

6. In this chapter, we examined attitudes about rape and abuse. Identify any similarities that apply to both of these topics. Also, comment on gender comparisons in these attitudes and the relationship between gender roles and these attitudes.

7. What information do we have about sexual harassment, rape, and abuse, with respect to countries outside Canada and the United States? Is this information substantially different from information about violence against women in these two North American countries?

8. Imagine that you have been appointed to a national committee to address the problems of sexual harassment, rape, and abuse. What recommendations would you make for government policy, the legal system, universities, business institutions, the media, and educational programs? Provide several of your own suggestions in addition to those mentioned in this chapter.

9. According to Theme 3 of your textbook, women are less visible than men in many important areas; topics important in women's lives are also considered relatively unimportant. How often had you heard about the topics of sexual harassment, rape, and abuse before the course for which you are reading this book? What are some factors that encourage these three topics to be relatively invisible?

10. Think about a high-school female whom you know well. Imagine that she is about to go off to college. What kind of information could you supply from this chapter that would be helpful for her to know, with respect to violence against women? Now think about a high-school male whom you know. If he were preparing to go to college, what information would you supply? Provide information about how he could avoid violence against women and how he could support women who have experienced violence. (Better still, figure out how you can have an actual conversation about these topics with those individuals!)

KEY TERMS

entitlement (p. 418)

sexual harassment (p. 418)

quid pro quo harassment (p. 419)

hostile-environment harassment (p. 419)

sexual assault (p. 425)

rape (p. 425)

acquaintance rape (p. 427)

post-traumatic stress disorder (PTSD) (p. 430)

child sexual abuse (p. 435)

incest (p. 436)

abuse of women (p. 442)

intimate partner violence (p. 442)

RECOMMENDED READINGS

Chrisler, J. C., Golden, C., & Rozee, P. D. (Eds.). (2008). *Lectures on the psychology of women* (4th ed.). Boston: McGraw-Hill. This wonderful resource book includes 24 chapters on topics relevant to women's lives. The chapters on fear of rape, pornography, and the abuse of women are particularly relevant to the current chapter.

Denmark, F. L., & Paludi, M. A. (Eds.). (2008). *Psychology of women: A handbook of issues and theories* (2nd ed.). Westport, CT: Praeger. You'll find many interesting chapters in this book. The ones on rape, intimate partner violence, and sexual harassment are especially related to violence against women.

Stark, E., & Buzawa, E. S. (Eds.). (2009). *Violence against women in families and relationships* (Volumes 1–4). Santa Barbara, CA: ABC-CLIO. This four-volume set explores such topics as victimization, the community response, the context of the family, criminal justice issues, and media representations of family violence.

Ullman, S. E. (2010). *Talking about sexual assault: Society's response to survivors.* Washington DC: American Psychological Association. I strongly recommend this book, which provides a review of the research on sexual assault, as well as Ullman's own research and quotations from women who have experienced sexual assault.

ANSWERS TO THE DEMONSTRATIONS

Demonstration 13.1: Calculate a subtotal by adding together your ratings for items 1, 4, and 6. Then calculate an overall score by subtracting the ratings that you gave for items 2, 3, and 5. If your overall score is negative, you tend to be tolerant of sexual harassment. If your overall score is positive, you are aware that sexual harassment can be a serious problem.

Demonstration 13.2: 1. False; 2. True; 3. False; 4. False; 5. True; 6. False; 7. False; 8. True; 9. False; 10. False.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. False (p. 423);   2. True (p. 421); 3. False (pp. 421–422);   4. True (p. 427); 5. True (p. 427);   6. False (p. 437);

7. False (p. 442);   8. False (p. 444);   9. True (p. 445);   10. False (p. 448).

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14 Women and Older Adulthood

True or False?

_____ 1. Because most researchers in psychology are middle-aged or older, journals publish more research on this period than on childhood and adolescence combined.

_____ 2. People judge elderly women consistently more negatively than they judge elderly men.

_____ 3. According to the current research, young people in Japan and South Korea believe that elderly people may be pleasant, but not very smart.

_____ 4. The research shows that men usually have fewer retirement problems than women do.

_____ 5. In the United States, retired men and women have roughly the same income, primarily because both receive Social Security.

_____ 6. Most physicians currently recommend hormone replacement therapy for women who have reached menopause.

_____ 7. Cross-cultural studies show that most women who have reached menopause are bothered by both physical symptoms and psychological problems.

_____ 8. Most women experience moderate depression, called "the empty-nest syndrome," when their children move away from home.

_____ 9. Elderly European American women are more likely than Asian Americans and Latina Americans to live with younger family members.

_____ 10. Older women often experience health, financial, and social problems, but most of them are reasonably satisfied with their lives.

A middle-aged woman described her thoughts about growing older: I want to use my time well and live in a way that is true to my values. Some women face this question in college. For me, I just wanted to get married and have children. What do I want to do now? I want to feel I am leaving a legacy. It hit me full force at mid-life. (Boston Women's Health Book Collective, 2005, pp. 527–528)

Another woman, aged 67, said that she has "been gifted with a wonderful long-term marriage." She currently wants to develop "a passion, something that I do and like to do, that does not directly involve my family, something that is all about me. I need this to keep going now and feel like there is a future" (Browne-Miller, 2010, pp. 142–143).

In this chapter, we will explore the experiences of women in midlife and old age, and we will see many examples of the energy and sense of purpose revealed in these two quotations. Throughout this textbook, we have emphasized the contrast between people's stereotypes about women and the reality of women's lives. This contrast is also obvious when we examine the lives of older women.

No clear-cut age spans define middle age and old age. However, one fairly standard guideline is that middle age begins at about 40 and that old age begins at about 60 or 65 (Etaugh & Bridges, 2006; Lachman, 2004; Takamura, 2007).

Consistent with our invisibility theme, psychological research has typically ignored older people, especially older women (Bugental & Hehman, 2007; Lachman, 2004; Takamura, 2007). Feminist research has also paid little attention to older women (Calasanti & Slevin, 2006; Stewart & Newton, 2010; Street, 2007). For instance, articles about women over 40 seldom

appear in prominent journals such as *Psychology of Women Quarterly* and *Sex Roles*. This neglect is unfortunate, because the average life span for a woman in North America and Europe is around 80 years (Kinsella, 2000). In other words, about half of a woman's life has been largely ignored.

The absence of information is also unfortunate because North America has so many elderly women. In the 2000 Census, the United States had 20.6 million women and 14.4 million men over the age of 65—roughly 43% more women than men (U.S. Census Bureau, 2001). The comparable figures for Canada—in the 2001 Census—were 2.2 million women and 1.7 million men over age 65, or 33% more women than men (Statistics Canada, 2001, 2006). An increasing number of women live beyond middle age and typically into their 70s, 80s, and older. Therefore, we need to examine the lives of older women in any discussion about the psychology of women.

In general, this chapter focuses on older women in the United States and Canada. As you might guess, we have relatively abundant information about the 180 million people older than 65 who live in the technologically developed countries within North America, Europe, and Asia. Unfortunately, we have little information about the 290 million older people who live in countries that are not technologically developed (Takamura, 2007).

Several earlier chapters in this textbook have examined other aspects of older women's lives. Specifically, in Chapter 8, we discussed long-lasting romantic relationships, and in Chapter 9, we looked at sexuality and aging. In Chapter 11, we explored many issues relevant to older women's health, including heart disease, osteoporosis, cancer of the reproductive system, and breast cancer.

In this chapter, we'll focus on four additional topics: (1) attitudes toward older women, (2) retirement and financial issues, (3) menopause, and (4) social aspects of older women's lives.

ATTITUDES TOWARD OLDER WOMEN

Ageism is a bias based on age, most often a bias against elderly people (Cruikshank, 2009; T. D. Nelson, 2009; Palmore, 2001, 2004). Common examples of ageism include negative stereotypes, myths, emotions, attitudes, and discrimination. For example, young people often think that elderly people are typically grouchy and tired, and that they tend to feel sorry for themselves (Andreoletti, 2010).

Younger people may also avoid interacting with elderly individuals, and they often tell jokes about elderly people (Bytheway, 2005; Bugental & Hehman, 2007; Sneed & Whitbourne, 2005). We already mentioned one example of ageism: that researchers generally avoid studying elderly people. Another example of ageism is that many people speak to elderly people in slow, very simple sentences, as if they are talking to a young child (Cruikshank, 2009; Hummert et al., 2004; Whitley & Kite, 2010).

Furthermore, many physicians believe that elderly individuals complain too much about relatively minor medical problems (Calasanti & Sleven, 2006; Jorgensen, 2001; Zebrowitz & Montepare, 2000). Physicians also

treat elderly patients with less respect and concern, compared to younger patients (Bugental & Hehman, 2007; Pasupathi & Löckenhoff, 2002; T. L. Thompson et al., 2004). Unfortunately, many psychotherapists also treat elderly clients with less respect (Brown, 2008).

Ageism is an ironic bias, because elderly people constitute the only stigmatized social group that we all will join eventually—unless we happen to die early. If we have negative attitudes toward elderly people, we will probably have negative attitudes toward ourselves as we grow older (Andreoletti, 2010; Calasanti & Sleven, 2006; Cruikshank, 2007). Furthermore, if our ageism prevents us from interacting with elderly people, we won't realize that many ageist assumptions are not correct (H. Giles & Reid, 2005; Hagestad & Uhlenberg, 2005). Unfortunately, however, ageism is studied much less than either racism or sexism (Hedge et al., 2006; T. D. Nelson, 2009).

We'll begin this section on attitudes by considering how the media treat older women. Then we'll examine whether people respond more negatively to elderly women than to elderly men. Finally, we'll see that elderly women may be treated more positively in some other cultures.

DEMONSTRATION 14.1	## Older Women on Television Between now and the end of this academic term, keep a written record of how television portrays both middle-aged women and elderly women. Be sure to include several kinds of programs (soap operas, game shows, situation comedies, shows during prime time, and Saturday morning cartoons), as well as advertisements. Pay attention to the number of older women and what they do. Are they working outside the home? Do they have interests, hobbies, and important concerns, or are they mainly busy being nurturant? Are they portrayed as intelligent or absent-minded? Do they enjoy the friendship of other women—the way that real older women do? Do they seem "real," or are they represented in a stereotypical fashion?

Older Women and the Media

Try Demonstration 14.1 to discover how television represents older women. For example, older women are usually missing from the programs and advertisements on television (Cruikshank, 2009; Kaid & Garner, 2004; R. Levine, 2004). When you finally find a TV show that features older women, most of those women will be concerned about cookie recipes or trivial complaints, rather than issues of greater significance (Whitley & Kite, 2010).

We all know spirited, accomplished older women in real life—women who lead active, purposeful lives consistent with the two quotations at the beginning of this chapter. However, your inspection of television's older women may not reveal many women of that caliber (Bedford, 2003;

Cruikshank, 2009; J. D. Robinson et al., 2004). Many of you who are reading this book are older women, and you may have noticed that women like yourself are relatively invisible in the media (Kjaersgaard, 2005; J. D. Robinson et al., 2004). It's possible that older women may be more prominent as the majority of the "baby boomer" women reach their late 60s, but the trends so far are not hopeful (Andreoletti, 2010; Cruikshank, 2009; Nelson, 2009).

Older women sometimes appear in the fashion magazines, primarily in advertisements for age-concealing products (Chrisler, 2007a). These ads are designed to make older women feel especially inadequate (Cruikshank, 2009; Etaugh & Bridges, 2001). To hide signs of age, the ads say, women should dye their hair and have facelifts. In fact, one surgical procedure removes fat from a woman's thighs or buttocks and injects it into her lips, to restore a youthful fullness. Just imagine: You could be the first in your neighborhood to wear your hips on your lips!

We shouldn't be surprised, then, when many older women themselves show ageism. Sadly, they are often biased against people their own age (H. Giles & Reid, 2005; Whitbourne & Sneed, 2002). Most older women do not list "physical appearance" as their most important concern (Chrisler, 2007a). However, some older women do internalize the ageist messages about their own inferior status (Cruikshank, 2009; Levy, 2009; Levy et al., 2009; Nelson, 2009).

The Double Standard of Aging

As we've seen, North Americans typically have negative views about the aging process. Some theorists have proposed that people judge elderly women even more harshly than elderly men, a discrepancy called the **double standard of aging** (Andreoletti, 2010; Whitbourne & Skultety, 2006; Whitley & Kite, 2010). For example, people tend to think that wrinkles in a man's face reveal character and maturity. However, people often believe that wrinkles in a woman's face send a negative message (Erber, 2005; Etaugh & Bridges, 2006). After all, the ideal woman's face should be unblemished and show no signs of previous experiences or emotions!

Does the research provide evidence for the double standard of aging? This is a difficult question to answer because our stereotypes about older men and women are complicated. As you'll see, these stereotypes depend on the particular attribute we are judging, and how we measure the judgments (Kite et al., 2005; D. J. Schneider, 2004; Whitley & Kite, 2010). Let's consider two areas in which the double standard of aging may operate: (1) personality characteristics and (2) potential as a romantic partner.

Personality Characteristics

In a classic study, Hummert and her colleagues (1997) showed that people have a double standard of aging about personality characteristics. These researchers assembled photographs of men and women who represented different age groups. Let's consider specifically the part of this study in which the photographs being judged (the targets) were individuals in either their 60s or 70s, and they had neutral facial expressions. The participants in this

study included men and women whose ages ranged from 18 through 96. They were asked to place each photograph next to one of six cards that described either a positive stereotype (e.g., a person who was lively, sociable, and interesting) or a negative stereotype (e.g., a person who was depressed, afraid, and lonely).

