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# Gender Differences in Different Contexts

*Edited by Aida Alvinus*



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# **GENDER DIFFERENCES IN DIFFERENT CONTEXTS**

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## Gender Differences in Different Contexts

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# Meet the editor



Aida Alvinus (PhD, Karlstad University, Sweden) is a lecturer and a researcher in sociology at the Department of Security, Strategy and Leadership, Swedish Defence University. She has published articles, chapters in books and research reports within the field of organization, collaboration gender studies and leadership, sociology of disasters and military sociology.





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## Preface

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Our perception of gender is characterized by the contrast between women and men. But the definition of gender is more complex and intends a range of characteristics pertaining to, and differentiating between, masculinity and femininity. Depending on the social, cultural, organizational or institutional context, these characteristics may include for example biological sex, gender identity, social structures and gender roles.

The development of gender differences as an area of research has been rapid over the last decades. Varieties of fields such as medicine, pedagogy, physiology, psychology, social anthropology and sociology have focused on the gender differences as well as the similarities of women and men. The common purpose of the research attempt is to find out the possibilities and even the consequences of gender differences and the impact on human beings on one side, and social and cultural environment on the other.

This book is an attempt to provide theoretical and empirical framework to better understand gender differences in various contexts and on different levels. Therefore, the contributions cover an array of themes that span from an individual level to an organizational and societal level.

In this book, two sections are presented: (1) "Gender, Health and Emotions" and (2) "Gender, Identity, Professionalism and Inclusion". Authors from all over the world have provided theories, empirical illustrations, improvements and practical implications to explain two common questions: Are women and men dissimilar, and what do those potential differences consist of? The answers to these questions are behavioristic and can be seen as interdisciplinary combination between sociology, psychology and sociopsychology, which means that they leave the readers curious to continue to study gender differences and similarities.

Finally, I hope this book will be used by practitioners, teachers and other researchers in educational and practical settings to debate and raise the awareness of gender in particular and of humanity in general.

**Aida Alvinus**

Department of Security, Strategy and Leadership  
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Sweden



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# Gender, Health and Emotions

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# Sex Differences as a Statistical Variable

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Chris Lange-Küttner

Additional information is available at the end of the chapter

<http://dx.doi.org/10.5772/66433>

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## Abstract

Gender differences are often seen as either biologically determined or culturally acquired or conditioned. However, in an age where gender equality is the main target, neither peer reviewers nor students show much interest in gender differences. Moreover, not only do people try to integrate their 'ying' and 'yang' in their personalities also transgender identities are publicly acknowledged, appreciated and respected. Thus, in this chapter, I argue that we need to downgrade gender differences to a statistical variable that explains variance, sharpens statistical effects and reveals strategies. I am giving examples from my developmental psychology research where the split-sample analysis by gender showed amazing and often unexpected effects.

**Keywords:** theories on gender differences, split-sample analysis, sex differences in visual cognition

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## 1. Introduction

Sex differences once were a popular topic, with extensive monographs on cognitive and social styles in the two sexes [1, 2] as well as on the development of boys versus girls [3]. This chapter is not trying to give an overview that is better covered in these volumes. Instead, an argument is developed that we should see sex differences as a statistical variable that may better explain data rather than give information about substantial differences between the sexes.

We have influential theories on the psychological differences between the sexes. I am introducing just three theories that in my view capture the most obvious sex differences. The 'extreme male brain theory' assumes that the difference is mainly cognitive-emotional insofar as males would be the better systematizers but suffer more from communication disorders such as autism (autistic spectrum disorder, ASD), while women would be the better empathizers [4, 5]. Baron-Cohen gives as a reason for the apparently increased systematizing capacity a prenatal

surplus of testosterone with the consequence that boys with ASD can excel in visuospatial tasks such as the embedded figures test (EFT). However, this was not confirmed in another lab [6] and testosterone appeared to have more an effect on pre-school girls than boys [7]. Likewise, another recent study showed that men were just as caring as women and that caring was more dependent on marital status and ethnicity, educational achievement, income and the caring load [8]. Moreover, in a boy-only sample, boys with ASD were just as empathic as a control group of boys, and both were more empathic than boys with psychopathic tendencies [9]. It has even been suggested that the extreme male brain theory is based on a statistical artefact because strong systematizers such as engineers [10], but also violent men [11] tend to have more sons than daughters. Nevertheless, other follow-up research outside the lab of Baron-Cohen showed that this contrast between the sexes appears to hold as, for instance, males' brains do not zoom into distress sounds as promptly as those of women [12].

Another theory is that boys and girls segregate in order to keep separate cognitive and behavioural styles [13] in the same way as you would keep your distance to someone who does not behave to your liking. Importantly, Maccoby [[13, p. 173] describes that during the pre-school years, children change from a more fundamental belief in sex differences to a more probabilistic view of how a boy or a girl should behave. Children who belong to both gender camps would be very rare. She states that girls potentially have access to the boys' camp if they are physically strong and competitive (see also ref. [14]), while boys would have a harder life if they tried to enter the girls' camp where for instance turn-taking is important (see also ref. [15]). In a rather ingenious conclusion, Maccoby suggests that just this self-chosen segregation would make the construction of a shared script between the sexes necessary where expectations and styles can be negotiated. This 'being apart-coming together' theory is important because it explains why in some studies using the same tasks, we obtain significant sex differences, while in other samples we do not.

The third theory concerns female superiority in language processing, although it must be said that surprisingly no theory exists that would conceptualize it. Indeed, it is still not entirely explained why there seems to be a consistent female advantage in academic achievements but not in comparable ability tests [3, 16]. A recent study showed that only effort explains achievement in addition to ability, independently of gender [17]. Another explanation could be that ability tests may more often allow a spatially-based rather than language-based solution strategy [18], while language-formatted problems would be set more frequently during teaching in schools.

While some authors found that girls have better verbal skills [19, 20], there are surprisingly few recent empirical studies on this topic (see ref. [21]). According to Kimura's review [2], adult females do not have larger vocabularies or higher verbal intelligence than males, but they do have better verbal memory. It seems that girls appear to talk about and name everything as the language representations cover both sides of the brain, i.e. also the right side that processes language intonation, spatial cognition, mathematics, etc. while in boys fewer language representations were found in the non-verbal right half of the brain [22]. Men appear to be more hesitant before they say something [23]. Boys appear to prefer a purely non-verbal code if this is appropriate: In a spatial wayfinding task, girls used a spatial and a verbal



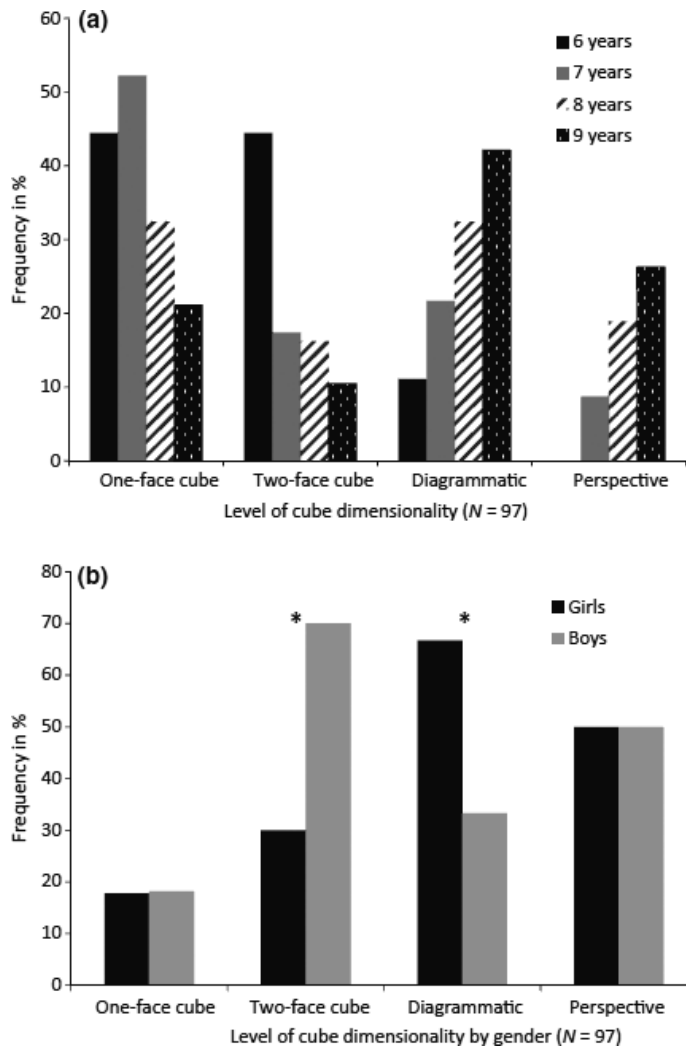
strategy, that is across-modality double-encoding, while boys were more successful using an exclusively non-verbal strategy [24].

