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Editorial

Gender, Stress and Mental Health

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It is now well recognized fact that the origins, expression, course and outcomes, as well as responses to pharmacological/ psychotherapeutic treatment of all psychiatric illnesses, differ in women and men. There is now a wide spread appreciation that biologically determined gender and also socially determined gender play major role in the way health, including metal health is conceptualized. Gradually, women's mental health is receiving increased attention from scholars, practitioner, media and the public at large.

The issue of sex differences in response to stress has both health and social implications. Conventional wisdom has been of two minds on the issue. One perspective shared by some in scientific community, views as women as being more reactive to stressful events than men, but another, more recent opinion which is emerged, is that women cope better with stress (Stroebe et al., 2001). Ofcourse, empirical research findings indicate that situation is more complex than either of these perspectives. It is well established fact that constant stress can affect both physical and mental health and that these effects are to a large extent, mediated by changes in biologic systems that regulate and govern the stress response. Recent evidences suggest that the nature of these responses vary for men and women. Thus, it is not simply a matter of greater or lesser stress reactivity in females. Instead, it appears that sexes differ in a constellation of factors that determines the nature of their measured responses to stressful events (Walker et al., 2006).

There are sexually differentiated rates of various medical conditions. For example, women are more likely to acquire an autoimmune disease and are more susceptible to Alzheimer's and epilepsy, whereas men are more susceptible to cardiovascular disorders (Mathews et al., 2001 & Vacobson et al., 1997). Again, cardiac arrest is much more common in men, however, women have lower recovery and survival rates from heart attack. Given these differences in susceptibility to physical health problems, it is not surprising that there are sex differences in patterns of mental disorder. It is important to mention that women are at least twice as likely as men to suffer from depression and anxiety disorders, including unipolar depression, dysthymia, panic disorder, post-traumatic stress disorder, generalized anxiety disorder (GAD), social anxiety disorder and phobias (Regier et al., 1993; & Kesseler et al., 1994). It has been documented that women with schizophrenia tent to be more overtly hostile, physically active and dominating, have more sexual delusious and are more emotional than men (Thara & Padmawati, 2009).

These sex differences are seen in multiple, diverse countries and cultures, suggesting a biological basis. On the other hand, several studies have indicated that this vulnerability is closely associated with marital status, work and roles in society. these findings have been replicated worldwide.

In light of above situation, it is also important to know, in what way both the sexes differ in responding to stress behaviourally. When males and females are asked to report on the stresses they experience in everyday life, females tend to report more stressors (Turner & Avision, 2003). In fact, in a meta analysis (Davis et al., 1999) revealed developmental continuity in this trend; compared to males; females of all ages report more stressful events than males. The gender differences in self reported stress escalate following puberty. Compared to younger and older individuals, adolescents generally report a greater number of stressful events. But the post pubertial rise in self-reported stress is greater for girls than boys. With advanced age, there is decline in self reported stress for both sexes, but elderly women continue to report more stress than elderly men. The nature of stressful events also differs by gender, generally males report more physical conflicts, accidents and negative work and school events. On the other hand, females report more stressful interpersonal issues, especially stressful experiences than involve significant others. For example, Hagedoorn et al. (2001) examined level of psychological stress in geriatric couples and found that women's stress

was determined by both their own and their spouse health status. In contrast, for males, only their own health status was related to their psychological stress. Thus, women seems to be more distressed by health problems in significant others. There are also differences in the emotional responses to stressor described by men and women (Smith & Reise, 1998). Again, women are more likely to endorse items describing tension, irritability, and being easily upset.