Figure 14.1 shows the average number of positive stereotypes that the participants selected. (The participants' age did not have a major impact on judgments, so Figure 14.1 combines the judgments of all participants.) As you can see, people selected far fewer positive stereotypes for the older group of women than for all of the other three groups.

A large-scale meta-analysis by Mary Kite and her colleagues (2005) reveals a double standard of aging in some characteristics, but not in others. If a double standard of aging exists, then people should evaluate an old woman much more negatively than a young woman. At the same time, they should evaluate an old man only slightly more negatively than a young man. In other words, the "drop" should be larger for female targets than for male targets. Kite and her coauthors found that people did demonstrate a larger drop for female targets in two conditions: (1) when the people rated the target males and females on characteristics such as generosity or friendliness and (2) when the people rated how willing they would be to interact with the target males and females.

However, Kite and her colleagues found some surprising results when people rated the target males and females on intelligence, memory skills, and other characteristics related to competence. Specifically, the drop was larger
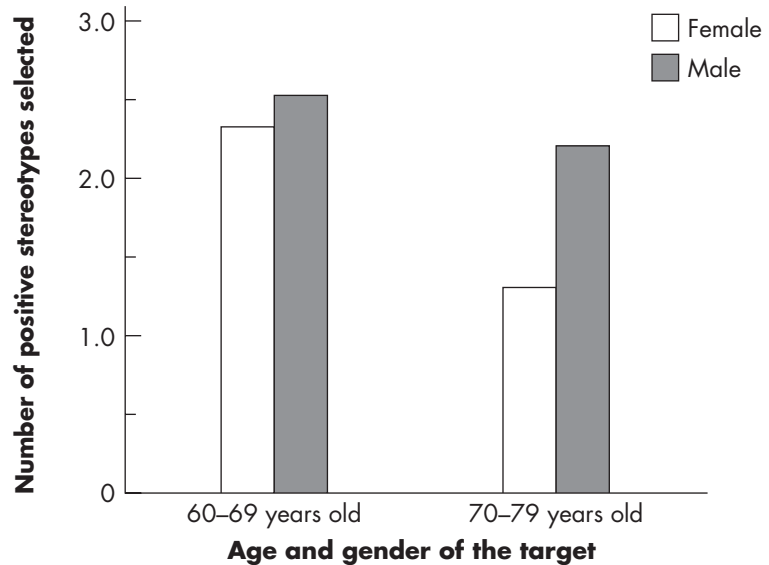
FIGURE **14.1** Average number of positive stereotypes, as a function of target age and target gender. (Note: Maximum positive score = 3.0.)

Source: Based on Hummert et al. (1997).

for male targets than for female targets. In other words, people rated old men as being much less competent than young men; in contrast, they rated old women and young women about the same. We have seen throughout this book that people often undervalue women's competence. Should we be pleased that people think that women do not become even *less* competent as they grow older?

Potential as a Romantic Partner

Mary Kite and her colleagues (2005) suggested that the double standard of aging would be especially likely to operate when people judge whether males and females are physically attractive. However, there were not enough formal studies to allow a meta-analysis about attractiveness. One study reported that older women were much more critical than older men about how their aging bodies looked (Halliwell & Dittmar, 2003).

The film industry clearly shows the double standard of aging, because they feature older men far more than older women, typically as the romantic leads (Cruikshank, 2009). Consider an analysis of the 100 most popular films of 2002 (Lauzen & Dozier, 2005). Older men are represented fairly; 45% of the major male actors in these films were older than 40, and 51% of the U.S. male population is in this category. In contrast, 34% of the major female actors were older than 40, although 54% of the U.S. female population is in this category. Think about the recent films you have seen that include a heterosexual couple who are romantically and/or sexually involved. Can you think of many films in which the woman is older than the man?

Lesbians also report that people react negatively when one partner is much older than the other. A 41-year-old woman wrote:

> I set about telling my friends that I am a lesbian and, at the same time, that I love a 63-year-old woman. The questions, stated or implied: Am I looking for a mother? Is she looking for some security in her old age? Is lesbian love, then, really asexual? (Macdonald & Rich, 2001, p. 11)

The double standard of aging also applies to sexuality because men often believe that an aging woman would not be a desirable sex partner (Bugental & Hehman, 2007; Teuscher & Teuscher, 2007). As we noted in Chapter 9, people admire an older man's interest in sexuality, but they condemn the same interest shown by an older woman. Older women therefore face a particular disadvantage with respect to sexuality. Not only are they considered to look sexually unattractive, but they are also expected to show minimal interest in sexuality.

In this discussion, we've seen that older women are downgraded when people judge how pleasant someone is and whether they would enjoy interacting with that person. However, older men are downgraded in judgments about competence. When we consider physical attractiveness and romantic potential, the older women are again downgraded. Notice that the double standard of aging is, in fact, a variant of Theme 2 of this book: In general, people react differently to women than they do to men. Furthermore, the differential treatment may increase as men and women grow older.

Cross-Cultural Views of Older Women

In this book, we have often focused on women in North America. However, when we explore other cultures, we sometimes find useful alternative models for viewing older women. As Cruikshank (2009) writes, "The way you age depends on where you live" (p. 9). In many of these cultures, a woman's power within the family may increase as she grows older (Uba, 1994). For example, in some subcultures in African countries such as Nigeria and Kenya, elderly women are quite powerful (Calasanti & Slevin, 2001; Cruikshank, 2009).

These positive attitudes in other cultures could have important implications for cognitive functioning. In one study, for example, elderly women showed little memory decline in China, a culture that had positive attitudes toward elderly people in the early 1990s, when this study was conducted (B. R. Levy & Langer, 1994). In contrast, suppose that a culture does not expect elderly women to be very intelligent. These expectations may indirectly encourage elderly women to perform less well on a variety of cognitive tasks (Gilleard & Higgs, 2000).

Unfortunately, modernization can bring about a change for the worse (Bugenthal & Hehman, 2007). A more recent study focuses on attitudes toward elderly people—both women and men—in Hong Kong, Japan, and South Korea. These three East Asian countries have traditionally emphasized respect for elderly people. However, Cuddy and her coauthors (2005) found that young people in these countries judged their elders to be warm and good natured, but not very competent or intelligent. Young people in East Asia may treat elderly people with respect, but their attitudes may sometimes be negative (Nelson, 2009).

Unfortunately, current research has apparently not examined whether young people in other cultures have more negative attitudes toward older women than toward older men. As a result, we do not know whether they show a double standard of aging.

SECTION SUMMARY

Attitudes Toward Older Women

1. Researchers typically ignore older adults. Ageism is a bias against people, based on their age, and it is primarily directed toward elderly people.
2. The media under-represent and misrepresent elderly women—for example, in the movies and in magazines.
3. The double standard of aging proposes that people judge older women more harshly than they do older men. The evidence supports this double standard in some areas, such as judgments about the person's generosity and friendliness, but not in judgments about competence.

(continues)

SECTION SUMMARY *(continued)*

4. The double standard of aging also applies when people assess physical attractiveness; an older man is considered more appropriate as a romantic or sexual partner, compared to an older woman.

5. Cross-cultural ideas about aging seem to be in transition. In some cultures outside North America, an older woman's power increases within the family as she grows older. However, in some Asian countries, elderly adults (both men and women) are considered to be warm, but not very competent.

OLDER WOMEN, RETIREMENT, AND FINANCIAL PROBLEMS

Think about the topic of women and retirement for a moment. Have you ever read a short story or a book about a woman retiring from her job? Have you seen many television shows or movies on this issue? Women are missing from the popular lore about retirement—and from the research (Etaugh, 2008; Moen & Roehling, 2005; Whitbourne & Skultety, 2006). For example, an article in a Canadian publication is titled "Working Past Age 65"; however, the study included only males (M. Walsh, 1999). Once again, we have evidence for the relative invisibility of women (Sugar, 2007).

We need to emphasize that the concept of retirement has changed during the current economic crisis. Both men and women are finding that their retirement funds have shrunk substantially. It's not yet clear whether there are gender differences in the impact of the economic problems.

In any event, the invisibility of retired women may change now that so many women work outside the home. For example, about 75% of U.S. women between the ages of 50 and 54 are currently employed (Bureau of Labor Statistics, 2010e). The media typically lag behind reality, but maybe we'll soon see a movie that includes a retirement party for a woman! Let's first consider several components of retirement, and then we'll focus on the economic issues that older women face.

Planning for Retirement

Women retire for a number of reasons, such as personal health problems and the appeal of free time (Etaugh, 2008; Price & Joo, 2005). Many women retire early to take care of relatives with health problems (Kim & Moen, 2001b; Sugar, 2007; Whitbourne & Skultety, 2006). Many middle-aged women "retire" early because they are fired when a company is downsizing (R. Levine, 2004).

One worrisome gender difference is that women are less likely than men to seek information about retirement benefits before they retire (Etaugh, 2008; Kim & Moen, 2001a, 2001b). An important reason is that many married women assume that their husbands will be responsible for financial planning (Onyx & Benton, 1999). This avoidance may be a major problem

because, as we'll soon see, most women receive much lower retirement bene-fits than men do.

Adjusting to Retirement

Consistent with Theme 4 of this book, women differ widely in their reactions to retirement (Bauer-Maglin & Radosh, 2003b). Many women welcome retirement as an opportunity to relax, pursue new interests, do volunteer work, focus on social-justice issues, and enjoy interactions with friends.

Some studies report no gender differences in adjustment to retirement (e.g., Reitzes & Mutran, 2004). However, most of the research suggests that women tend to experience more retirement problems than men. Women may also need more time to adapt to retirement (Etaugh, 2008; Price & Joo, 2005). They may need time to feel comfortable simply enjoying projects, without feeling guilty about being "selfish" (S. B. Levine, 2005). As Sweet and Moen (2007) point out, older women experience this kind of ambiva-lence during many of their life-transition phases.

One reason for gender differences in adjusting to retirement is that many women have lower incomes, so they often have financial problems (Calasanti & Slevin, 2001). Another reason is that retired women perform more house-work than their retired husbands (Bernard & Phillipson, 2004; Cleveland, 2008; Cruikshank, 2009), and few women are inspired by housework. As one woman commented, "When a married couple retire, the women seem to spend most of the time doing housework etc., whereas men *do* retire" (Skucha & Bernard, 2000, p. 32).

When professional women retire, they frequently report that they miss their professional identity (Bauer-Maglin & Radosh, 2003b; Whitbourne & Skultety, 2006). Barbara Rubin had been a successful college professor in New York City. She reports on her emotions during her first year of retirement:

> Cut loose from an identity that been carefully crafted and hard won, I became shaky as I suddenly questioned who I was now. Would I ever do anything of real importance again, anything as compelling as what I had already done? I went to a Manhattan party just around that time, and the host introduced me to another guest … "She used to be a chair of women's studies." (B. Rubin, 2003, p. 190)

As you can imagine, a woman's adjustment during retirement depends on her reasons for retirement. If a woman retires because she wants more time for herself and her leisure interests, she will probably adjust well to retirement. In contrast, if a woman retires because she needs to care for a sick relative, she is less likely to enjoy her retirement (Bauer-Maglin & Radosh, 2003a).

Significant life events, such as divorce or the death of family members, also influence a woman's adjustment to retirement. However, after married couples have been retired for at least 2 years, both women and men are usu-ally happier with their lives and their marriages, compared with couples who have not yet retired (Kim & Moen, 2001a; Moen et al., 2001).

We still have many unanswered questions about women and retirement. For example, how can we encourage women to learn more about their retire-ment benefits? What successful strategies do married women use when they

negotiate a more equal sharing of housework during retirement? How can women best maintain their social connections from work? And what kinds of activities are most likely to help women feel more satisfied with retirement?

Financial Issues

Older Canadian women have a better economic situation than older women in the United States. For example, the poverty rate for Canadian women over the age of 65 has decreased in recent decades; only 9% are in the low-income category (Statistics Canada, 2006). Furthermore, 39% of employed women in Canada have a pension plan, compared to 40% of employed men (Statistics Canada, 2006).

In contrast, many elderly women in the United States face economic difficulties. For U.S. women over the age of 55, the average annual income is about $15,200, compared to $25,500 for men (Employee Benefit Research Institute, 2010; Sugar, 2007) When U.S. women retire, they also receive lower Social Security benefits than men do, based on differences in their overall income (Hartmann & Lee, 2003).

The other major source of income for elderly women is private pension plans; employers contribute to these pension plans, based on earned income. Unfortunately, most employed women do not have jobs with pension plans. In the United States, only 30% of women over 65 and 47% of men over 65 have a pension plan (Hartmann & Lee, 2003).

The gender differences in factors such as Social Security and pension plans have an enormous financial impact. In fact, after working for 40 years, the average man could potentially have a retirement fund that is roughly $1,000,000 more than the average woman's retirement fund (Sugar, 2007).

Economic problems are even more serious for women of color (Applewhite et al., 2009; Cruikshank, 2009; Markham, 2006; Polivka, 2010). For example, very few African American and Latina women have a pension plan (Canetto, 2001a; Older Women's League, 2006a).