However, not all studies show so clear results in terms of sex differences in strategies. Very often there are two types of boys and this was often related to testosterone as the extreme male brain theory would predict. Maccoby and Jacklin [25] pointed out that intra-group variability within each sex may be larger than between-group variability amongst the two sexes; a view that was recently supported by Blakemore et al. [3]. Maccoby and Jacklin found that on average, boys with high testosterone had a lower IQ than boys with low testosterone. In a study on early language perception, male infants high in testosterone did not successfully discriminate between language sounds, while male infants low in testosterone showed sound discrimination that was left-lateralized, but all female infants showed successful sound discrimination with bilateral brain activation [26]. In this study, these results were revealed when a marginally significant interaction with sex of the infants was followed up with split-sample analyses not only for males and females separately, but also for the boys' sub-groups with high and low testosterone. Thus, this is an excellent example how sex as a statistical variable can explain variance, sharpen statistical effects and reveal cognitive style or deficits. However, with increasing age, these sex differences in language development dissipate relatively quickly with the onset of school [27–29]. However, this is not the case in spatial cognition.

## 2. Girls in detail, boys in shape

When we look at school-age children, the split-sample procedure holds a clear advantage over controlling just main effects of performance differences. In a study of Lange-Küttner and Ebersbach [30], 6- to 9-year old children were required to copy two cubes that were placed in front of them so that the first cube would be partially overlapping the second one. We also measured how well children could trace a shape in a noisy context (EFT), how well they could draw a horizontal water level into a tilted container (WLT) and how long it took them to decide whether two rotated 3D Lego cube aggregates were the same or not (MRT).

Children often gradually unfold all the sides of a cube in a schematic flat layout in their drawings before they integrate them into a projective depiction which accurately captures a three-dimensional view [31]. This achievement in school children is termed visual realism, while younger children would not draw what they see, but what they know (intellectual realism) [32]. For instance, at the very beginning of drawing, young children know that a cube is formed from square sides, so they just draw one square to denote the cube in their drawing, which has also been termed a minimalist approach [33]. But if each cube side has a different colour, young children draw all colours into this one square to illustrate the fact of this multi-coloured cube [34]. Hence, the fold-out layout is a transition phase between intellectual and visual realism. In our cube drawing experiment, we found that girls were much more likely to draw a fold-out representation of the cubes than boys (see **Figure 1**), with parts of the cubes proliferating beyond the actual amount of sides that were visible and invisible—as if they wanted to draw what could not be seen, but were unsure how much they could not see. Boys were more likely to extend the one-square drawing to a drawing with just two sides.



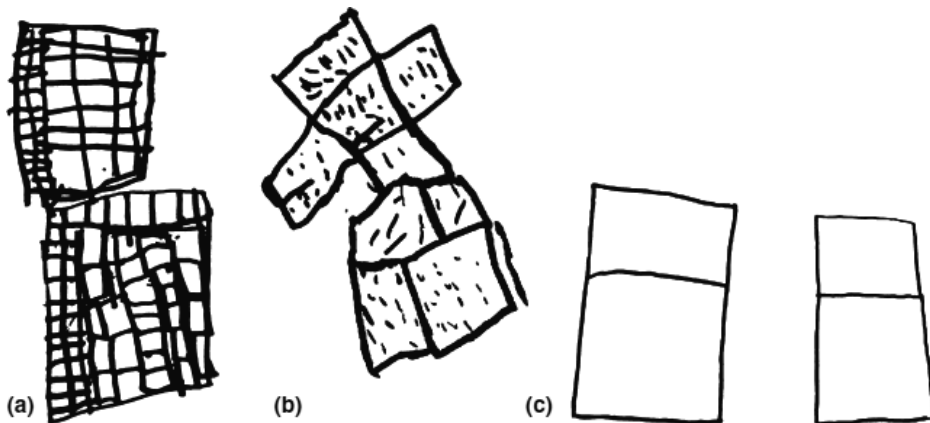
**Figure 1.** Frequency distribution of cube drawing levels by age (a) and gender (b) [30]. Copyright *British Psychological Society*.

We also controlled whether this proliferation of parts (see **Figure 2**) in the girls' drawings would occur because they had attended more to the surface structure of the painted Rubik's cubes, but this was not the case. Instead, only older children would attend less to surface details. Hence, we concluded that girls—like in human figure drawings [33, 35–37]—were drawing more detail. However, different to the human figure drawings where girls excel in detail, the details of the cubes had no names, still they would embark on laboriously drawing details in this cube drawing task. In contrast, boys appear to be more interested in drawing projective shapes, as they would focus more on the silhouette of an object whether animate or inanimate [33, 36, 38].

The silhouette, however, is what makes a figure-ground comparison easy, because there are no internal details and only the boundary or contour of the shape is relevant. Hence, it

was not a surprise that the embedded figures test (EFT) was the only significant predictor in boys: the higher the boys scored in the EFT, the more likely they were to draw an advanced 3D drawing system. In contrast, the mental rotation test (MRT) was the only significant predictor in girls. Those girls who were at chance in judging the identity of rotated cube aggregates were also more likely to draw two non-occluded instead of overlapping one-face cubes. We do not yet know why boys are more focused on silhouettes unless one wanted to invoke Plato's cave allegory [39] where the inhabitants of a cave are fascinated by the differences in forms that are projected from the outside world on a cave wall and reject the 'real thing', that is the real-world objects. In contrast, girls would care about every detail of the real cube model, even those details that are surplus (commissions) and distort the visual shape of the cubes.

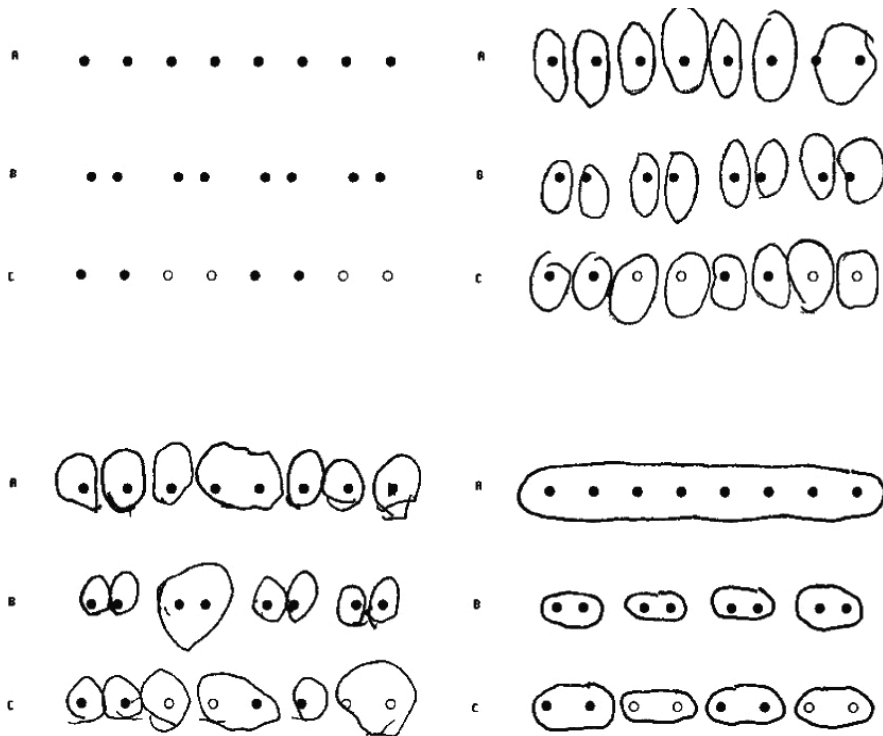
Importantly, in this study, if we had used an aggregate score summarizing the merits of their drawings and compared the overall achievement level, we may not have detected the sex differences in style and realism.



**Figure 2.** Examples of differentiated shapes for the occluding cubes. (a) Girl drawing the surface structure of the two cubes with sides attached top and left, (b) girl drawing a diagrammatic cube with some indication of surface structure but more clearly reinforced edges, (c) boy's drawing shows shape constancy when drawing the two cubes separately [30]. Copyright *British Psychological Society*.

### 3. Sex differences in spatial concepts: early achievement, action, delays and development

An even more striking example of the statistical power of the split-sample analysis with regard to sex differences is shown in a study of the development of visual memory in children [40]. In drawing, until about age 7, children allocate one place to one object (object-place binding), but when they become older, they are more likely to allocate an area to matching objects (objects-area binding) in a common region test (CRT) [41], see **Figure 3**. There are also always some children who do both at the same time, that is, they are inconsistent in using a spatial concept.



**Figure 3.** The common region test (CRT). The instruction was to circle those objects which children thought would belong together. Young children typically assign each object one place, older children more often assign a common region to matching dots, and some children assign spatial boundaries unsystematically [41]. Copyright *British Psychological Society*.