There is substantial body of literature on gender differences in behavioural coping reactions to loss and separation, particularly partner loss (Strrobe et al., 2001). Although, feelings of loss are normative after partner loss, males and females exhibited very different coping strategies with women seeking more social contact and men being more likely to engage in evidence coping which sometimes involve dysfunctional distracting behaviours like heavy drinking. For example, in a study of partner loss, widowed men who refuse to participate in interviews but completed questionnaire by mail were more depressed than those agreed to the interview. The opposite pattern was observed among widows, with the more depressed agreeing to the interviewer. Again, men employ avoided or withdrawal strategies when dealing with other types of major life stressors as well. For example, most men with prostate cancer avoid disclosure about the illness when possible but the majority of women with breast cancer seek opportunities to discuss these illnesses with others (Tamres et al., 2002). Women are more likely to attend support groups and share their emotional reactions (Kiss & Meryn, 2001). Again gender differences in cognitive and coping style may contribute to the observed gender differences in the diagnosis of stress related psychiatric disorder. (Walker et al., 2006)

Hence, for providing quality mental health care to the society, gender of client should be given due emphasis especially for understanding of symptoms presentation as well as the coping pattern, treatment needs beside other important determinants of especially psychiatric and behaviour disorders.

REFERENCES

Davis, MC., Mathews, KA., & Twamley, EW. (1999). Is life more difficult on Mass or Venus? A metanalytic review of sex differences in major and minor life events. *Ann. Behav. Med,* 21, 83-97.

Hagedoorn, M., Sanderman, R., & Ranchor A.V. (2001). Chronic disease in elderly couples are women more responsive to their spouses, health conditions than men? *J. Psychosom Reg.* 51, 693-696.

Jacobson, DL., Gange, SJ., & Rose, NR et al. (1997). Epidemiology and estimated population burden of selected autoimmune disease in United States. *Clinical Immunol Immunoathol*, 84, 223-242.

Kesslev, R., McGonagle, K., & Zhao, S., et al., (1997). Life time and 12 month prevalence of DSM-III-R psychiatric disorders in the United States. Archives of General Psychiatry, 51, 8-19.

Kiss, A., & Meryn, S. (2001). Effect of sex and gender on psychosocial aspects of prostate and breast. cancer. *Br. Med. S.* 323, 1055-1058.

Mathews, KA., Gump, BB., & Owens, JF. (2001) Chronic stress influences cardiovascular and neusoendocrine responses during acute stress and recovery, especially in men. *Health Psychology*, 20, 403-410.

Regier, D., Narrow, W. Rac, D. (1993). The de factor mental and addictive disorders service system. Epidemiologic catchment asea prospective 1- year prevalence rates of disorders and services. *Archives of General Psychiatry*, 50, 85-94.

Smith, LL., & Reise, S.P. (1998). Gender differences on negative effectivity. An IRT study of differential item functioning on the Multidimensional Personality Questionnaire Stress Reaction Scale. *Journal of Pers Soc Pshycho* 75, 1350-1362.

Stroebe, M., Stroebe, W., & Schut, H. (2001). Gender differences in adjustment to bereavement. An empirical and theoretical review. *Review of General Psychology*, 5, 62-83.

Tamres, LK., Janicki, D.I., & Helgeson ,V.S. (2002). Sex differences in coping behaviour. A meta analytic review and examination of relative coping. *Pers. Soc. Psychol. Rev,* 6, 2-30.

Thara, R., & Padmawati, R., (2009). Psychotic disorders and bipolar affective disorder, in Contemporary Topics in *Women's Mental Health. Global Perspectives in Changing Society*/eds. Chandra P.S., Herrman H., Fisher J. Kasprup M, Niaz U, London MB, & Opasha A.) Wiley – Blaewell 9-27

Turner, RJ., & Avison, WR. (2003). Status variations in stress exposure. Implications for the interpretation of research on race, socioeconomic status, and gender. *Journal of Health Soc. Behav.* 44, 488-505.

Walker, E., Sabuwalla, Z., Bolliru, A.M., & Walder, D.J. (2006). *Women and Stress in Women's Mental Health. A life Cycle Approach*; Lippincott Williams & Wilkins. Philadelphia, PA USA 35-47 (eds. Romans Sarah E. & Secman Mary V.)