Let's consider several other important reasons that U.S. women have fewer financial resources than men during old age (Applewhite et al., 2009; Cruikshank, 2009; Markham, 2006; Moen & Roehling, 2005; Sugar, 2007):

1. Many middle-aged women have unexpected layoffs—without a source of income (Moen & Roehling, 2005).
2. Women are not compensated for their unpaid work in the home.
3. Many women are either divorced or widowed; as a result, they have limited financial resources. For widows, the husband's health-care expenses may have depleted the family finances.
4. Women live longer. Compared to men, their total savings must be spread across a greater number of years.
5. As we saw in Chapter 11, women are more likely to have chronic illnesses, and the expense of treatment and medications further decreases their usable income.

Naturally, we need to remind ourselves about individual differences. Some elderly women in the United States and Canada are well-off. However, several miles away, other elderly women rarely have a nutritious meal.

Furthermore, throughout the developing world, many elderly women have lived their entire lives without enough to eat (Hedge et al., 2006; United Nations, 2007; Vos et al., 2008).

SECTION SUMMARY

Older Women, Retirement, and Financial Problems

1. The issue of women's retirement is relatively invisible in both the media and the psychological research.
2. Women are less likely than men to seek information about retirement benefits.
3. Although individual differences are large, women frequently experience more adjustment problems in retirement than men do, especially if they encounter financial difficulties.
4. In general, older women in Canada have a better economic situation than older women in the United States. Many elderly women in the United States live in poverty.
5. In the United States, older women are likely to have lower incomes than older men because of such factors as lower salaries when they were employed, lower income from Social Security, lack of pension plans, unpaid work in the home, and chronic illness.

MENOPAUSE

So far, our study of older adulthood has examined two topics that are central to older women: (1) how other people react to older women and represent them in the media and (2) how older women experience retirement and economic issues. Let's now turn our attention to menopause. Compared to the first two topics, menopause is usually less important in women's lives.

As women grow older, their ovaries gradually produce less estrogen and progesterone, so that women no longer menstruate on a regular basis (Baram, 2005; Kurpius & Nicpon, 2003). A woman enters **menopause** when she has stopped having menstrual periods for 12 months. Most women experience menopause between the ages of 45 and 55, with the average being 51 (Dell, 2005; Derry, 2004; Quintanilla et al., 2004).

Let's consider four components of menopause. We'll begin with the physical symptoms and next discuss why hormone replacement therapy is no longer widely recommended. We'll then consider people's attitudes toward menopause, ending with a discussion of women's psychological reactions to menopause.

Physical Changes During Menopause

Several common physical symptoms accompany menopause. The most common symptom is the **hot flash,** a sensation of heat coming from within the

body. Heavy perspiration may accompany hot flashes, which can sometimes disrupt sleep (Chrisler, 2008a; Crooks & Baur, 2008; Lachman, 2004). However, the frequency and the intensity of hot flashes usually decrease after 1 or 2 years (Boston Women's Health Book Collective, 2005; Derry, 2004).

Other physical changes during menopause may include osteoporosis (which we discussed in Chapter 11), vaginal dryness, thinning of the vaginal tissues, headaches, urinary symptoms, and fatigue (Chrisler, 2008; Dell, 2005; Stanton et al., 2002). This list of physical symptoms sounds frightening, but some women report none of these symptoms, and many women report only one or two symptoms. Throughout this book, we have emphasized individual differences in gynecological issues such as menarche, menstrual pain, premenstrual syndrome, pregnancy, and childbirth. Women's reactions to the physical changes of menopause show similar variation (Crooks & Baur, 2008; Caplan & Caplan, 2009; Derry, 2004). These individual differences provide additional evidence for Theme 4 of this book.

Why Hormone Replacement Therapy Is No Longer Common

Between about 1990 and 2001, health-care providers often recommended that women should take hormones during and after menopause (Houck, 2006; Lachman, 2004). **Hormone replacement therapy** is a term that usually refers to a combination of estrogen and progestin. Hormone replacement therapy relieves some of the physical symptoms of menopause, such as hot flashes. Prior to 2002, the research also seemed to show that hormones offered additional health benefits, such as reducing the risk of heart disease.

However, people concerned about women's health were waiting to hear the results of several long-term research projects. One of the largest of these projects is the Women's Health Initiative (WHI) study, which included more than 16,000 women. In this carefully designed study, half of the women were given pills for hormone replacement therapy. The other half were in the control group; they were given placebo pills, which had no active ingredients.

In May 2002, the WHI researchers suddenly halted the study—more than 3 years before the scheduled completion date. After examining their most recent results, the researchers discovered that the estrogen-progestin combination did not prevent heart disease. In fact, it slightly increased the risk of heart attacks, strokes, and blood clots. It also slightly increased the risk of breast cancer. This combination of medication did reduce the risk of hip fractures, but not enough to offset the increase in the other risks (Cheung, 2005; Heiss et al., 2008; Writing Group for the Women's Health Initiative Investigators, 2002).

The WHI authors recommended that women should stop taking hormone-replacement medication. Other research confirmed that hormone replacement therapy had no beneficial effect on other measures, such as physical pain, sleep disturbances, and reported mental health (Hays et al., 2003).

Heiss and his colleagues (2008) conducted a follow-up study with the same women, three years after the WHI study had been halted. This study reported approximately the same results, with more risks than benefits. Other research suggests that hormone replacement therapy can also increase the risk of Alzheimer's disease (Hogervorst, 2006; Travis et al., 2010).

Naturally, the negative results for hormone replacement therapy left millions of North American women angry and puzzled (Chrisler, 2008a; S. B. Levine, 2005; Seaman, 2003; Solomon & Dluhy, 2003). Why hadn't earlier researchers conducted the appropriate studies? Why hadn't the drug companies discovered the potentially harmful effects of this hormone combination?

At present, health-care professionals usually do not recommend hormone replacement therapy. Instead, they encourage women to eat nutritious food and exercise appropriately (Chrisler, 2008a). In addition, we have learned an important lesson: Be cautious about the claims that drug companies make (Naughton et al., 2005; Seaman, 2003).

Contemporary Attitudes About Menopause

You can assess your friends' attitudes toward menopause by trying Demonstration 14.2 on page 468. Menopause is no longer a taboo subject, but my students in their 20s report that they rarely discuss menopause with their friends. Furthermore, many women who are experiencing menopause say that they do not have detailed information about menopause.

Some women don't even discuss menopause with their friends (Chrisler, 2008a; Koch & Mansfield, 2004). In contrast, Dillaway (2007) found that the majority of the women in her midwestern U.S. sample knew about their mother's experiences with menopause.

Unfortunately, the medical literature has a long history of representing menopause negatively—as if menopause were a chronic illness (Derry, 2004; Dillaway, 2005; M. M. Gergen & Gergen, 2006; S. Greene, 2003). Self-help books and other popular media frequently echo this negative view of menopause. These sources suggest that a woman who is experiencing menopause is plagued by wildly fluctuating hormones, which force her to be grouchy, highly anxious, and depressed (Caplan & Caplan, 2009; Houck, 2006).

Another problem is that the media often portray worst-case scenarios, which contribute to the public's negative attitudes toward menopause. The media also perpetuate another related myth: that menopausal women are no longer interested in sexual activity. In Chapter 9, though, we noted that women who have sexual partners typically remain sexually active during old age.

Given the negative representation of menopause in both medicine and the media, you won't be surprised to learn that the general public has similar negative attitudes. For example, Amy Marcus-Newhall and her colleagues (2001) asked people to list words that they would associate with each of three middle-aged groups of people. (Demonstration 14.2 is based on this study.) Then people evaluated each term on a rating scale.

Attitudes toward 45- to 55-year-old women (described as menopausal) were significantly more negative than attitudes toward both 45- to 55-year-old women (with no mention of menopause) and 45- to 55-year-old men. For example, they believed that menopausal women would be significantly less likely than members of the other two groups to have hobbies or to look attractive, and significantly more likely to express negative emotions. In Demonstration 14.2, do your friends show this same trend?

Attitudes Toward Menopause

For this demonstration, you will need at least six friends to participate in a brief study on people's attitudes toward typical middle-aged individuals. Test at least two people in each of the three conditions.

Tell the people in the first condition, "Please list items that you associate with men in the age range of 45 to 55 years. You can list words that describe their personality, appearance, attitudes, interests, emotions, and behaviors." After a couple of minutes, tell them to go back over those items and give a rating to indicate how positive or negative each characteristic is. Instruct them to use a rating scale where 1 is very negative, 3 is neutral, and 5 is very positive.

Repeat these instructions with people in two additional conditions. For the second condition, substitute the phrase "women in the age range of 45 to 55 years." For the third condition, substitute the phrase "menopausal women in the age range of 45 to 55 years."

After you have tested everyone, calculate an "average rating" for each of the three middle-aged conditions. Do your three conditions differ?

Source: Based on Marcus-Newhall et al. (2001, p. 704).

Women's Psychological Reactions to Menopause

At the beginning of this chapter, we emphasized that attitudes toward elderly women are often negative; they do not accurately describe the characteristics of real-world elderly women. Similarly, we find that the media's attitudes toward menopause do not accurately describe women's actual experiences during menopause (Caplan & Caplan, 2009; Hvas, 2001; Stanton et al., 2002). Some women report psychological symptoms such as depression, irritability, and mood swings. However, we have no evidence that normal menopause—by itself—causes these symptoms.

In this chapter, we have already pointed out a number of depressing factors in the lives of older women, including attitudes toward older women and women's economic status. Women also experience health problems, divorce, and the death of relatives and friends. All these stressful factors are more important than menopause itself in determining the psychological status of middle-aged women (Avis, 2003; Glazer et al., 2002).

Hot flashes may keep a small percentage of women awake at night, and therefore more sleepy the next day (Caplan & Caplan, 2009). However, most women do not report depression or other negative psychological reactions to menopause (Avis et al., 2004; G. Robinson, 2002). For example, a 50-year-old woman provided her perspective on menopause: "I was well into my menopause before I realized what was happening. My symptoms were so minor and rather vague. I didn't understand all the hype about symptoms" (L. L. Alexander et al., 2001, p. 398).

Some women are relieved that they no longer need to be worried about becoming pregnant. Other women regard menopause as a life event that

encourages them to evaluate their lives and decide whether they want to change directions (Rich & Mervyn, 1999; Zerbe, 1999). Lotte Hvas (2001) asked Danish women to describe their experiences with menopause. About half described at least one positive component. For instance, a 51-year-old woman said:

> Physically I have obtained a great strength passing the menopause—my sexual life has become more fun—I know for sure what I want—I look forward to becoming a grandmother soon, I am about to change my job, and I look forward to it. (Hvas, 2001, p. 14)

Similarly, Quintanilla and her colleagues (2004) interviewed 35 U.S. women about their own experiences with menopause. Two women provided negative descriptions about feeling "out of control." The remaining 33 women provided either positive or neutral descriptions: for example, that menopause is "something women should almost look forward to because it is going to be a change for the better" (p. 113). In contrast, both the medical world and the media ignore the potentially positive aspects of menopause (Sherwin, 2001).

Some research explores how women of color experience menopause. In a large-scale study, Barbara Sommer and her colleagues (1999) analyzed telephone interviews that had been conducted with more than 16,000 middle-aged women throughout the United States. Ethnic-group differences were small but statistically significant. African American women had the most positive attitudes; European American and Latina women were intermediate; and Asian American women were least positive.

Women from Greece, southern Mexico, and several other cultures outside North America seem to have relatively positive views, especially if older women are valued in the culture (S. Greene, 2003; G. Robinson, 2002). For example, Lamb (2000) studied women in a town in the West Bengal region of India. Young women and older women uniformly described menopause in positive terms because menopause meant that they were free of the hassles of menstruation and that they could participate in religious ceremonies that are forbidden to menstruating women. Alternative viewpoints such as this one help us to understand how each culture constructs menopause according to its own values. Multicultural and cross-cultural perspectives also provide us with some positive cultural attitudes.

SECTION SUMMARY

Menopause

1. Menopause is the cessation of menstrual periods; common physical symptoms of menopause include hot flashes, osteoporosis, genital changes, headaches, and fatigue.

(continues)

> ### SECTION SUMMARY *(continued)*
>
> 2. For most post-menopausal women, hormone replacement therapy produces more health risks than health benefits.
> 3. Both medicine and the media have represented menopause negatively, and the general public usually has negative reactions to the phrase "menopausal women."
> 4. Contrary to folklore, menopause does not cause psychological symptoms such as depression and irritability. Many women have some positive reactions to menopause. Small ethnic-group differences have been reported in the United States, and women in some parts of the world may have relatively positive reactions to menopause.

SOCIAL RELATIONSHIPS IN OLDER WOMEN'S LIVES

In this chapter, we have considered how society views older women, as well as women's experiences as they pass through menopause and retire from the workforce. Now let's examine the changing social world of older women. As a woman grows older, how do her family relationships evolve, as a daughter, a mother, and a grandmother? How do women respond to the death of a spouse or other intimate partner? Do women of color and European American women have similar experiences? How happy are women with their lives? Throughout this section, you will see substantial evidence for our theme of individual differences (Kjaersgaard, 2005).

Family Relationships

In Chapter 8, on love relationships, we explored one family role that is important for many women: being a wife. In that chapter, we examined some characteristics of happy long-term relationships. We also looked at the relationships of lesbian and bisexual women. Let's now explore other important family roles for many older women—their roles as daughters, mothers, and grandmothers.

Older Women as Daughters

We usually think of adult women's roles as mothers and grandmothers. However, the majority of adult women are also daughters. Most of the research on the daughter role focuses on adult women who take care of their elderly parents. Many female caregivers now spend more years caring for their parents than caring for their children (Crose, 2003).