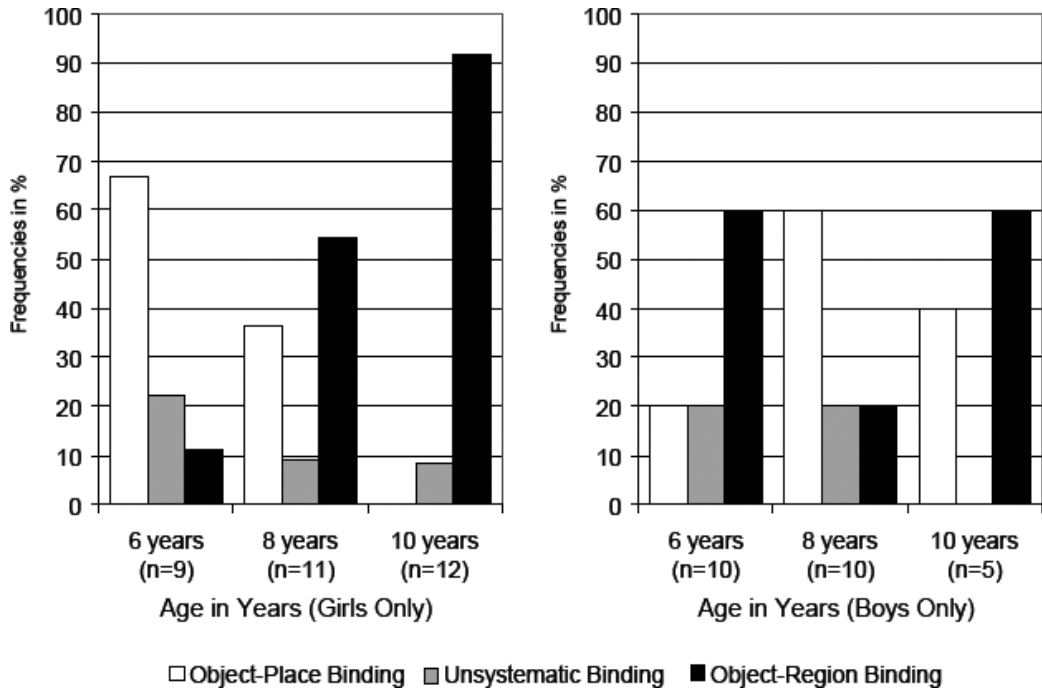
The intriguing result in terms of visuospatial cognition is that these drawing strategies predict visual memory. Those children who bind one object into one place are better in remembering shapes ('what'), while those who bind pairs of matching objects into an area are better in remembering places ('where') [42]. If the experimenter supplies those boundaries in the visual memory display on the computer, either a frame around a shape, or a spatial boundary around a number of objects, this explains the same variance as the drawing strategies [42]. A match between the allocation of space to objects in the CRT and the type of frame in the display enhances place learning [43].

Now in just one of my visual memory studies [40, 42] using this research paradigm, already the 6-year-old boys allocated spatial areas to several objects, while the girls did not, see **Figure 4**.

Boys from an economically disadvantaged background showed more often object-place binding, but object-region binding was equally likely to occur in all three male socio-economic groups. Differences due to male ethnic origin (Caucasian, African, Asian, mixed) did not reach significance.

Thus, 6-year-old boys from self-sufficient socio-economic backgrounds showed more awareness of spatial boundaries which in drawings usually emerge only around age 9 [44]. Boys

from self-sufficient socio-economic backgrounds are also less dependent on colour cues in mental rotation tasks [45]. In addition, in visual memory accuracy, boys profited significantly more from an advanced spatial binding strategy than girls, whether they remembered shapes, or the places where these shapes were located, see **Figure 5**.

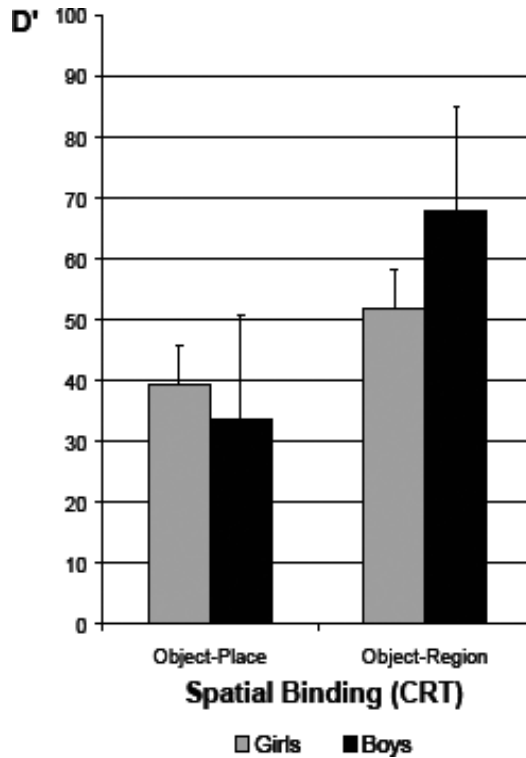


**Figure 4.** Girls (left) showed the predicted development from object-place binding to object-region binding, while boys (right) showed a U-shaped development for object-region-binding, with a later onset of object-place binding at age 8 [40, 42]. Copyright *European Journal of Developmental Science*.

Like in the other studies using this visual memory paradigm [42, 43, 46], also in the 2010a study, younger children remembered object shapes better than their places, see **Figure 6**. However, while this was significant for girls only at age 6 who could on average not remember a single place correctly, the shape priority in visual memory was still present in boys at age 8. The 8-year-old girls made a developmental leap in visuospatial cognition and now understood how to remember both shapes and places to the same level, while the 8-year-old boys were still more focused on shapes. Only at age 10, memory for object location was as good as memory for object shapes for both sexes.

In order to predict which factors were accountable for this delay in the transition from shape priority to spatial layouts of locations in boys, a spatial memory development index (SMDI) was computed by deducting the place recognition score from the shape recognition score. If the SMDI was positive, there was a shape priority, but if the SMDI was negative, place memory was better than shape memory. In general, the closer the score to zero, the smaller the difference between object shape and place memory. Sex, ethnicity, socio-economic status (SES) and age in

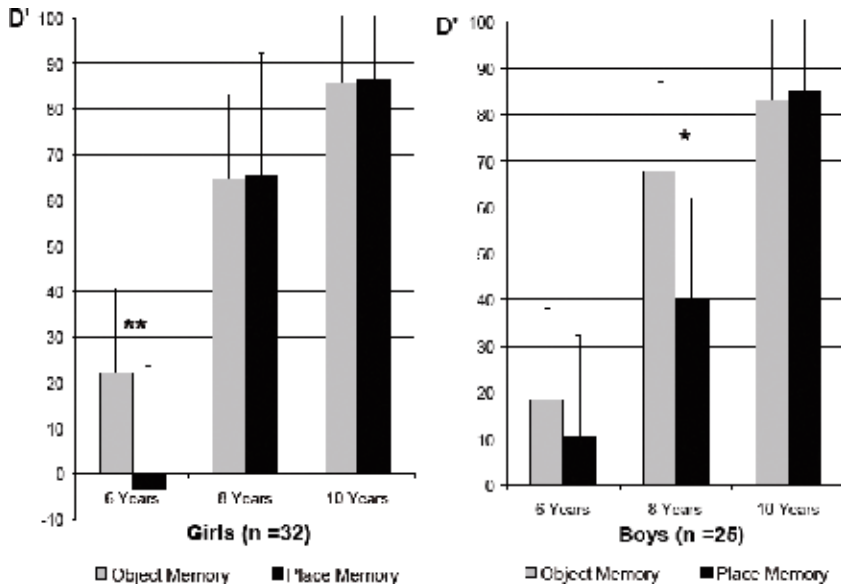
months were the predictors in a multiple regression with the SMDI as dependent variable. For the whole sample, SES and age were significant predictors (see also Ref. [47], but in the sex split-sample, SES was a significant predictor in boys only, explaining 63% of the variance between boys. Age was a significant predictor in girls only, explaining 57% of the variance between girls.



**Figure 5.** Spatial memory accuracy and spatial binding in the CRT. Boys showed a larger gain from object-region binding than girls [40, 42]. Copyright *European Journal of Developmental Science*.