The term **sandwich generation** refers to middle-aged people, especially women, who find themselves responsible for both their dependent children and their aging parents (Whitbourne, 2008). Daughters are much more likely than sons to become caretakers for an elderly parent who is in poor health (Cruikshank, 2009; Etaugh, 2008; Fortinsky et al., 2007). In many cases, women take time off from paid employment, often creating problems at

work and reducing their own retirement funds (Cleveland, 2008; Cruikshank, 2009). Because women usually spend much more time on these tasks than men do, taking care of elderly parents is really a women's issue.

Many of the resources on women's caregiving roles emphasize that the tasks are unpleasant and burdensome for middle-aged daughters. In fact, caregiving is often stressful and time-consuming. It can therefore have negative effects on the caregiver's physical and mental health (Bouldin & Andresen, 2010; E. M. Brody, 2004; Fortinsky et al., 2007; Miller-Day, 2004).

However, studies have also found that many daughters willingly accept this responsibility, especially when they feel that their parents have raised them with so much love and generosity (Musil et al., 2005; Whitbourne, 2008). They also feel satisfied that they can provide their parents with good care (Fingerman, 2003; Menzies, 2005). According to research in British Columbia, the clear majority of caregivers reported that they found aspects of their work to be rewarding. Many reported, for example, that they felt closer to the person whom they were assisting (Chappell et al., 2008). Similarly, a colleague commented on the challenges of missing work so that she could take care of her severely ill elderly mother. As she wrote:

> I considered myself blessed to have been able to give so much to my mother and to provide her hospice care in her home. She died in my arms. Yes it was stressful. Yes it was difficult. And, yes, I had these positive feelings—as well as negative feelings—at the time I was doing this. But I have no regrets and would do it again without thinking about it. (L. Skinner, personal communication, 1999)

A small number of researchers have begun to explore other aspects of the relationship between grown children and their parents—beyond the caretaking role (Fingerman, 2003; Fingerman et al., 2007; Hunter et al., 2002). Unfortunately, however, the media generally ignore the social interactions between middle-aged people and their parents. Aside from an occasional brief reference, how often have you seen or read about a relationship between an adult woman and her mother in which they were interacting as adults?

Older Women as Mothers

Much of the earlier research and theory on middle-aged women focused on the **empty nest,** or the period after children are no longer living at home. Notice that the name *empty nest* implies that a woman's identity focuses completely on being a mother. Years ago, researchers were eager to demonstrate that mothers felt depressed when children left home.

In reality, however, the research reveals the same individual differences that our other discussions of women's lives have uncovered (Theme 4). In general, though, the current research confirms that the empty nest does not cause depression. In fact, middle-aged mothers whose children have left home tend to be as happy as or even slightly happier than middle-aged mothers who have at least one child at home (Canetto, 2003; Gergen, 2008; Stewart & Newton, 2010). Naturally, mothers worry when an adult child has marital problems or loses a job (Pillemer et al., 2007). However, most mothers still feel deeply connected with their children, even when those children no longer live at home (Pruchno & Rosenbaum, 2003).

My students who are in their early 20s are often dismayed to learn that their mothers may be somewhat happier after the children leave home. Please do not conclude that women are overjoyed with their children's departure. Mothers may indeed be saddened. However, serious depression is rare. Instead, mothers learn to reshape their lives around new interests and activities as their daughters and sons move into adulthood (Johnston-Robledo, 2000; Stewart & Newton, 2010).

Older Women as Grandmothers

According to one of the traditional stereotypes, grandmothers are cheerful white-haired old ladies who bestow cookies and affection on their grandchildren. According to another stereotype, grandmothers are fussy, frail, and helpless (Cruikshank, 2009; Denmark, 2002; P. K. Smith & Drew, 2002). Neither of these stereotypes captures the wide variety of skills, interests, and personality characteristics that are typical of real grandmothers.

Most women are grandmothers for about one-third of their lives (P. K. Smith & Drew, 2002). Compared to grandfathers, grandmothers are typically more involved with their grandchildren (P. K. Smith & Drew, 2002). Furthermore, about 5% of chldren younger than 18 live in a home where a grandparent is the head of the household (Park & Greenberg, 2007). However, once again, we have relatively little recent research on this role.

Grandmothers are likely to impart advice that emphasizes moral values and social responsibility (Belgrave & Allison, 2010; Erber, 2005; Fingerman, 2003). For instance, a White grandmother in Quebec was friendly with an Ethiopian family, and she brought her grandson along to this family's birthday celebration. Later, the grandson remarked that he had never before met any Ethiopian people. As the grandmother emphasized, "I think it's important that whatever I do as a grandmother, I'm also teaching my grandchildren. I believe very much that what you do is reflected back" (Pushkar et al., 2003, p. 258).

However, our theme of individual differences is evident in patterns of grandmothering. Some women argue that good grandparents should not interfere with their grandchildren's upbringing, but others feel it is their duty to advise (Erber, 2005; Whitbourne, 2008). In Black and Native American families, grandmothers may be expected to play an especially important role in supporting and advising their grandchildren (P. K. Smith & Drew, 2002; Trotman & Brody, 2002).

I wrote this section one week after a visit with our grandsons, Jacob Matlin-Heiger and Joshua Matlin-Heiger, who are currently 6 and 3 years old. (See photograph on page 318.) It's difficult to capture the combination of joy, humor, and amazement that we feel when interacting with Jake and Josh. It's also difficult to describe the admiration we feel for our daughter and our son-in-law, when we see how competently and lovingly they are raising our grandsons!

According to the research, grandmothers almost always report that being a grandparent is much more fun and much more relaxing than being a parent (Brott, 2006; Whitbourne, 2008). After all, grandmothers do not need to be responsible for rearing a child on a daily basis. As one grandmother said, "I

don't have to be on the front lines anymore, I can just watch the show" (Miller-Day, 2004, p. 81).

The Death of an Intimate Partner and Coping with Bereavement

According to the research on married heterosexual women, the death of a spouse is usually one of the most traumatic and stressful events of their lives (Carr & Ha, 2006; Hansson & Stroebe, 2007; Whitbourne, 2008). Women are more likely to become widows than men are to become widowers. Several factors explain this discrepancy. For example, women live longer, they typically marry men older than themselves, and they are less likely to remarry following the death of a spouse (Carr & Ha, 2006; Freund & Riediger, 2003). As a result, the U.S. census shows 4.1 times as many widows as widowers (U.S. Census Bureau, 2005). The ratio in other regions of the world is even more extreme. For instance, Africa has about seven times as many widows as widowers (United Nations, 2000).

When a woman's husband dies, she faces the pain, grief, and mourning that accompany bereavement. She may feel emotionally exhausted and physically weakened, especially if she was an active caregiver during her husband's final weeks (Christakis & Allison, 2006; Pruchno & Rosenbaum, 2003). Loneliness is one of the major problems for widows (Bedford & Blieszner, 2000; R. Levine, 2004). Widows also report that they often feel awkward in social situations where most people are with a spouse.

When a spouse dies, both women and men are likely to experience loneliness, grief, stress, and health problems. Adjustment to widowhood is especially difficult when people have been happily married, with little interpersonal conflict (Pruchno & Rosenbaum, 2003).

Researchers know relatively little about the grieving process for lesbian partners. One reason is that many elderly lesbians found their life partners during an era when most people condemned same-gender relationships (Claasen, 2005; Whipple, 2006). In fact, two recent books on death and bereavement did not include "lesbian" in the index. Elderly lesbian women of color are especially missing from the research (R. L. Hall & Fine, 2005).

Consider the situation of Marilyn, whose partner, Cheryl, had recently died. Marilyn described her dilemma:

> I am a widow. The law does not say so. My tax form does not say so. Neither do any of the countless forms that I fill out that include marital status say so. But every time I check off the box that says single, I want to scream and white it out and write "widow." But I am a lesbian who has lost her female partner, so in most places I am not accorded the status of widow…. It does not seem to matter that we lived in a monogamous, loving relationship for thirty-one years, or that we coparented three wonderful children. (Whipple, 2006, p. 129)

Unfortunately, our culture's heterosexism is likely to deny lesbians the widespread social support that is typically offered to women whose husbands have died. For instance, one woman teaching in a small rural school was afraid she would lose her job if she revealed her grief after the death of her partner (Deevey, 2000). They had spent years concealing their romantic relationship, and now she could not publicly express her sorrow.

We find enormous individual differences in bereavement, as in all important transitions in women's lives (Siegel, 2004; Stroebe et al., 2005). Many women are deeply depressed, long after the death of an intimate partner. However, some women discover a hidden strength that aids their recovery. For example, a 48-year-old woman wrote:

> I think that when you lose a loved one, it's a rebirth for yourself. You can't always dwell on the loss of the loved one. You have to look forward to what you are going to do with your life now…. Every day's a little learning experience for myself, of doing new things and learning new things as a single person. (Nolen-Hoeksema & Larson, 1999, p. 149)

Older Women of Color

In discussing elderly women of color, we need to emphasize the substantial individual differences within each ethnic group (Iwamasa & Sorocco, 2002). We also need to realize the potential challenges of conducting research about this topic. For example, Delores Mullings (2004) is a young Caribbean Canadian, and she wanted to learn more about elderly women who shared her ethnic background. She describes numerous ways in which she was able to convey her genuine respect for the participants in her study, including her choice of clothing, specific choice of words, and conversational patterns.

We noted earlier in this chapter that Latina and Black elderly women are much more likely than European American elderly women to live in poverty (Applewhite et al., 2009; Cruikshank, 2009; Markham, 2006; Polivka, 2010). Consequently, many elderly women of color face a daily struggle in paying for housing, health-care, transportation, and even enough food to eat.

However, older women of color also benefit from an advantage: They are more likely than European American women to have family members living nearby, who can provide assistance and support. They are also more likely to live in the same home as younger family members (Armstrong, 2001; Saperstein, 2002; Trotman, 2002).

Latina Women

Latina grandmothers are generally treated with respect, and they typically enjoy their social role. However, they often describe the role as "confining" or "limiting," especially if they must take on child-care responsibilities.

Elderly Latina women living in the United States are expected to provide help to children and grandchildren (Angel & Torres-Gil, 2010; Harm, 2001; Zajicek et al., 2006). Similarly, elderly women are expected to seek help from younger relatives (Sánchez, 2001).

Black Women

Elderly Black women are represented by two opposing stereotypes (Ralston, 1997; Trotman, 2002). One stereotype portrays them as victims of poverty and urban decay. The other stereotype portrays them as superhuman individuals who surmount obstacles through hard work and a good heart. Neither portrayal captures the complexity of their actual lives.

In general, elderly Black women are likely to be active in religious groups and other community organizations (Ai et al, 2010; Armstrong, 2001). In addition, Black women are often closely involved in the lives of their grandchildren (McWright, 2002; P. K. Smith & Drew, 2002). These women frequently give their grandchildren social support, monitor their activities, discipline them, and encourage them to achieve. However, many Black grandmothers report that they resent being the primary caretaker for grandchildren, especially if they only recently finished rearing their own children (Barer, 2001; Calasanti & Slevin, 2001; Harm, 2001).

Asian American Women

When we consider elderly Asian American women, we see additional evidence of diversity within each ethnic group. For example, an elderly South Asian woman from India may be a retired physician. In contrast, relatively few elderly women from Laos have completed high school (Kagawa-Singer et al., 1997). Similarly, elderly Japanese Americans have a higher average income than elderly Vietnamese (Cruikshank, 2009).

If elderly Asian Americans are not fluent in English, a younger English-speaking relative is expected to accompany them to a store or a doctor's appointment (Armstrong, 2001; Saperstein, 2002; Yee & Chiriboga, 2007). Furthermore, young Asian Americans are usually more likely than European Americans to respect elderly people. However, it's not clear whether this respect translates into greater life satisfaction for Asian American elders (Iwamasa & Sorocco, 2002).

Native American and First Nation Women

Researchers probably know the least about Native American and First Nation— or Aboriginal—women (Polacca, 2001). Many elderly Native American women live in rural areas or on reservations, where they typically assume the roles of grandmother, caregiver, educator, and wisdom keeper (Conway-Turner, 1999; Polacca, 2001).

A study of Apache grandmothers living on a reservation in Arizona emphasizes the strong bond between grandmothers and their grandchildren (Bahr, 1994). Many Apache children live with their grandparents, because parents often leave the reservation to seek employment in an urban setting. Most grandmothers in Bahr's (1994) study reported that they felt great satisfaction in caring for their grandchildren. These grandmothers are expected to be wise, energetic, and resourceful, especially in transmitting their cultural heritage to their grandchildren. In turn, young Native Americans are more likely than young European Americans to believe that they have a responsibility to take care of elderly relatives (Gardiner et al., 1998; Polacca, 2001).

Throughout this chapter, we have discussed the invisibility of older women. Older women of color are even less visible. Psychologists may glance briefly at elderly women of color, but we typically lack the crucial information for a clear picture of their lives and experiences.

Satisfaction with Life

If you browse through some of the topics discussed in this book, you'll see that many older women have every right to be unhappy. Chapter 11

described physical problems such as breast cancer and osteoporosis, which are relatively common among older women. In the current chapter, we have seen that women may be unhappy about retiring. Many worry about the health of their parents. Many will mourn the loss of a spouse or a life partner.

Many older women, especially women of color, are likely to face economic crises. Even women who do not have any of these problems are likely to experience negative reactions from others because they live in a culture that rejects older women's wrinkles and other signs of aging (Gergen, 2008).