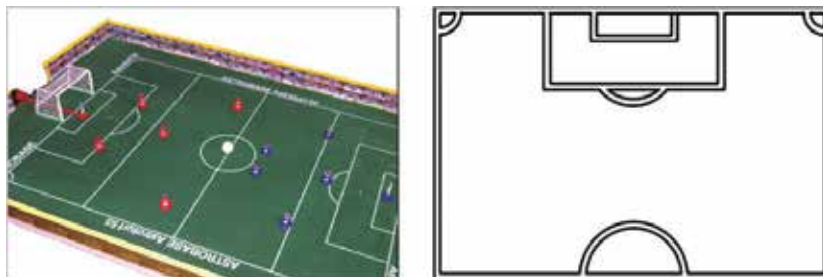
Moreover, when the spatial strategies in the CRT were added, age explained now a whopping 88% of the variance in the SMDI in girls, but only 14% in boys. The significant effect of SES in boys was determined by the CRT, but the inclusion of the CRT did not reveal development with age. This shows that environmental factors such as SES can have a much larger effect on spatial strategies in boys than in girls. While the nature-nurture debate has made this issue a topic since a long time regardless of sex of the children, the result is nevertheless quite astonishing for developmental psychologists as children's spatial concepts are thought to universally develop with age [44, 48]. This particular study showed that in boys, advanced spatial strategies can occur early, but can also be comparably delayed, so much so, that overall no development with age can be found—which sheds new light on the universal validity or applicability of developmental theories.

While young children find it harder to remember the place of an object than its shape, to remember whether an object or figure is in a wrong place should require even more awareness of rules in spatial relations.



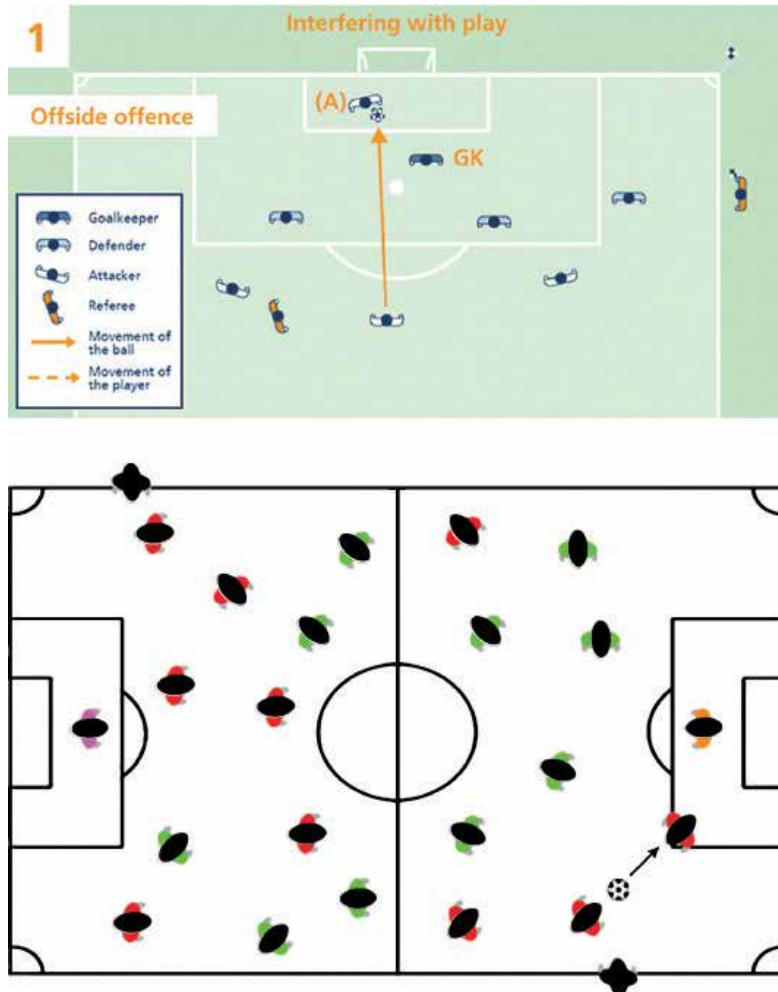
**Figure 6.** Object and place memory accuracy in boys and girls at ages 6, 8 and 10. Girls showed a significant gap between object and place memory at 6 years, boys at 8 years [40, 42]. Copyright *European Journal of Developmental Science*.

This is for instance the case when a football player is in a forbidden place in an offside position that is behind the defence line of the opposing team in front of the goal taking in unfair advantage. The crucial challenge when identifying an offside position is to recognize that the defence players can be grouped along an invisible spatial axis. In a very recent study, Bosco and myself investigated whether it is true what some male football professionals and reporters think, that is females do not make good referees in football [49]. Children are only gradually developing an understanding of spatial axes [44, 50, 51]. Hence, we taught 7–9-year-old children to identify an offside position with a Subbuteo set-up [52]. They drew the spatial positions of the players and the goalie as often until they got it right, see **Figure 7**. We then counted how many drawings they needed until they could draw a player figure in this wrong place. There were no significant sex differences in this task showing equal understanding when introduced to the offside rule.



**Figure 7.** Left: Subbuteo game, Right: drawing sheet. The Subbuteo game was used to explain the offside rule to 7- and 9-year-old children. Children were drawing the offside position with pin men as often as required until they could create a correct depiction of the offside position. Achieving a correct drawing of the offside position was the criterion to be admitted to the offside rule computer task [52].

Once children had achieved this aim, they took part in a computerized visual search task where in 50% of the trials, a player was in an offside position, and in the other 50% of the trials, a player was not in an offside position, see **Figure 8**.

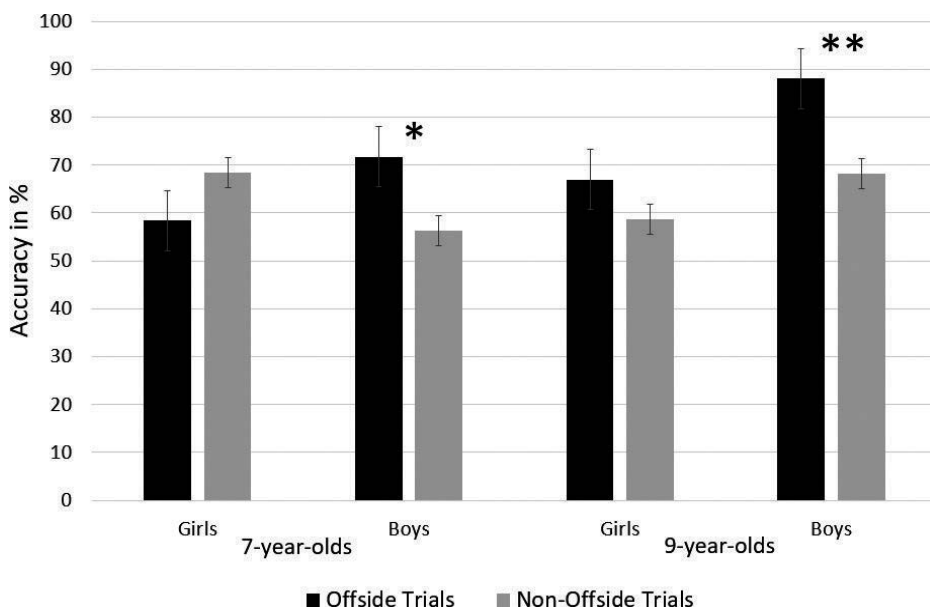


**Figure 8.** Top: FIFA playing field drawing [53, p. 112]. In the FIFA playing field, the offside player (A) in a white shirt stands *behind* the goal keeper (GK) and the light blue players who are his opponents. The player A is in an offside position because he is played at (the orange arrow), but not if the ball would have gone straight into the goal, passing him by. In this case, the arrow would have pointed towards the goal, not towards the player. Bottom: offside reaction time computer task. We adopted the arrow that points towards a player who may or may not be in an offside position. Children should either touch an offside player on the screen (48 trials), or touch the centre circle if there was no offside position (48 trials) [52].

Recognizing an offside position was easier than correctly rejecting a display where a player was not in an offside position, for both boys and girls, as it is for male adults [54]. However, boys reported that they were playing significantly more football games during



the week than girls, with more than one-third of the girls playing football less than twice per month. When game experience was factored in as a covariate, it was revealed that in both age groups, boys were better and more consistent in identifying the offside position, see **Figure 9**. This result supports previous research on practice effects in spatial cognition with adults [55]. Nevertheless, it caused quite some furore in the press, some reporters focusing on the result that boys' football game experience made such a difference [56], while others capitalized on the fact that theoretically both sexes showed the same understanding and it was really just a matter of experience rather than sex of the participants [57]. Hence, the aim is now to run a study with a full factorial design, with one sample of children of both sexes from football clubs, and another sample of children of both sexes from communal libraries in the same community.