In reality, however, most middle-aged and elderly women are reasonably satisfied with their lives (Bourque et al., 2005; Ko et al., 2007; Miner-Rubino et al., 2004; Whitbourne & Sneed, 2002). Furthermore, older women are actually *less* likely than younger women to be depressed (D. G. Myers, 2000).

The research on life satisfaction demonstrates the **paradox of well-being**: Many older women report high life satisfaction, despite the objective difficulties they encounter (Carstensen & Mikels, 2005; Kahana et al., 2005; Whitbourne, 2008, 2010). Unfortunately, as Stewart and Newton (2010) point out, researchers know little about the well-being of women who have experienced lifelong poverty.

Several factors help to explain why most older women are at least reasonably happy. Specifically, they have learned how to cope effectively with negative emotions and how to spend time on activities they enjoy. They have also adjusted their goals so that they are more realistic. In addition, they can maintain a positive view of themselves, even when they encounter disappointments (Dark-Freudeman, 2010; Magai, 2001; Whitbourne, 2010).

A relatively new focus in research about elderly people is called "successful aging." Although definitions vary, **successful aging** means that a person maximizes gains and minimizes losses as she or he grows older (Dark-Freudeman, 2010; Freund & Riediger, 2003; Whitbourne, 2008, 2010). For example, an elderly woman could demonstrate successful aging if:

1. She is satisfied with various aspects of her life, such as her family and friends.
2. She is optimistic, and she believes she is achieving her personal goals.
3. She is healthy, and she is cognitively competent.
4. She is satisfied with her income and living conditions.
5. She is involved in social causes that make life better for other people, so that she can see a purpose in her life.

Throughout this book, we have emphasized the theme of individual variation. Women also vary in the ways they achieve happiness. They do not share a universal ready-made blueprint for happiness (Charles & Pasupathi, 2003; S. B. Levine, 2005). One woman might find happiness through her husband and children, whereas another might be equally happy with a less traditional lifestyle.

Rewriting Our Life Stories

Many young women think they know exactly where their lives are heading, and many women's lives do reveal a pattern of continuity and predictability.

However, many women find that their lives take an unexpected route (Whitbourne, 2010). Most middle-aged women welcome new challenges, and they are more confident than in earlier years (S. B. Levine, 2005; A. J. Stewart et al., 2001). Furthermore, middle-aged women often report that the feminist movement had helped them feel more powerful and self-confident (S. B. Levine, 2005; A. M. Young et al., 2001).

Yes, some middle-aged women say that—several years earlier—they had regrets about their life path. However, if they make life changes, and they rewrite their life stories, they are typically more satisfied than those who continued to live with their regrets (S. B. Levine, 2005; A. J. Stewart & Vandewater, 1999; Whitbourne, 2010).

For example, at the age of 46, Linda N. Edelstein (1999) faced the possibility of cancer. Fortunately, the tumor turned out to be benign. She reported that the incident forced her to question what she really wanted and how she should pursue these dreams. As she wrote, "The sadness and hopelessness some women experience in the middle years does not come from trying and failing, but from not trying" (p. 195). Elderly women have rewritten their life stories by developing greater appreciation for their loved ones and by developing new interests (K. J. Gergen & Gergen, 2004; Whitbourne, 2010).

We need to emphasize, however, that older women in the United States would be more likely to create positive, productive life stories if our society—especially our government—truly valued these women. In a country of such enormous wealth, none of these women should have to struggle to obtain adequate food, housing, and health-care. For the last demonstration of this chapter, try Demonstration 14.3, when you have a convenient opportunity.

DEMONSTRATION 14.3

The Life Stories of Older Women

The instructions for this demonstration are more open-ended than for the previous demonstrations. Think of a woman you know fairly well who is at least 40 years old. Ask if you might interview her at a convenient time.

Before the interview, select some of this demonstration's sample questions, keeping in mind that a few questions may be too personal. Also, construct several other questions based on the information in this chapter. Before you begin the interview, be sure to emphasize that she can choose not to answer any question you ask.

Sample Questions

1. What was the happiest time in your life?
2. When you were 20, did you think that your life would take you along the pathway you have been going?
3. Is there anything you would have done differently if you had the chance to relive part of your life?
4. Has your self-confidence changed since you were 20 or 30 years old?

Demonstration 14.3 *(continued)*

5. If you were 20 years old, living in today's world, what kind of choices would you make?
6. (If relevant) When your children left home, what kinds of emotional reactions did you have?
7. (If relevant) When you retired from your job, what kinds of emotional reactions did you have?
8. Do you feel that you are still searching for a sense of who you are?
9. Do you feel that people treat you differently because of your age and your gender?
10. Is there a question about your life that I somehow didn't ask—one that is personally interesting to you?

Sources: Questions based on A. J. Stewart and Vandewater (1999) and A. J. Stewart et al. (2001).

Final Words

To conclude this chapter, I asked a 69-year-old friend to reflect on her life and on old age. At the age of 58, Anne Hardy and her husband, Duane, decided to leave their comfortable community in Rochester, New York, to work in the South for several organizations that are concerned with civil rights and social justice. She wrote about this period in her life:

> When our children were through college and on their own, our feeling was that it was time to close out the marketplace phase of our lives. We never had the empty-nest feeling. It was, instead, a kind of liberation, a time to move into a new phase. Just as marriage had been a new phase, followed by parenthood, this was another.
>
> The caring, the sharing of concerns, the readiness to be of help to each other when necessary, would continue with our children, unchanged by the fact that we were no longer living under one roof, but we were ready to move on, just as they were. We had both done a great deal of volunteer work in our free time for many years, and now we had the opportunity to do it full-time. Our needs are modest, we were able to accept subsistence salaries until we were able to "retire" on Social Security, at which time we continued to work full-time but no longer drew salaries.
>
> … I am very conscious that my life hasn't been "typical," if there is such a thing. I've had many advantages denied to others. We have had fairly low income at times but were never really poor and certainly never hungry; my health has, for the most part, been good; we have loving, caring children; and best of all, I've had, in my husband, a superb companion and best friend. With today's economic stresses and disrupted families, I doubt it's a norm.

After 10 years of social-justice work in the South, Anne and her husband Duane retired and moved back north. Anne continued to work for organizations such as the Women's International League for Peace and Freedom and

the U.S.-China People's Friendship Association. She commented on this transition:

> "Retirement" has many advantages. It's possible to be involved in many activities, yet not be pressured by them. We set our own schedules. We're free of regimentation. If something interesting to do comes up, we can do that and shift other commitments around. It's a more flexible, less rigid, less scheduled life.
>
> At the age of 69, I still don't feel "old," although chronologically, I'm not "young." I think one ages—given reasonable health—as one has been gradually aging in all the years before, very much depending on the quality of life one has built. My interests haven't changed, except that we have the added joy of six grandchildren in our lives. Elderly people are as diverse as young people. Differences between them remain; previous likes and dislikes remain, for the most part. I am still me, "old" or not, though I feel that I have become more understanding, less judgmental, more open to new experiences, still trying to grow as a person.
>
> We have begun to experience the loss of relatives and friends, and chronic and serious illnesses are beginning to appear among our associates. It's sad, of course, but it has the positive side of drawing us closer to those of our families and friends who are still in our lives, makes us more loving, more willing to overlook small irritants, more giving....
>
> There are serious concerns and hopes about the future, naturally, both in regard to personal matters such as health and loss of close ones, and in regard to national and international events.... I have lost much of my sense that we can influence the course of events; I have increasingly stronger conviction that we are in the hands of multinationals and conglomerates, of Eisenhower's "military-industrial complex." That feeling can be an immobilizing one. But to do nothing is to go along with what's happening. I know it's a cliché, but the future is *now*. This is the only world any of us has, and if we don't like it, or if we are worried about the direction it's going, we have to work to change it. "This is the way it is" is something we can't settle for. We have to work toward being able to say, "That is the way it *was,* and we have helped to improve it." I console myself a bit with the recollection that 40 years ago, when we debated whether we should bring children into the world, I had the same concerns—and we're all still here!
>
> A Fundamentalist relative asked me recently what I felt about eternity. I answered that for me, eternity is being created daily in what I do, how I live vis-à-vis other human beings, what kinds of values I gave and continue to give our children so that they in turn would have good values to pass on to their world and their children.

SECTION SUMMARY

Social Relationships in Older Women's Lives

1. During middle age, daughters are more likely than sons to become caregivers for elderly parents. Research emphasizes the negative aspects of this caregiver role, but many women identify positive aspects.
2. Some women experience the empty-nest effect, but most women are relatively happy after their children leave home.

SECTION SUMMARY *(continued)*

3. Women differ widely in their grandmothering styles, but many grand-mothers believe that they should convey moral values and social responsibility to their grandchildren.
4. Most married women find that the death of a spouse is traumatic, and loneliness is a frequent problem. When lesbians lose a life partner, they may have the added burden of needing to hide their grief.
5. Older women of color are especially likely to experience poverty. However, they are more likely than older European American women to have the support of an extended family. Many elderly women of color live with younger family members.
6. Elderly Latinas are expected to help with children and grandchildren and to seek help when they need it. Elderly Black women are likely to be active in community organizations, and many help to rear their grandchildren. Elderly Asian American women also seek help from younger relatives. Many elderly Native American women share their cultural heritage with their grandchildren.
7. Despite many problems, middle-aged and elderly women are typically just as satisfied with their lives as younger women are; this phenome-non is called "the paradox of well-being."
8. The term "successful aging" refers to qualities such as optimism, good health, and projects that help others. Many women rethink their lives during middle age or later, and they make choices that take them in new directions.

CHAPTER REVIEW QUESTIONS

1. One theme of this book is that women tend to be relatively invisible in society compared with men. Discuss how this tendency is especially true for older women, pointing out topics that have not received enough attention in each of these areas: (a) representation in the media, (b) research on retirement, and (c) the lives of elderly women of color. Then add to the list any other areas of older women's lives that seem important to you and were not covered in this chapter.

2. What is the double standard of aging? When does it seem most likely to operate, and when does it not apply? What other aspects of women's lives—not mentioned in this chapter—might be affected by the double standard of aging?

3. From your knowledge about retirement, describe a woman who is likely to adjust well to retirement. Then describe a woman who is likely to adjust poorly to retirement.

4. Describe the economic situation of elderly women, and list factors that help to explain the gender differences in income for elderly men and women.

5. Think about several women you know who have retired from their paid employment. How do their lives match the information on retirement that this chapter discussed, with respect to the timing of their retirement, their

financial resources during later adulthood, and their adjustment to retirement?

6. What are some of the physical symptoms of menopause? Imagine that a middle-aged friend is now experiencing menopause. What information would you tell her about hormone replacement therapy?

7. What psychological reactions do women have to menopause? How does this information compare with (a) your previous knowledge about menopause before reading this chapter, and (b) the general public's attitudes toward menopause?

8. Research in the psychology of women often focuses too heavily on the experiences of European American middle-class women. What did you learn in this chapter about the lives of elderly women of color, economically disadvantaged women, and women in other cultures?

9. The theme of individual differences has been prominent throughout this book. However, some researchers argue that individual differences increase during our lives. Look at the topics outlined on page 454, and describe the nature of those individual differences, where relevant.

10. In this chapter, we have discussed many legitimate reasons why older women might be dissatisfied with their lives. List as many of these as you can. Then suggest why the paradox of well-being applies to many older women.

KEY TERMS

ageism (p. 456)

double standard of aging (p. 458)

menopause (p. 465)

hot flash (p. 465)

hormone replacement therapy (p. 466)

sandwich generation (p. 470)

empty nest (p. 471)

paradox of well-being (p. 476)

successful aging (p. 476)

RECOMMENDED READINGS

Cavanaugh, J. C., & Cavanaugh, C. K. (Eds.). (2010). *Aging in America* (Vols. 1–3). Santa Barbara, CA: ABC-Clio. I strongly recommend this superb three-volume series, especially because of its comprehensive scope and its emphasis on social justice. Sample chapters include age stereotypes, successful aging, retirement issues, caregiving, and mental health.

Cruikshank, M. (2009). *Learning to be old* (2nd ed.). Lanham, MD: Rowman & Littlefield. If you are interested in stereotypes about elderly people, this book is excellent for you! Other topics include the politics of healthy aging and a feminist's approach to gerontology.

Stewart, A. J., & Newton, N. J. (2010). Gender, adult development, and aging. In J. C. Chrisler & D. R. McCreary (Eds.), *Handbook of gender research in psychology* (Vol. 1, pp. 559–580). New York: Springer. This superb chapter focuses on how gender is relevant in the aging process, including topics such as aging bodies, family roles, and well-being.

Whitbourne, S. K. (2010). *The search for fulfillment*. New York: Ballantine. Susan K. Whitbourne has published widely in the area of adult development and aging. She wrote this book for a general audience, and it provides some interesting perspectives about creatively assessing your life experiences and future directions.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. False (p. 455);   2. False (pp. 459–460);
3. True (p. 461);   4. True (p. 463);
5. False (p. 464);   6. False (p. 466);

7. False (p. 469);   8. False (p. 471);
9. False (p. 474);   10. True (p. 476).

15 Moving Onward…

True or False?

_____ 1. Despite progress in women's undergraduate education, men still earn about 60% of all Psychology Ph.D. degrees in the United States.

_____ 2. In psychology research about women of color, the European-American female group often serves as the standard of comparison.

_____ 3. Chicana feminism has been active in the United States since the early 1970s.

_____ 4. In Asian American families, fathers are often expected to make the decisions in a family, which makes it difficult for daughters to express their feminist beliefs.

_____ 5. When women from some ethnic groups become feminist activists, the men in their community often tell them that this activism is a threat to ethnic unity.

_____ 6. One branch of the men's movement, called the "profeminists," argues that rigid gender roles can harm men as well as women.

_____ 7. The religious approach to the men's movement emphasizes that men must take back their roles as family leaders and women should be followers.

_____ 8. According to both qualitative and quantitative research, students say that their women's studies courses have increased their feminist identity.

_____ 9. The first wave of the North American feminist movement began in the 1920s, as a result of women winning the right to vote.

_____10. By the year 2010, women had been heads of state in only 12 countries.

You have now read 14 chapters about the lives of females, from their prenatal development through old age. To gain a perspective on all the diverse statistics, research studies, theories, and personal testimonies, you may find it useful to focus on one central question: Have women's lives improved in recent years? To answer this question, let's consider some representative information—both uplifting and depressing—on the lives of women in the current era:

- Women now receive 50% of all Ph.D. degrees in the United States ("Student Demographics," 2010).
- In Multan, Pakistan, a tribal council was distressed that a young boy had been walking with a woman from a higher-caste family. To punish the boy's "crime," the council ordered that his older _sister_, Mukhtaran Bibi, be sentenced to gang rape. Four men raped her repeatedly. Tradition demanded that she commit suicide. However, she accepted the $8,300 awarded to her by the government and used the money to found a school for girls. The Canadian government, the readers of the _New York Times_, and other donors have provided funds that she plans to use for a library, a playground, and a women's fund-raising project (Kristof, 2008).
- The Global Fund for Women (2010) is an organization, located in San Francisco, that supports human rights by investing in organizations throughout the world. They have raised money to fund thousands of grass roots organizations that focus on social justice, equality and peace.

As these examples suggest, women's lives have improved considerably in some areas, yet the progress is often slow. Let's begin this chapter by discussing the status of the discipline we call the psychology of women. Then we'll examine how women of color view feminism. Our third section explores

several different components of the men's movement. The final section looks at current trends in the women's movement, in both North America and other regions of the world.

THE FUTURE OF THE DISCIPLINE OF THE PSYCHOLOGY OF WOMEN

As we noted in Chapter 1, the discipline of the psychology of women is relatively young. Most college courses with that title were offered for the first time in the 1970s or 1980s. Two major journals—*Psychology of Women Quarterly* and *Sex Roles*—published their first issues during this period. The most popular topic in this era was gender comparisons (McCreary & Chrisler, 2010; Rutherford, 2007; Rutherford & Granek, 2010).

People who teach courses in the psychology of women or the psychology of gender often emphasize the strong connection they immediately felt with this emerging discipline (e.g., Baker, 2006; Deaux, 2001; Hyde, 2001). For example, Letitia Anne Peplau said, "Feminist perspectives helped me understand my own life experiences and relationships in new and more insightful ways…. Feminist activism sought to improve the lives of women and to work toward a more just society that places a high value on women as well as men" (Peplau, 1994, p. 44).

This passion about the psychology of women has continued to grow during subsequent decades (Stewart & Dottolo, 2006). Thousands of professors throughout North America now share this passion for teaching and studying the psychology of women. At present, for example, the Division on the Psychology of Women has a total of 2,173 members. It ranks 10th out of 54 different divisions of the American Psychological Association, in terms of the number of members (K. Cooke, personal communication, 2010).

Two topics related to the future of our discipline are (1) the increasing number of women entering psychology and (2) developing a more multicultural psychology of women.

The Increased Number of Women in Psychology

Between 1920 and 1974, women earned only 23% of all psychology Ph.D. degrees in the United States (Baker, 2006). Fortunately, the picture has changed. Now they earn 73% of these degrees (Student Demographics, 2010). Furthermore, women constitute 70% of the full-time students in psychology Ph.D. programs in Canada (Arena-Ryan, 2001). The current gender ratio for psychology faculty members still favors males, but it will approach equality as many of the current females in graduate school become faculty members.

The increasing number of women in psychology does not necessarily *guarantee* a strong feminist discipline. As we have seen throughout this book, women and men often hold similar stereotypes about gender. In addition, a survey of Canadian graduate students showed that the women and the men reported similar attitudes about their career plans (Singer et al., 2005). However, the increasing number of women entering psychology has certainly contributed to the growing support for feminist theory and research.

Increasing the Multicultural Research in Psychology of Women

In constructing the new discipline of psychology of women, feminists hoped to create a new perspective that values women's and men's lives equally. A continuing problem, however, has been that the psychology of women has typically focused on educated, heterosexual, nondisabled, middle-class European American females (Olkin, 2006; Rutherford & Granek, 2010; Stewart & Dottolo, 2006). After all, these psychologists—as well as the college women whom they typically study—are most likely to be educated, heterosexual, nondisabled, middle-class European American women (Enns, 2004a).

In recent years, however, many scholars have moved away from the traditional population of European American females to examine other populations (e.g., Hurtado & Cervantez, 2009; E. Martínez, 2008; Rojas, 2009). An increasing number of publications emphasize intersectionality, positing that women of color may experience gender differently than European American women (Stewart & Dottolo, 2006).

However, much of the current research on women of color, lesbian women, and lower-class women is still limited to a comparison between the "normative" and the "nonstandard" group. When researchers compare two groups, European American women are usually at the center. Every other group is a "special case," located on the periphery.

Another problem with a group-comparisons approach is that psychologists often select topics for research in which the ethnic group that is not European American is suspected to be deficient. For example, when I was searching for studies on Native Americans and Canadian Aboriginals, I would find an occasional article focusing on women's strengths, for instance, about skillful mothering among Oneida women in Canada (Sunseri, 2008). Still, most of the research focused on topics such as alcoholism and suicide.

Unfortunately, too, psychologists seldom explore areas in which people of color successfully negotiate a problem. We could all learn from research in Chapter 14, which noted that older low-income Black women are likely to be active in community organizations. How could organizations develop support networks for older, low-income women from other ethnic backgrounds?

In summary, the psychology of women must not repeat the errors made by earlier generations of psychologists when they ignored women. Consistent with Theme 4, we need to value the diversity of girls and women who are included within the category called "female." In the next section, we'll focus on a related topic: how women of color respond to the feminist movement.

SECTION SUMMARY

The Future of the Discipline of the Psychology of Women

1. The first courses in the psychology of women were taught in the 1970s; people in this area are committed to its continued growth.

SECTION SUMMARY *(continued)*

2. Psychology has shown a strong increase in the percentage of Ph.D. degrees that women earn. This trend encourages teaching and research about feminism.
3. The discipline of psychology of women needs to emphasize the diversity of backgrounds that women represent, rather than centering on educated, heterosexual, nondisabled females from middle-class European American backgrounds.

WOMEN OF COLOR AND THE FEMINIST MOVEMENT

Throughout this book, we have seen that women from different ethnic groups may have diverse experiences. Similarly, Latina women, Black women, and Asian women may differ in their perspectives on feminism. They also may report that they feel left out of "mainstream" White feminism (Collins, 2006; Enns, 2004a).

Unfortunately, many women of color—like many European women—accept the message from the media that we are now living in a post-feminist, color-blind era where women and men from all ethnic backgrounds are treated similarly (Ferber, 2007). The media messages are powerful. For instance, adult women of color who are feminists are sometimes reluctant to use the term "feminist" when speaking with younger women from their own ethnic group. These young women may have adopted the media's misinformation.

Latina/o Feminists

Most U.S. students learn something about Black history and the civil rights movement in high school. Students are much less likely to learn about the history of Latinas/os. The situation is also complex, because they have come from many different countries. For example, in New York State, most people from a Latin American background emigrated from Puerto Rico or the Dominican Republic. The people living in these two islands have elected women to be vice presidents and governors, and feminism may be a familiar concept (Lopez, 2006).

If you live in the western part of the United States, you may know about the Chicana/o movement, which addresses the concerns of Mexican Americans. Chicana feminism has a longer history than most people would guess. In 1971, for example, Chicana feminists organized a successful national conference in Houston, Texas (E. Martínez, 2008; Roth, 2004).

When women began to participate in the Chicana/o movement, they started questioning their traditional roles. They also protested that this movement ignores women's issues (Blea, 2003; Enns, 2004a; Hurtado &

Cervantez, 2009). In addition, these women acknowledged that Chicana feminism would need to address both race and class, in addition to gender (Moraga, 1993; Roth, 2004).

Chicano males have often misinterpreted the Chicana feminist movement as a threat to the political unity of the Chicana/o movement. In fact, Chicano male activists may label these women *vendidas*, or "sellouts." They might also accuse Chicana feminists of "acting like White women" (E. Martínez, 1995; McKee & Stone, 2007). However, many college courses in Chicana/o studies now acknowledge the important contributions of Chicana women (E. Martínez, 2008; Saldívar-Hull, 2000).

Black Feminists

A Black feminist scholar, bell hooks, recalls giving a lecture in which she described how feminism had changed her life. A Black female student then rose to give an impassioned speech against feminism. The student said that feminism addressed the needs of White women only, with whom she had nothing in common (hooks, 1994).

Many Black women do not feel connected with feminism in their daily lives (Belgrave & Allison, 2010). Black women sometimes report that their experiences are too different from the experiences of White women, who are usually more economically privileged (Collins, 2006; Cole & Guy-Sheftall, 2003; Roth, 2004). Black women also complain that they feel no connection with racist White women (hooks, 2001; Roth, 2004). In addition, Black women may be reluctant to criticize Black men, who already experience negative reactions from White individuals (Collins, 2006; Rosen, 2000). Furthermore, Black men may argue that feminism draws Black women away from the issue of combatting racism, a goal that the Black men perceive to be more important (Cole & Guy-Sheftall, 2006).

Some Black women engage in feminist activities, even if they do not label themselves as feminists (J. James, 1999; Roth, 2004). For instance, S. A. Jackson (1998) interviewed Black women who were active in a variety of organizations in which Black women held leadership roles. One woman saw herself as a feminist, which she defined as someone who "works on issues to promote the interests of women" (p. 41). However, most of the other participants in this study avoided calling themselves feminists. Many participants were also unclear about the definition of the term, or they had mixed feelings about feminism. As you can imagine, many women from other ethnic groups also share these perspectives.

Asian American Feminists

Asian American women face different challenges in identifying with the feminist movement. In general, Asian cultures emphasize that fathers make the decisions for their family. In contrast, women must be relatively passive, invisible, and supportive of men (Balls Organista et al., 2010; Chu, 2004; McKee & Stone, 2007). Amita Handa (2003) describes the difficulties of

growing up as a teenager in Toronto, with parents who had emigrated from the Punjabi region of India. She commented that she did not fit people's expectations about either Western teenagers or good South Asian girls.

When Asian American women do express feminist perspectives, community members are likely to criticize them. These critics accuse them of diluting the resources in the Asian American community and destroying the working relationships between Asian women and men (Chow, 1991).

Furthermore, many women with an Asian background are not familiar with the feminist movement. This issue is especially likely if they recently immigrated to North America (G. C. N. Hall & Barongan, 2002; J. Lee, 2001). For example, Pramila Aggarwal (1990) described how she discovered a way to discuss feminist issues with women who had recently immigrated to Canada from India. Aggarwal, a bilingual student, had been hired to teach English to Punjabi women who were working in a garment factory in Toronto. During these English classes, Aggarwal discovered that these women were interested in women's issues, such as the division of labor in the home and sexual harassment in the workplace. From this experience, Aggarwal concluded that feminist organizers must be sensitive to the specific needs of women, rather than imposing their own personal viewpoint.

Some regions in the United States and Canada have had a substantial Asian population for many decades. As a result, feminism may be more visible in these communities. During the 1970s, for example, universities such as UC Berkeley, UCLA, and San Francisco State began to offer courses about Asian American women (Chu, 2004). College students who complete these courses are likely to acquire a sophisticated perspective on both feminism and racism.

In summary, women of color may identify feminist issues in their lives. However, they are often reluctant to label themselves as feminists. They may find it difficult to become feminist activists because activism is not consistent with their culture or because the males in their culture might believe that feminism threatens the efforts to unify their ethnic group. In addition, they may feel that feminist groups that are organized by European Americans may not be sensitive to the concerns of women of color.

Fortunately, however, the situation is gradually changing, and women from all ethnic groups are now writing about how feminism can transform the lives of women of color (Enns, 2004a; Kirk & Okazawa-Rey, 2001; Rojas, 2009). In the words of Black feminists Johnetta Betsch Cole and Beverly Guy-Sheftall (2003), "We believe it is possible to free ourselves as a community from the traps of sexism and heterosexism even as we continue our struggle against the ever present threats of racial inequality and poverty" (p. 70).

At the same time, feminists from all ethnic backgrounds acknowledge that contemporary feminism must extend beyond gender issues. Claire Kirch, who works with a feminist publisher, addresses this perspective:

> Feminism today is about social justice. Not justice just for women, but for all people. It is many voices saying one thing: Peace on earth, economic justice now, and social justice for all. It is about a living wage, national health-care, the love of oneself as a political act, and the promotion of ecological justice. (cited in Braun, 2003, p. 24)

SECTION SUMMARY

Women of Color and the Feminist Movement

1. Chicano males may accuse feminists of undermining the Chicana/o movement. College courses on Chicana issues now emphasize the contributions of Chicanas.
2. Many Black women do not report a connection with feminism because they believe that their lives are too different from the lives of European American women. They are also reluctant to criticize Black men.
3. Asian American women may believe that feminist activism is not consistent with the traditional role of women in Asian cultures; critics may accuse Asian feminists of undermining the unity in their community.
4. An increasing number of women of color are writing about feminism; they emphasize that feminism is an important component of social justice.