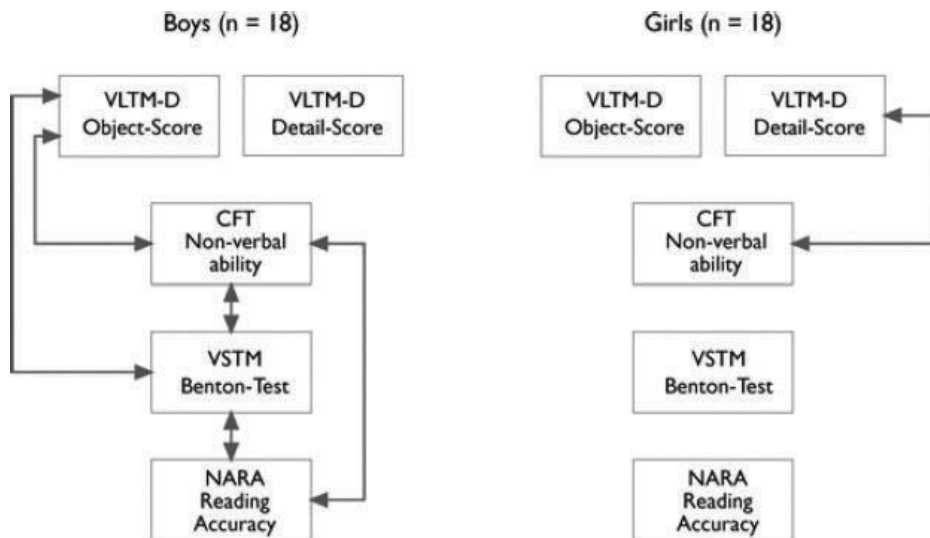


**Figure 9.** Only when the amount of ballgame experience was considered it showed that boys were better in making correct decisions about offside positions of designated players than girls, independently of age. Note. \* =  $p < 0.05$ ; \*\* =  $p < 0.01$  [52].

#### 4. Do only boys read with their eyes?

Now let us have a look at reading which is an activity where auditory and visual modalities need to be mapped with each other by allocating a sound to a visual sign called grapheme-phoneme mapping [58]. However, reading requires and supposedly develops visual cognitive ability for small detail [59, 69], for instance, discrimination of the letters d, b and p which all have the same visual components but in a different arrangement. Research with illiterates showed that visual reading strategies develop from raw visual perception to a strategy that distinguishes between letters and geometrically equivalent shapes and thus prioritizes alphabetic characters [61].

Huestegge et al. [59] used tests of short-term and long-term memory for small visual details and then compared boys and girls on these measures as well as on tests in reading proficiency and non-verbal IQ. In this sample, boys were the significantly better readers in the Neale Analysis of Reading Ability (NARA) test compared to girls, marginally so in terms of accuracy and significantly so in terms of understanding. Correlational analysis showed that they employed a visual cognition network, while girls did not, see **Figure 10**. In particular, Huestegge et al. found a significant reading advantage for boys who had scored high in the Benton drawing test, independently of IQ, which suggests that successful reading is supported by boys' interest in pen and paper, whether drawing or writing [62].



**Figure 10.** Pathway diagram of visual STM, visual LTM and non-verbal visual intelligence in relation to reading accuracy (gender-specific correlations) [59]. Copyright *British Psychological Society*.

Hence, also this study showed that the split-sample analysis revealed important clues how the task was solved by the two sexes. We demonstrated that boys can successfully use a visual strategy in an area where they are usually thought to be not quite as good as girls, and where they would even succumb to a stereotype threat [63]. Moreover, it is often thought that visual strategies in reading are detrimental because they would be necessarily wholistic [64].

## 5. Conclusions

In this chapter I have set out to argue that sex differences should be demoted to a statistical variable and the search for substantive differences between the sexes abandoned. I have selectively reviewed in detail some of my studies where we found sex differences in performance and only briefly mentioned those where none were found even if the same or similar tasks were used.

One conclusion from these studies is that sex differences in small samples are dependent on the interest of the particular participants in the samples. Girls with little interest in football are not as good as boys in identifying an offside position [52]. Boys who are interested in pen and paper are also good in reading [59]. If they are not interested in the content of what they read, boys show significantly poorer reading than girls who also thrived on low-interest material [65]. The important role of interest is recognized in the recent revision of a test that systematically assesses children's interest [66].

Content can also have the effect that training on a task such as the mental rotation task stays item-specific and does not generalize to other objects [67]. Moreover, more animate content (gymnasts) than the usual cube aggregates in the mental rotation task helps females to close the gap with males in the mental rotation task [68]. Women's mental rotation improved for both male and female figures, while men's mental rotation improved when stimuli were male figures, but not when they were female.

In developmental psychology, only the Neo-Piagetian theory captures the experiential factor in a systematic fashion. In contrast to Jean Piaget who was suspicious of statistics that went beyond frequencies, Neo-Piagetian theory is a concession to multivariate statistics to analyse multiple and multi-trial tasks. Neo-Piagetian theory was developed by Pascual-Leone in the late seventies and assumes a number of operators that provide the cogwheels of the mind, such as the M-operator for mental attentional energy, or the F-factor for field perception [69]. The specification of operators allows the researcher to select tasks that test the functioning of a particular factor.

Hence, training mental rotation is a task that specifically measures the functioning of the L-operator and allows us to decide that mental rotation is a task that measures the LC-operator (non-transferable item-specific experiential learning) and not the LM-operator (transferable logical-conceptual learning). However, also spatial memory which is supposed to depend on spatial concepts can be learned by repetition without the necessity of spatial strategies [46] as long as objects and places stay the same in repeated viewings. Moreover, the study on the understanding of the offside rule [52] showed that while the LC-operator was allowing boys to excel in the visual identification task of the wrong place, this did not prevent systematic judgement. In drawings, the LC-operator in combination with the F-operator would allow boys to avoid proliferation of detail so that the transition to viewpoint perspective and visual realism would involve just a small adjustment of contour [30, 33].

Hence, a second important conclusion of this chapter is that it is not always task difficulty as such that would be a suspect as a moderator for sex differences. On the contrary, we must make the assumption that the same tasks can be successfully solved in different ways. It is important to realize that there are best and best strategies which do not always yield significant sex-specific performance differences, but are only revealed in split-sample analyses. For developmental psychologists, this is somewhat new because we usually do find significant effects of age and task difficulty as children identify strategies which work [70]. Very few living psychologists acknowledge that children can intuitively and apparently effortlessly solve problems without understanding [71–73]; most contemporary developmental psychologists believe that the best and smartest strategy is effortful and discovered last by children.

In summary, this chapter shows that the combination of a minimalist approach and taking it easy while being selectively interested and active only in particular topics that are liked is a performance strategy that may produce more variance between children but can also lead to early achievements. Hence, it is important to see sex differences as a statistical variable rather than in a context which focuses on superiority.

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# Gender Differences in PTSD: Susceptibility and Resilience

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Additional information is available at the end of the chapter

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## Abstract

Posttraumatic stress disorder (PTSD) is anxiety disorder that has been estimated to affect individuals who are exposed to traumatic events. Women are diagnosed with PTSD approximately twice as often as men. In this review, we outline the evidence of gender differences related to PTSD, and the factors of resilience and susceptibility differ between men and women.

**Keywords:** PTSD, gender differences, susceptibility, resilience, risk factors

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## 1. Introduction

From previous research, we know that women are diagnosed with posttraumatic stress disorder (PTSD) approximately twice as often as men. Prior studies about gender differences in PTSD have generally focused on prevalence and symptom expression. However, no systematic review has organized the results of studies examining why women developed more PTSD symptoms than men, and what neural basis underlies their different reactions to stress. Understanding these can lead to more targeted and more effective treatments and interventions. In this review, we discuss the susceptibility to, and resilience of, gender differences of PTSD in the existing literatures and the neural mechanisms that underlie them. We propose that investigating the susceptibility and resilience of gender differences in PTSD may help to shed light on the gender-based risk for, or mechanism of, developing PTSD, which may result in long-term treatment gains.

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## 2. Evidence of gender differences related to PTSD

### 2.1. Gender differences in PTSD prevalence

Most findings of gender differences in posttraumatic stress disorder (PTSD) prevalence found that females are reported to be diagnosed with PTSD after a trauma twice as often as males [1] and developed stronger PTSD symptoms than males [2]. The lifetime prevalence of PTSD in females is higher (10.4%) than in males (5.0%), and that kind of difference become evident in adulthood, peaked in early adulthood, then decreased with age [3, 4]. These findings also show that women experience a longer duration of posttraumatic stress symptoms (4 years duration for females compared to 1 year for males) [5] and display more re-experiencing, avoidance and hyperarousal [3]. In general, women are slightly less likely to experience life traumatic events than men. However, women are at higher risk for PTSD after exposure to a traumatic event because women and men often experience different types of trauma [6]. Meta-analysis showed that men tend to experience traumatic events such as accidents, natural disasters, man-made disasters, and military combat, whereas women tend to experience more incidents of sexual assault and sexual abuse. It is noteworthy that the different types of potentially traumatic events (PETs) only predict a part of gender differences in PTSD [7, 8]. Moreover, the gender differences in PTSD are often cross-cultural, and these kinds of differences were amplified in more traditional cultures [9]. Norris et al. compared gender differences in PTSD in different cultures and suggested that PTSD symptoms such as intrusion and avoidance differences in gender appear to be more evident in more traditional cultures [9]. Also, gender differences in PTSD are not simply associated with biological sex; they may also be due to social gender role [10]. For example, female police officers showed less PTSD prevalence than female civilians, despite greater exposure to traumatic events commonly experienced by female police officers.