THE MEN'S MOVEMENT

Beginning in the 1970s, some men began examining masculine gender roles and its implications for men's lives (Cochran, 2010; Kilmartin, 2010; O'Neil, 2008). These investigations inspired a new academic field, called men's studies. **Men's studies** is a collection of scholarly activities—such as teaching courses and conducting research—that focus on men's lives. Men's studies often emphasizes gender-role socialization, gender-role conflict, the sexism problem, and ethnic diversity (Kilmartin, 2010; A. J. Lott, 2003; White, 2008).

Men's studies also explores areas in which men's behaviors are maladaptive. For example, as we saw in Chapters 11 and 12, men are less likely than women to seek help for health and psychological problems (Brooks, 2010; Levant et al., 2006; A. J. Lott, 2003; Kilmartin, 2010). Several resources present more details on men's studies (e.g., J. S. Kahn, 2009; Kilmartin, 2010; O'Neil, 2008; Tarrant, 2009). Some resources focus specifically on men of color (Lemons, 2008; Poulson-Bryant, 2005; White, 2008) and men who have immigrated to the United States (Chuang & Moreno, 2008).

Just as there is no unitary women's movement, we also find no unitary, single-focus men's movement (Kilmartin, 2010; Kahn, 2009). Three strands within the men's movement are commonly mentioned: (1) the profeminists, (2) the mythopoetic movement, and (3) the religiously oriented approach. Students who are learning about the psychology of women need to know that some men's groups serve as allies, whereas others may be antagonists.

Profeminist Approaches

The **profeminists** support feminism, and they want to eliminate destructive aspects of gender, such as gender stereotypes, gender inequalities, and gender-related violence (Kilmartin, 2010). Profeminists emphasize that strict gender roles can hurt both men and women (Brooks, 2010). They also believe

that men must actively work toward gender equality throughout their lifetime (Lemons, 2008).

At the national level, the largest profeminist organization is the National Organization of Men Against Sexism (NOMAS). This group focuses on issues such as equal pay. They also hold workshops on gender equality, and they raise funds for women's shelters (Cochran, 2010; J. S. Kahn, 2009).

Within psychology, the most visible profeminist group is called the Society for the Psychological Study of Men and Masculinity (SPSMM, Division 51 of the American Psychological Association, 2010). According to its mission statement, this organization examines how gender can constrict men's lives, limiting their full potential. In addition, this organization is committed to supporting women, sexual minorities, and people of color. They also emphasize that both men and women function best and have the richest relationships if they can move beyond the traditional definitions of gender roles.

As individuals, profeminist men can serve as allies. **Allies** are people who provide support to groups other than their own (Kilmartin, 2010). Try Demonstration 15.1 to explore this concept in more detail.

DEMONSTRATION 15.1	### Identifying Allies As we note in the previous paragraph, allies are people who provide support to groups other than their own group. Begin this demonstration by thinking of several males you know personally who are likely to provide support to females. (If you are male, you may be able to include yourself in this list.) Write down each man's name and then list some specific things that this individual has done to support girls and women. Then repeat this exercise by thinking about White people who are likely to provide support to people of color; identify their specific contributions. Continue this process with several other social groups that frequently experience biased treatment. Some representative groups would be gays and lesbians, immigrants, and people with disabilities).

Profeminist men can also work together to organize public actions. For example, the White Ribbon Campaign (2010) began when a small group of men in Canada began wearing white ribbons after the murder of 14 women at École Polytechnique in Montreal in 1989.[1] Within just six weeks, about 100,000 men throughout Canada were wearing white ribbons. White Ribbon Campaign groups can now be found in more than 55 countries throughout

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[1] In 1989, a man named Marc Lepin entered a classroom in the engineering school at École Polytechnique, in Montreal, Canada. He forced the female students to line up along a wall. Shouting "You are all feminists," he shot them all. He then tracked down other women in the building, killing a total of 14 women.

the world. These groups continue to examine issues related to male violence. For example, here is a description about the forms of violence against women that are especially important to the White Ribbon Campaign (2010):

> The most widespread problems are physical violence against spouses and girlfriends (from hitting right up to murder) and sexual violence (usually committed by a boyfriend, husband, trusted adult, or family member.) There is also emotional abuse—sexual harassment at work or on the street, stalking, jokes that demean women, and controlling behavior. In some countries violence occurs in the form of genital mutilation of girls and trafficking of girls and young women into prostitution.

Mythopoetic Approaches

The profeminist men focus on how traditional gender roles hurt both men and women. In contrast, the mythopoetic men focus on how these gender roles hurt men personally. Men who favor the **mythopoetic approaches** believe that modern men should use myths, storytelling, and poetry to develop their own well-being and spiritual growth (Kilmartin, 2010; Brooks, 2010; Tarrant, 2009). To achieve this growth, men join all-male gatherings. Their goal is for the men to work through their psychological difficulties and focus on male role models (J. S. Kahn, 2009). In general, the men who adopt the mythopoetic approach believe that profeminist men focus too much on women's issues, instead of their own gender issues (J. S. Kahn, 2009; Kilmartin, 2010).

Many men in the mythopoetic movement express somewhat feminist views. However, the majority of these men are relatively wealthy, middle-aged European American heterosexual men. Compared to most other people, they have greater economic resources, and they have benefited more than other groups in our society (Kilmartin, 2010).

Religious Approaches

The religiously oriented approaches to the men's movement have become more visible in recent years. A few of these religious groups emphasize gender equality. In general, however, the **religious approaches** argue that men should take back their roles as head of the household so that they can become leaders in their family, church, and community (Brooks, 2010; Kahn, 2009). As a result, women should accept the role of being followers. If these basic principles don't sound alarming, try replacing the sexism with racist equivalents: "Whites should take back their roles as masters, and Blacks should accept the role of being slaves."

Among the religious approaches, the most visible is the Promise Keepers (Brooks, 2010; J. S. Kahn, 2009; Metzger, 2002; White, 2008). Their huge rallies usually take place in football stadiums, and the messages are strongly traditional. Men are told to be assertive about taking back their natural role, and they are encouraged to invite male friends to attend future rallies. The Promise Keeper website (2010) lists branches in U.S. cities such as Kansas City, Dallas, Colorado Springs, and Atlanta, as well as in Canada and New Zealand. The Promise Keeper rallies emphasize essentialism—that men and women are different because women were created for men (Kilmartin, 2010).

The Promise Keepers and other religiously based forms of the men's movement may voice some admirable statements, such as racial reconciliation and encouraging men to become more actively involved in nurturing their children. However, these groups typically want to reduce the rights of women (Brooks, 2010; White, 2008).

How do college students react to these different men's groups? In a classic study, Rickabaugh (1994) asked undergraduates at a California university to read descriptions of several men. Each description represented a different strand of the men's movement. Both men and women gave the highest rating to the profeminist man. They saw the profeminist man as both nurturant and competent—a finding that should be encouraging to profeminist male students who are reading this book.

SECTION SUMMARY

The Men's Movement

1. Men's studies includes scholarly activities—such as teaching courses and conducting research—that focus on men's lives and the issues they encounter.
2. Three major strands within the men's movement are (a) the profeminists, who believe that gender roles hurt both men and women, (b) the mythopoetic approach, which focuses on men's spiritual growth, and (c) religious approaches, such as the Promise Keepers.

CURRENT TRENDS IN FEMINISM

Is feminism thriving, approximately one decade into the twenty-first century? What about issues important to women? Let's consider four perspectives on these questions: (1) women's studies courses, (2) the women's movement in North America, (3) the women's movement at the international level, and (4) how you can contribute to the well-being of girls and women.

Women's Studies Courses in North America

Thousands of women's studies courses are offered at colleges and universities throughout North America. The National Women's Studies Association (2010) lists about 650 U.S. colleges and universities that have official women's studies programs. Women's studies is now a well-established field, and it enrolls more college students than any other interdisciplinary field (Eudey, 2007; Maynard, 2005). Furthermore, numerous women's studies courses are available at the graduate level. About 15 universities in Canada and the United States offer a Ph.D. degree in women's studies (National Women's Studies Association, 2010; Shields et al., 2006).

Students often comment that they gain a new perspective from women's studies courses (Dodwell, 2003; Chrisler, 2007; Stake, 2007; N. A. Stewart,

2007). In these courses, students discover feminism, and they learn to appreciate the connections between the scholarly resources and their personal experiences (Collins, 2006; Enns & Forrest, 2005; Zucker & Stewart, 2007).

Women of color sometimes comment that their women's studies courses help them understand both gender and ethnicity issues (Elfman, 2009). For example, a Chicana student from Wisconsin commented on her women's studies course:

> I am a Chicana; not only must I deal with racism but I must also live in a sexist world. I come from a family with strong conservative views compared to other families in the U.S.... Machismo is very prominent and sometimes cannot be seen but it is there. I never really thought about important feminist issues in high school. But I always knew that women were oppressed in our society. I saw it in my own home. It was not until I broke away from home that I began to think about my identity. I must say that my first real exposure to feminist ideas was when I left home for college. It is here where I am learning and trying to understand feminist ideas. (Rhoades, 1999, p. 68)

Research using quantitative methods confirms that these courses have a significant impact on students' lives. For instance, both women and men enrolled in women's studies courses are significantly more likely than similar students (enrolled in other courses) to develop a nontraditional attitude toward gender roles. They are also more likely to develop a strong feminist identity after taking the course (Malkin & Stake, 2004; Stake, 2007; Stake & Hoffmann, 2001). Other research shows that women and men are equally likely to benefit from these women's studies courses (Stake, 2007; Stake & Malkin, 2003).

In addition, women's studies courses enhance self-confidence and a sense of control over one's life (Malkin & Stake, 2004; Zucker & Stewart, 2007). Finally, students emphasize that their women's studies courses encourage critical thinking (Eudey, 2007; Sinacore & Boatwright, 2005; Stake & Hoffmann, 2000; Yoder et al., 2007).

Michelle Fine is an especially creative feminist psychologist. She and her colleagues have documented the impact of women's studies in an unusual setting: Bedford Women's Correctional Facility, a maximum-security prison located in New York State (M. Fine, 2007a; M. Fine & Torre, 2006; M. Fine et al., 2001). As part of an educational program, these women had read novels by Alice Walker and discussed postmodern philosophy.

Unfortunately, the U.S. government stopped the financial support for programs like this. Even the correction officers at Bedford were astonished at how much more violent the women became after the program had been eliminated. One officer said, "Yeah, the closing of the program is a problem. When there's college, at night they're reading. When there's no college, at night they're fighting and I find them biting each other" (Fine & Torre, 2006, p. 257). Furthermore, after release from prison, those women who had participated in the educational program were only 24% as likely to be imprisoned for new crimes, compared to nonparticipants.

In summary, college students report that their women's studies courses are both thought-provoking and informative. These courses also change students'

attitudes, self-confidence, and critical-thinking ability. In a prison setting, women's studies courses have the potential to completely change women's lives.

The Women's Movement in North America

The anti-slavery movement of the 1830s inspired the first wave of the feminist movement in North America. Women such as Susan B. Anthony and Elizabeth Cady Stanton created strategies for political organizing, and they saw clear links between freedom for slaves and freedom for women (Enns, 2004a; Kravetz & Marecek, 2001). However, their concerns were not answered for almost a century. For instance, U.S. women did not win the right to vote until August 26, 1920, with the passage of the Nineteenth Amendment to the U.S. Constitution.

The second wave of the women's movement in the United States emerged from the attempts to resolve important social problems during the 1960s. Women were active in the civil rights movement and in protesting the war in Vietnam. As in the previous century, this focus on issues of social justice made women in the United States and Canada more aware that they were second-class citizens (Collins, 2009; Rebick, 2005). In Canada, the National Action Committee on the Status of Women (NAC) was founded in 1972. It has addressed issues such as women's shelters, immigrant women, lesbian groups, international solidarity, and student issues (S. John, personal communication, 2010; National Action Committee, 2006; Rebick, 2005).

The National Organization for Women (NOW) was founded in 1966, and it remains one of the most important women's rights organizations in the United States. The scope of current feminist organizations is impressive. Some groups, such as NOW, have a general focus that addresses issues such as violence against women, reproductive rights, and workplace problems. Other groups emphasize more specific issues. For example, Emily's List is an organization that raises money to help elect progressive feminist women to the U.S. Congress and other important leadership positions.

Other North American feminist groups focus on the abuse of women, anti-militarism, women's health, reproductive rights, women's spirituality, welfare issues, urban schools, women of color, older women, lesbian and bisexual concerns, immigration issues, anti-poverty problems and community problems (Collins, 2009; S. M. Evans, 2003). Some groups emphasize **ecofeminism,** an approach that opposes the way that humans destroy other animals and natural resources. Also, feminist communities have created a variety of feminist-run organizations. These include feminist therapy groups, theater groups, and music festivals. Feminism is clearly visible, especially on college campuses and in large cities (Collins, 2009; Roof, 2007). In fact, look for organizations and women's studies courses on your own campus!

Critics of the women's movement argue that feminism specifies a rigid set of regulations. However, there is no single, unified version of feminism (Collins, 2009; Jervis, 2004/2005). For example, feminists disagree among themselves about many important issues. Some of these issues include whether women should be encouraged to join the military and whether pornography should be regulated (R. C. Barnett & Rivers, 2004; Reinharz &

Kulick, 2007). Feminist principles argue that we should respect women and their life choices.

Critics of the women's movement also argue that women and men are now being treated equally; therefore, feminists should just stop whining. A stream of anti-feminist messages from the media has created a backlash within the general population in both the United States and Canada. Unfortunately, this backlash undercuts the genuine progress that the women's movement has made in recent years (Seely, 2007). This misinformation about feminism also affects many people who respect women and believe that women and men should be socially, economically, and legally equal (A. N. Zucker, 2004). Try Demonstration 15.2 to identify how several of your friends feel about feminism.

DEMONSTRATION 15.2

Diversity of Views About Feminism

At the top of several pieces of paper, write these instructions: "Please define feminism in your own words, and describe how feminism is relevant or irrelevant in your life." Distribute one page to each of several friends, and ask them to provide a written reply. (You may wish to tell them to omit their names from the sheets or use other precautions, so that their descriptions are anonymous.) Among those who have positive views of feminism, can you identify a variety of perspectives? (Check pp. 6–7 to remind yourself about various kinds of feminism.) Among those with negative views, can you think how the media would have influenced their perspectives?

In summary, the North American feminist movement has grown and diversified considerably in recent decades, despite the attacks from critics. Fortunately, too, feminists in the United States and Canada now emphasize a global approach: Women face discrimination in every country, and we must work to change this problem.

The Women's Movement Worldwide

In New Zealand, women won the right to vote in 1893. Australia, Canada, and many European countries followed within the next three decades. However, women living in Kuwait were not granted the right to vote until 2005. Women have been heads of state in more than 30 countries—among them, India, Haiti, Nicaragua, Bolivia, Turkey, Iceland, Great Britain, and Canada—but not the United States. Throughout the world, however, women seldom hold a substantial number of seats in national legislatures. In summary, women are a long way from equality when we consider official positions within national governments.

Women's grassroots activism has had impressive consequences in countries outside North America. Consider the Mothers and Grandmothers of the

Plaza de Mayo, a group of women whose children "disappeared" during the military dictatorship in Argentina between 1976 and 1983. More than 30,000 people were killed during that era. Many of them were young people who were secretly murdered because they had opposed the government. The government had forbidden all public demonstrations, yet these women risked their lives by gathering at the Plaza de Mayo in Buenos Aires every Thursday, holding large photos of their missing children.

The bravery of these Argentinian women ultimately helped end that terrifying regime, and it helped women in countries such as El Salvador and Guatemala to become activists (Brabeck & Rogers, 2000; Moghadam, 2009). For example, the photo at the beginning of this chapter (p. 482) shows women at a demonstation in Guatemala City on November 25, 2010. By that date in 2010, 715 women had died due to violent events in Guatemala.

This mothers' group in Argentina also inspired a group of Mexican American women who called themselves "Mothers of East Los Angeles." These U.S. women successfully blocked the construction of a hazardous-waste incinerator that was planned within their community (Pardo, 2005). Notice, then, that political strategies can spread from developing countries to North America, rather than only in the reverse direction (Brownhill & Turner, 2003; Mendez, 2005).

Throughout the world, groups of women are working to improve women's lives. We now have rich resources describing women's global activism (e.g., Durán et al., 2007; Essed et al., 2005; Kristof & WuDunn, 2009; Mendez, 2005; Moghadam, 2009).

A superb group called The Global Fund for Women (2010) has provided small grants for more than 3,000 projects developed by women in countries throughout the world. Here are some representative examples from a recent list of the Fund's projects:

- In Serbia, for a group that focuses on legal protection for women who have been abused by their partners.
- In Surabaya, Indonesia, for a regional conference called the International Lesbian, Gay, Bisexual, Transgender, and Intersex Association, which included participants from about 100 organizations across Asia.
- In Johannesburg, South Africa, for a group that conducts workshops in the schools about gender equity.
- In the Fiji Islands—located in the Pacific Ocean—to make people aware that women in Fiji society have very limited legal rights. (Global Fund for Women, 2010)

Women in developing countries share many of the same perspectives and concerns that women in North America and Europe express. However, women in these countries must also overcome basic survival problems. Some of the subtle points of North American feminism may seem irrelevant to a woman in India who knows that she must give her son more food than her daughter so that he can grow strong in order to support the family (Kristof & WuDunn, 2009). These points may also seem irrelevant for a woman in

Burma who must work under harsh conditions for much less than $1 a day, making sneakers for a prestigious American company.

In recent years, women and men in wealthy countries have begun to realize an important issue: People in the rest of the world are suffering intensely in order to make North American lives more comfortable or more entertaining (Mendez, 2005). In Chapter 7, we considered the exploitation of women who work in sweatshops. A more terrifying form of exploitation is called **trafficking**, or the sale of human beings for illegal purposes.

For instance, each year in Nepal, more than 5,000 girls and women are taken from their homes and sold, primarily as prostitutes in India (Crawford, 2010). Each year, more than 50,000 girls and women are kidnapped from Asia, Latin America, and Eastern Europe. They are shipped—much like shoes or shirts—to North America, where they can generate money for other people by working as prostitutes (Poulin, 2003; Seager, 2003). Trafficking is clearly an international women's issue, the world has not made systematic efforts toward addressing this problem.

However, a small percentage of these women—the victims of trafficking—manage to escape. A small percentage of these escaped women manage to change their lives. Consider the case of Srey Rath, a Cambodian woman who had been sold to a brothel in Thailand. She escaped and returned home to Cambodia. With a loan from a U.S. organization, she bought a cart so that she could sell shirts, toys, and snacks. Nicholas Kristof and Sheryl WuDunn (2009) emphasize that Srey Rath's transformed life illustrates an important truth: "Women aren't the problem but the solution. The plight of girls is no more a tragedy than an opportunity" (p. xviii).

Helping to Change the Future: Becoming an Activist

So far in this section on some trends in women's issues, we have examined women's studies courses, the women's movement in North America, and the women's movement worldwide. In most psychology courses, students remain passive as they read about the future of a discipline. This time it's different: *You* can be part of the solution—if you're not already involved—rather than assuming that someone else will do the work. For example, at Bennett College in North Carolina, a group of Black women decided to develop an educational program to celebrate National American Indian Heritage Month (Malveaux, 2006). Here are just a few of many other options:

- Subscribe to a feminist magazine, such as *Ms. Magazine* or *Canadian Woman Studies/Les cahiers de la femme*. It will inform you about political activities that you may want to support, and the articles will keep you thinking about feminist issues.
- Visit a website on feminist activism such as http://www.feminist.com/activism/ and find a topic that matches your interests. Then speak out and become involved!
- Talk with friends and relatives about feminist issues. In our everyday conversations, we need to make many decisions. If someone makes a

sexist or a racist remark, we can take a small activist step by deciding not to join in the laughter. Even better, we can respond with a comment such as, "That's not funny—it hurts women."

- Serve as a mentor to a girl or a younger woman. For example, a student in my psychology of women class traveled with her mother, her aunt, and her 10-year-old cousin to the Women's Rights Museum in Seneca Falls, New York—the site of first-wave feminists' early activism. Her cousin was both impressed to learn about the early history of the women's movement and outraged to learn that women still earn much less than men (K. DePorter, personal communication, 2002). Some people choose to work on more formal projects, for example, as long-term volunteers at a soup kitchen for low-income families (Lott & Webster, 2006).
- Give gifts that provide information about girls and women. For instance, send a gift subscription to *New Moon Girls* to any girl between the ages of about 9 and 12 (see p. 100). Buy the book *33 Things Every Girl Should Know about Women's History* (Bolden, 2002) for anyone older than about 10, including yourself!
- Help fight negative representations of women. When you see an offensive advertisement, for example, find the company's address through the Internet. Then write to the company to express your dissatisfaction. Also, when you see a positive ad, send a compliment to the company.
- Be a "critical consumer" when you read or listen to reports about women in the media. Review the research biases in Figure 1.3, and ask yourself whether the conclusions in the report seem justified. If you'd like to express your discontent—or possibly your approval!—call in to a radio show or write a letter to the editor of a newspaper or magazine. You may also wish to comment on the ratio of men to women in that particular news source (Berg, 2009). You now have more information about women's lives than most other individuals in your community, so you can share your knowledge.
- Join a women's group on campus or in your community—or help to start one. Work with the group to make certain that diversity issues are an integral part of your mission.
- Organize an event that focuses on a feminist issue, such as sexual violence on your own college campus (Chrisler & Segrest, 2008). Be aware that the men on your campus may have more feminist perspectives than you suspect (Kilmartin & Allison, 2007; Kilmartin et al., 2008.)

Remember: No one individual can tackle all the problems that women face. Also, change does not happen overnight. Celebrate the social-justice victories, and share these victories with other like-minded people (Lott & Webster, 2006; Marsella, 2006; Schwebel, 2008). Also, keep in mind a quotation attributed to anthropologist Margaret Mead: "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

SECTION SUMMARY

Current Trends in Feminism

1. According to the research, women's studies courses can change people's attitudes and self-confidence; they can also change women's lives.
2. The first wave of the feminist movement in North America arose out of the anti-slavery movement, and it eventually led to the passage of the Nineteenth Amendment to the U.S. Constitution.
3. The current feminist movement arose out of the civil rights movement and the anti-war movement; feminist groups in the current era have addressed a wide variety of issues concerned with women.
4. Women hold relatively few national leadership positions throughout the world; grassroots women's organizations have achieved many victories, but important problems—such as trafficking—are still widespread.
5. Students can improve women's lives by methods such as talking about gender discrimination, mentoring younger females, and organizing feminist events.

CHAPTER REVIEW QUESTIONS

1. What are the trends with respect to the gender ratio for psychology Ph.D. degrees? What is the current gender ratio for the psychology faculty and for psychology majors at your own college or university? Why might the changing gender ratio help the women's movement?

2. People concerned about the psychology of women have emphasized that the discipline should include more multicultural research. What are some problems that can arise when researchers use traditional approaches to study people of color?

3. In the second section of this chapter, we focused on women of color and feminism, and we mentioned that most students have little exposure to research on ethnic groups other than Blacks. Before you enrolled in a course on the psychology of women (or the psychology of gender), what kind of information did you learn in high school or college about ethnicity? What have you learned outside class in the popular media? Did this information about people of color focus more on men or women?

4. Why do women of color face special challenges in identifying with the feminist movement? Why would men of color oppose women from their ethnic group who want to be active feminists?

5. Describe the three basic strands within the men's movement. Which would be likely to support the growth of the women's movement? Which would oppose it? Which might consider it irrelevant? Do you see evidence of the men's movement in your community or in your academic institution?

6. Briefly trace the history of the women's movement in North America. What issues were important to the early activists? Then comment on the women's movement worldwide. What kinds of concerns have these groups addressed?

7. In several parts of this chapter, we examined attitudes toward feminist issues. Why do you think that people in North America

and throughout the world are reluctant to call themselves feminists?

8. Identify an issue related to women and girls that is especially important to you. If you wanted to increase people's awareness about this issue, what strategies could you adopt from the section on becoming an activist?

(These final two questions require you to review the entire textbook.)

9. In this chapter, we focused on the current trends with respect to women and gender. To help yourself review this book, go back through the 15 chapters. Note which specific developments are moving in a positive direction and which are moving in a negative direction.

10. You will need to set aside several hours for this final task: On separate pieces of paper, list each of the four themes of this book. Then skim through each of the 15 chapters and note any mention of the themes on the appropriate piece of paper. (You can determine whether your lists are complete by checking the entries for Themes 1, 2, 3, and 4 in the subject index.) After you have completed that task, try to synthesize the material within each of the four themes.

KEY TERMS

men's studies (p. 489)

profeminists (p. 489)

allies (p. 490)

mythopoetic approaches (p. 491)

religious approaches (p. 491)

ecofeminism (p. 494)

trafficking (p. 497)

RECOMMENDED READINGS

Enns, C. Z., & Sinacore, A. L. (Eds.). (2005). *Teaching and social justice: Integrating multi-cultural and feminist theories in the classroom.* Washington, DC: American Psychological Association. Here is an excellent resource that illustrates how feminist theory can be applied to the college classroom, while emphasizing multicultural approaches.

Kilmartin, C. (2010). *The masculine self* (4th ed.). Cornwall-on-Hudson, NY: Sloan. I recommend this excellent textbook, which provides a concise, profeminist summary of the research on the psychology of men. Kilmartin's description of the various groups within the men's movement is especially useful.

Kristof, N. D., & WuDunn, S. (2009). *Half the sky: Turning oppression into opportunity for women worldwide.* New York: Knopf. Nicholas Kristof and Sheryl WuDunn won a Pulitzer Prize in journalism for their coverage of events in China in the *New York Times.* Their book, *Half the Sky,* also examines gender issues in countries such as Pakistan, Congo, and Afghanistan.

Martínez, E. (2008). *500 years of Chicana women's history/500 años de la mujer Chicana* (bilingual edition). New Brunswick, NJ: Rutgers University Press. "Betita" Martínez is an important leader in the area of Chicana feminism, and this book is richly illustrated with photos of Chicana women and the history of Chicana feminism. An added benefit of this edition is that the text is in both English and Spanish.

ANSWERS TO THE TRUE-FALSE STATEMENTS

1. False (p. 483); 2. True (p. 485);
3. True (p. 486); 4. True (p. 487);
5. True (pp. 487–488); 6. True (p. 489);
7. True (p. 491); 8. True (pp. 492–493);
9. False (p. 494); 10. False (p. 495).

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NAME INDEX

This index includes names of people, government agencies, and organizations.

SUBJECT INDEX

For names of both people and organizations, see the Name Index.