### 2.2. Gender differences in anxiety disorder

From previous literatures, anxiety disorders are much more common among girls than boys [11]. For example, Lewinsohn et al. investigated a large sample of adolescents, which included 1079 who had never met criteria for any disorder, and found that girls were more likely than boys to develop anxiety disorders in early life [12]. The preponderance among females emerged early in life. Data from several investigations indicate that females are twice as likely as males to experience anxiety disorder before age six [11, 12], and this difference lasts throughout adolescence. Many studies also show that adolescent girls are more likely than adolescent boys to make connections between bad events experienced in early life and possible negative events in the future, which could make girls more vulnerable to worry and anxiety [13–15]. As a result, adolescent girls are six times as likely as boys to develop generalized anxiety disorder, and three times as likely as boys to develop obsessive-compulsive disorder (OCD) [16, 17]. The gender differences in prevalence of obsessive-compulsive disorder weaken and even showed an opposite trend with increasing age (males developed more obsessive-compulsive disorder than females) [18, 19]. Similar evidences can be found in studies that were conducted in adults. Data from a large-sample survey suggest that women are at higher risk to be diagnosed with anxiety disorders [20, 21]. A national comorbidity survey found that

women are more likely than men to develop panic disorders, agoraphobia, generalized anxiety disorders and posttraumatic symptom disorders [22]. Moreover, women are twice as likely as men to meet the diagnostic criteria for certain phobias [23]. A similar trend can be found in their Phobia reports [24]. However, gender differences are weak in social anxiety disorder (SAD) and obsessive-compulsive disorder (OCD) in studies of adults [25, 26]. Results from clinical samples show a similar trend in healthy people: The World Health Organization conducted an international survey across 15 countries. It found that more women than men received therapy or are receiving therapy, with a focus on panic disorder with agoraphobia [27]. There is no difference between genders in the number of people who are receiving a diagnosis of SAD, even though more women than men are diagnosed with SAD than men [28].

Gender differences were found not only in prevalence of anxiety disorder but also in symptoms of anxiety disorder. For example, the prevalence of Panic Attack between the genders is similar [29], but women showed more typical symptoms such as dizziness, sensations of shortness of breath or smothering [30]. As for the duration of Panic Attack, women showed a more chronic course than men [31, 32]. Women are also more likely to have comorbidity of GAD, somatization and agoraphobia [33, 34]. The most noticeable evidence of gender differences in symptoms of anxiety disorder are those of avoidance in agoraphobia. Females showed more avoidance behavior than males [34, 35]. As for gender differences in OCD symptoms, women diagnosed with OCD tend to have more cleaning behavior and aggressive symptoms of obsessions, while men showed greater obsessive slowness, symmetry obsessions/compulsions, touching rituals and sexual or "odd" symptoms. Besides, the course of OCD in males is more chronic than in females, except in cases of episodic OCD [16].

Gender differences have been found in expression of phobia. For example, girls reported more fear than boys in 9–12 years old children [36]. Similar results can be found in adults, women reports more and stronger fear than men [37–39]. There are also some evidences gender differences in phobia. For instance, Tucker and Bond examined the role of gender in phobia by different surveys and found that femininity is predictive of all categories of animal phobia in general, whereas masculinity is not [40]. Although women were more likely to have an animal phobia, there were no gender differences in social phobia [35]. Fodor and Garrett [41] pointed out that high masculinity and high femininity are assumed to be mutually exclusive traits, phobic behavior of any kind, albeit agoraphobic fears in particular, is consistent with traditionally defined feminine and at odds with the traditional male role, which suggests social gender role is also having significant influence on phobia [41]. Data from a large-scaled survey across 11 countries also found that the role of femininity-masculinity has crucial influence on phobia of animal [42]. Females tend to exhibit higher disgust sensitivity levels than males [39, 43], and cross cultural study of animal fears showed that the disgust-relevant animals were feared significantly more by females than males [44]. However, few studies showed gender differences in phobia associated with social judgments or speech in public [45]. In summary, the gender differences in phobia and expression of fear are not just biological differences, but are it also modulated by social gender role.

### 2.3. Gender differences in fear and their neural basis

Inconsistent evidences of conditioned fear can be found in animal studies, Baran et al. examined the gender differences of conditioned fear extinction in Sprague-Dawley rats, which indicated that females were resistant to extinction [46]. Milad et al. also found greater fear in female than in male rats during extinction recall [47]. But Chang et al. used the contextual fear paradigm in mice and observed that males showed more freezing both in acquisition and extinction [48]. Gruene et al. [49] conducted a large-sample analysis of fear conditioning and extinction in large cohorts of gonadally intact male and female rats. They found that there were no gender differences in freezing over the course of fear conditioning, fear extinction and extinction recall. But in their retrospective analysis of freezing during fear acquisition and fear extinction, distinct gender differences in susceptible vs. resilient groups have been observed. As a group, females were more easily to be distinguished as susceptible or resilient group in fear conditioning than males. Their findings demonstrated that females might in fact have more distinct neural processes than males [49]. However, a variety of fearful, rather than only freezing behaviors can be observed in response to a conditioned cue. It is a possibility that females, more frequently than males, show freezing behaviors. It is therefore necessary to explore different measurements of fear in future studies [50]. For example, inconsistent evidence has been found when using eyeblink as a measure to detect fear response. Some studies suggested that more female than male rats demonstrated more frequent and stronger eyeblinks in fear acquisition [51–53]. But Toufexis et al. were unable to replicate this difference [54].

Gender differences in human beings are more complicated. Lebron-Milad et al. [55] investigated gender differences in fear learning. They could not find any difference in (Skin Conductance Response(SCR), also known as the electrodermal response, is the phenomenon that the skin momentarily becomes a better conductor of electricity when either external or internal stimuli occur that are physiologically arousing) between females and males over the course of fear learning and fear extinction. But they found different neural activities between women and men in different phases. Women showed increased activation of the right amygdala, right rostral anterior cingulate cortex (rACC) and dorsal anterior cingulate cortex (dACC), compared to men in the fear acquisition phase. In the extinction phase, men showed increased activation in bilateral rACC, while women showed stronger activation in insula [55]. Although there is no evidence of gender differences in physiological arousal levels, there is nevertheless a trend showing that women and men are different in responses to stress because these brain activities are usually associated with stress. Inslicht et al. [56] examined fear acquisition in PTSD patients and found that women demonstrated higher skin conductance response than men in fear acquisition. Even though men have a higher baseline of skin conductance response, women showed higher SCR for conditioned stimuli compared to men [56]. These findings indicate that females acquire fear more easily than males, which in turn might be a risk factor for PTSD.

Gender differences have also been found also in effect of stressors on PTSD. Wood and Shors [51] investigated the response to stressors via the classical eyeblink-conditioning paradigm. They found that exposure to a stressor-facilitated acquisition of a conditioned response in

males, while exposure to the same stressful event dramatically impaired acquisition by females [51]. However, there were some evidences that chronic restraint stress [57], psycho-social stress [58], and early-life stress [59] impaired fear extinction in males. Interestingly, chronic restraint stress can enhance fear extinction in females [60], while environmental stress impaired fear extinction [49]. Although previous stress is a good predictor of PTSD [61], some studies suggested that there is a sex difference. For instance, peri-pubertal stress exposure (predator odor plus elevated platform) impaired fear extinction in men but enhanced fear extinction in women [62]. These inconsistent results might be the influence of gonadal hormones. Increasing evidences suggests that gonadal hormones modulate fear acquisition and fear extinction [54, 63–68].

#### **2.4. Gender differences in attention to negative stimuli and negative emotion processing**

The amygdala is part of a workspace in the brain that is significant for creating affective feelings [69]. In general, women and men showed equivalent amygdala responses to novel negative material. However, women tend to have a more sustained amygdala response to familiar negative material relative to men, indicating that women's amygdala responses are more persistent in multiple repetitions of negative stimuli [70]. That might explain why women who have experienced traumatic events are more likely than men to develop PTSD [71], even when the type of trauma experienced is similar for both [72]. Women have been reported to be more sensitive and responsive to threats [73–79]. Researchers have identified that the orbitofrontal cortex (OFC), amygdala and anterior cingulate cortex (ACC) consistently participate in attentive processing of emotional faces [80]. McClure et al. [81] used functional magnetic resonance imaging (fMRI) to examine the developmental and gender differences in the activation of neural structures. They found that in adult women, orbitofrontal cortex and amygdala responses were activated selectively by angry cues, while adult men showed a less discriminating pattern of activation [81].

### **3. Gender differences in risk factors related to PTSD**

According to Blain et al., gender differences have been found in exposure to trauma, PTSD development, as well as in psychotherapy outcomes [82]. Different risk factors are associated with gender differences in PTSD, such as neurohormonal, affective, and social cognition, as well as in coping styles used by females and males to manage distress [83]. Some researchers suggest that gender differences in PTSD are due to these risk factors. In the following paragraphs, we will discuss the possible gender differences in risk factors related to PTSD.

#### **3.1. Gene**

Studies have shown that certain genetic characteristics may affect the prevalence of PTSD. For example, PTSD was more prevalent in identical twins than in non-identical twins [84]. And from previous literatures, anxiety-related risk factors are more likely to be inherited in female generations. Lake and his colleagues found that anxiety-related genetic factors influenced

females more than males [85]. Similarly, a study of adolescents also demonstrated that fear and phobias are more likely to be passed on in females than in males [86]. Another possible explanation is that extrinsic factors are responsible for men demonstrating lower heredity of anxiety: The higher heredity of anxiety in females is due to the interaction between society and gene. Hettema et al. [87] conducted personal interviews with 5000 members of male-male and female-female twin pairs from the Virginia Adult Twin Study of psychiatric and substance use disorders. He found that even if the prevalence in anxiety disorders among females is twice that of males, the underlying structure of the genetic and environmental risk factors for the anxiety disorders is similar between females and males [87]. This difference may be explained by a unique environmental factor shared across the disorders and, to a lesser extent, by a common, shared environmental factor. The gender differences in epigenetics may also result in gender differences in PTSD. For instance, research has shown lower plasma cortisol levels in women with a history of prior trauma [88]. Nugent and McCarthy [89] also suggested that the gender differences in DNAm (A type of epigenetic modification involving the covalent coupling of methyl groups to cytosine, a nucleotide found in DNA) might contribute to the gender-different prevalence in PTSD [89]. Uddin et al. [90] explored whether DNAm plays a role in contributing to the observed sex differences in prevalence of stress related disorder, especially PTSD. They proposed that sex differences in DNAm among genes are known to influence brain development and the resilience to developing PTSD [90].

### 3.2. Physiological response to fear

In previous conditioned-fear studies, men showed generally higher skin conductance response than women. For example, males showed higher skin conductance response in instrumental conditioning fear paradigm [91] and slower habituation for negative acoustic stimuli but were not as reactive as females in skin conductance response to experimental stimuli [92]. However, there was no evidence to indicate gender difference in physiological response to acute stress. Katkin and Hoffman confirmed that more women reported fear than men, but they found no gender difference in autonomic response to shock [93]. The evidence for gender differences in physiological reactivity to stressful situations does not seem to be consistent. Kelly et al. explored the gender differences in reactivity to a social stress challenge by measuring neuro-endocrine, autonomic and affective response domains [94]. Their findings demonstrated that cortisol reactivity and the level of autonomic responding failed to discriminate between males and females following the psychosocial stress challenge (i.e., the Trier Social Stress Test (TSST)). Kelly et al. [95] also examined the gender differences in predisposition to panic in individuals without psychopathology. In their study, women showed a similar autonomic response as men but reported more fear and panic than men immediately following a challenge procedure [95]. In summary, observed gender differences in physiological responses to negative stimuli may be due to the gender differences in HPA axis (HPAA) (HPA axis is a complex set of direct influences and feedback interactions among three endocrine glands: the hypothalamus, the pituitary gland and the adrenal glands) stress responses, which may result from sexual dimorphism in brain function and circulating sex steroids [96].

### 3.3. Hormones

Several studies support the hypothesis that phobias in women are biological, wherein differences are considered to be modulated by the sex hormones [97]. Hedlund and Chambless [98] used an aversive conditioning procedure to test potential sex differences in conditioning ability that may be related to the differential incidence of phobias between the sexes. Their findings suggest that women condition more readily during the premenstrual period [98]. Pearlstein et al. interviewed 78 female patients with late luteal phase dysphoric disorder and confirmed that the luteal phase increases their symptoms and state anxiety levels [99]. Kajantie and Phillips [100] also suggested that although adult women usually show lower HPA and autonomic responses than men of the same age, the HPA response is higher in women's luteal phase, and poststress-free cortisol levels approach those of men [100]. Jin and Zheng [101] examined the effects of female menstrual phases on conditioned fear acquisition and extinction. Their results showed that females in the luteal phase acquired the conditioned context fear response more effectively and extinguished it more slowly than females in the menses phase [101]. Women who are pregnant or in the postpartum period are considered to be at high risk for a diagnosis of obsessive-compulsive disorder (OCD) [19, 102, 103].

### 3.4. Evolutional factors

Human beings throughout the ages have made evolutionary strategies for survival. Female stress responses have likely evolved in ways that not only protect the female, but also her offspring. The "fight-or-flight" is not that common in females [104]. Their responses to stress are more likely to be marked by a pattern of "tend and befriend" (tending involves nurturing activities to protect themselves and offspring and reduce stress, while befriending involves maintaining social networks that may help in this process). Also, when men and women compete in similar circumstances, they differ in their biobehavioral responses [105] and (women) in responses to maternal frightening behaviors [106]. Females displayed more help-seeking behaviors and experience more fear than men, and males displayed more avoidance and fight behaviors, while experiencing traumatic events [107, 108]. It is noteworthy that gender difference in patterns of reaction to stress are not only modulated by biological factors. The gender role also plays a crucial role [10]. However, Swaab et al. suggested that the HPA axis is affected by both environmental factors and gender role [109].

### 3.5. Trait anxiety

Women typically report higher trait anxiety levels than men. For example, Chambless and Mason examined the gender differences in agoraphobia and found women scored significantly higher in trait anxiety [110]. They also found that women were slightly more avoidant when alone. But, the results of gender differences in trait anxiety are inconsistent. For example, Turgeon et al. compared 96 women and 58 men who suffered from panic disorder with agoraphobia [34]. Their results showed no gender differences in trait anxiety.

Foot and Koszycki examined gender differences in anxiety-related personality traits in patients with panic disorder with or without agoraphobia [111]. They could not find any gender

differences in trait anxiety level. Some researchers claimed that Chambless and Mason's findings are only statistically but not clinically significant, and that the results may be affected by different anxiety level measurements. For instance, Bander and Betz [112] measured anxiety level with the S-R Inventory instead of STAI-T, with items of S-R Inventory differing in emphasis from those of STAI (STAI items emphasize cognitive and affective indicators of anxiety, and S-R Inventory items emphasize physiological/autonomic responses indicative of anxiety). Using S-R Inventory, they could not find any gender differences in trait anxiety [112]. Similarly, a number of other studies showed that women, compared to men, demonstrate higher anxiety levels in cognitive and affective dimensions but not in physiological and autonomic dimensions [94, 95].

### **3.6. Life stressors and trauma**

It is well documented that women experience less traumatic events than men. Women are at higher risk in potentially traumatic events (PTEs), such as sexual assault, child sexual abuse, attempted rape, sexual coercion [113] and intimate violence [114]. These PTEs are directly related to the high prevalence of PTSD in females [6]. Women are also more vulnerable to the effects of undesirable life events. The emotional impact of undesirable life events is significantly greater among women than men [115]. Moreover, individuals who experienced undesirable life events (life stress) reported greater PTSD symptomatology and the same amount of overall distress as those who had experienced trauma. In fact, individuals who experienced atypical trauma (e.g., death of significant others) reported more severe PTSD symptoms than those who had experienced a typical trauma (e.g., combat or war) [116]. However, females are still more likely than men to develop PTSD, and this did not change when controlling for the type of traumatic events [7, 22].

### **3.7. The role of control**

Evidences from the literature suggest that experience in childhood with diminished control may result in a cognitive style characterized by a greater chance of interpreting or processing subsequent events as out of control, which may play a role in psychological vulnerability for anxiety [117]. Several studies find a gender difference in the sense of control [118–120]. Women are more likely to find themselves in disadvantaged circumstances with less power to control their lives. Moreover, the different behaviors of educators toward boys and girls will affect children's development. Some researchers have found that teachers respond more positively to boys than to girls, which may diminish the feeling of control in girls [121]. And feeling of less control may result in greater likelihood of developing anxiety disorders [121–123].

### **3.8. Socialized gender role**

Girls in general are more likely than boys to report symptoms of anxiety and fear. One of the most common explanations for this gender difference is the expectation of gender role, that is, differences in levels of masculinity and femininity [124]. Girls and boys are socialized to develop gender- or sex-stereotyped feminine and masculine skills, behaviors and personalities. According to theories on gender roles, the feminine gender role is more consistent in expressing



fear and emotional behavior. It is more likely to be accepted, tolerated and encouraged that girls express and acknowledge vulnerability. In contrast, boys are expected to display more frequent traits such as confidence and courage and, consequently, learn how to decrease levels of fear or reduce expression of fear [125]. Many studies suggest that gender role is strongly related to psychopathology (e.g., gender role expectation potentially increases sensitivity to anxiety producing stimuli) [110, 126]. Muris et al. [127] examined the relation between gender role orientation and fear and anxiety using a nonclinically referred sample of children. Their results indicated that femininity and a preference for girls' toys and activities were positively associated with fear and anxiety, whereas masculinity and a preference for boys' toys and activities were negatively related to these emotions [127]. Similar results have been found in a sample of adults, in which femininity was positively associated with a higher level of fear [40, 128] and high levels of trait anxiety [112, 129, 130]. Subjects who displayed higher levels of femininity, but lower masculine traits reported higher levels of fear [131].

### **3.9. Social support**

It is generally accepted that a lack of social support during and after a trauma present a significant risk for developing PTSD [132], and some studies have found it to be a reliable predictor for developing PTSD [133]. Women tend to seek more social support than men, but nevertheless have a higher risk than men for developing PTSD [134]. The explanation may be the difference in both levels and benefits of social support received by females and males in response to trauma [135]. Social support was found to be more strongly protective against traumatization among women than among men. Women with low social support were more likely to experience symptoms of PTSD [133, 134, 136, 137]. Christiansen and Elklit [133] explored the effects of social support in PTSD on men and women. They found that women in a stabbing sample (subjects who saw dead body inside a school) felt more let down than the men. Also the predictive power of social support in PTSD symptoms was stronger in women in the stabbing sample, but not in an explosion sample (subjects who experienced explosions in a fireworks factory) [133]. Therefore, the effect of gender on the relationship between social support and PTSD is further complicated by the possibility that different types of trauma and social support modulate the PTSD symptomatology [10, 138].

## **4. Gender differences in responses to PTSD**

Across various studies, women are about one-third less likely than men to report having experienced a trauma [6, 139]. However, women are approximately twice as likely as men to meet criteria for PTSD following such events, and they are more than four times as likely as men to develop chronic PTSD. These results suggest that the higher rate of PTSD among women cannot be attributed to a greater overall risk of trauma. Coping style for dealing with trauma has been proven to play a critical role in PTSD development [83]. The different coping styles between men and women may be one of the explanations for gender differences in PTSD. Men and women are known to have different coping styles. Women are more likely to exhibit an emotional reaction to stressors (emotion-focused), and are believed to spend more time

seeking support and discussing problems with friends or family. Unlike women, men are more likely to use direct problem-focused coping strategies to deny or avoid stressors [135]. However, emotion-focused strategies may not always be adaptive. Focusing on emotions can impede adjustment and also distract people from making active coping efforts [140]. Blake et al. [141] examined psychological coping styles and mental health treatment histories in veterans with PTSD. They found that subjects with PTSD showed a significantly greater use of emotion-focused coping [141]. Moreover, women have been found to be significantly more likely to report a lack of alternative coping strategies than men [142, 143]. Female trauma victims are also more likely to self-blame and to hold negative views about themselves and the world than male victims, as well as to view the world as dangerous. Such negative cognition about self and the world are important predictors for PTSD symptoms [144].

There are a variety of effective treatments for PTSD, including Cognitive Behavioral Therapy (CBT) and pharmacotherapy [145]. Overall, the literature suggests that females are somewhat more likely to seek therapy for PTSD than males [146]. However, there is evidence that women and men may respond differently to the same PTSD therapy [82], and they may also prefer different treatments for PTSD. It has been suggested that gender socialization plays a role in the treatment of PTSD, and that males express less affect and are more cognitively oriented toward treatment than females [147]. However, results of various studies have been inconsistent, Başoğlu et al. examined treatment for PTSD patients who experienced natural disasters and found no gender differences in effectiveness of treatment [148]. Felmingham and Bryant [149] examined potential gender differences in responses to Cognitive Behavioral Therapy (CBT) and found there were no significant differences between men and women in treatment response immediately after treatment. However, they found that men displayed more severe PTSD symptoms than women in the exposure only group [149]. Gender differences have been found in PTSD patients treated with medication. A study search of electronic bibliographic databases showed that gender differences have been identified in response to PTSD medication-based treatment [150]. Nugent et al. [151] found a gender difference regarding pharmacological PTSD prevention: girls receiving propranolol reported more PTSD symptoms relative to girls receiving placebo, while boys who received propranolol showed a nonsignificant trend toward fewer PTSD symptoms than boys receiving placebo [151].

## 5. Conclusion

In conclusion, women are approximately twice as likely as men to develop PTSD after a trauma, and certain risk factors may account for why they reported PTSD more often than men. To date, existing studies have focused on prevalence, and the description of gender differences in PTSD symptoms. However, most researchers in this area primarily paid attention to men. More research is needed to address questions related to how and why females develop PTSD at a higher rate than males, how gender acts as a susceptibility or resilience factor. As for the possible explanations of gender differences in PTSD, most researchers attributed these differences to biological differences (e.g., gene, hormones). Future studies are needed to delineate more precisely the ways in which culture, and gender role, alone and in combination,

shape the gender differences of PTSD. Further research is also needed to improve PTSD prevention and treatment in women.

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# Gender Difference in the Perception of Guilt in Consumer Boycott in Brazil

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Additional information is available at the end of the chapter

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## Abstract

The aim of this chapter is to analyze consumer boycott from the perception of men's and women's guilt on a specific case involving Nike company through partners in its supply chain in China. The study was conducted with 281 consumers in the city of Rio de Janeiro (Brazil) in 2012. In the process of validating a scale of consumer boycott in Brazil, the 13 items of the original scale were kept, but were grouped in different factors. The emerged factors were perception of guilt, influence from others, boycott efficiency, and purchase frequency. Testing relationship among demographic variables and these factors, only gender was significant on perception of guilt. In this sense, we seek in psychology, psychoanalysis (also briefly in anthropology and history), features that could explain the reasons why women feel guiltier than men, and thus are more likely to boycott.

**Keywords:** gender difference, consumer boycott, perception of guilt, consumer behavior, boycott motivations

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## 1. Introduction

In Brazil's society there are more differences between women and men than people around the world could ever imagine. Actually, there are a lot of examples of these differences, such as income, working positions, political beliefs, to name a few. In Brazil many cases show women as a part of a minority group. Brazil is a sexist country [1] and historically women were prepared to be house maids or mother. Despite this, throughout years women are less educated than men and they occupy marginal working positions. However, this context has been changing and nowadays women know about the importance of their presence in the Brazilian society.

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Women empowerment in Brazil is a result of feminist movement started in 1970, at the end of the dictatorship and the beginning of the democracy [2]. The presence of women at universities used to be rare [3] or the relevance of the first female president in Brazil. On virtual social networks (VSN) women have been demonstrating their power fighting against sexist speeches, companies, people, or situations. In 2015, #meuamigosecreto (hashtag secret santa) became famous in Brazil when women who had been sexually abused decided to demonstrate their dissatisfaction and personal traumas involving harassment. Similarly, in April of 2016, the *Veja* magazine (an important national magazine in Brazil) published on its cover a sexist content about the possible next first lady if Dilma Rousseff is impeached. A lot of women on VSN, especially on Facebook, refuted *Veja's* title "Pretty, coy and home-girl." In their vision, this title represents all sexist speech against whom they are fighting all these years.

On VSN in Brazil, women publish their dissatisfaction with companies which go against their values and beliefs and by boycotting their products or services. While the intention is only to complain about speeches or actions, we could not consider this intent as a boycott. Boycott is an act that involves not to buy products or services from some company [4–6]. The literature on boycott presents the backlash concept: a repudiation intention or act involving some company or situation [7] and boycott could be a type of backlash [8]. Consumer behavior studies highlight differences between women and men in several ways such as age and nutrition consumption [9], feminist knowledge in marketing consumer research [10], consumption of branded fashion apparel products [11], and boycott [4–6].

Specifically in relation to gender difference and intention, women are more intended to have a politically motivated behavior in buying (or not buying) than men [5]. They could award some company or brand doing their boycott—to buy because some company has been acting in accordance to their ideology or values [12]. In the opposite way, they could boycott to show their repudiation [4]. Some studies present statistical results about gender difference. For example, in Greece women were more intended to boycott products in a supermarket than men [13]; on average, women are more likely to boycott for political reasons or ideology—such as a feminist consumer [14]. In other worlds, generally, women are more worried to understand a context involving a brand, service, or product than men because their vision is more holistic than male [13–18].

The *Girlcott* group is a group which has been founded in 2005 in U.S. when a group of high school girls protested against Abercrombie & Fitch company because of sexism slogans on t-shirts. In this situation the girls received attention from U.S. media. These girls were not only worried about sexism, but they were paying attention to women health as well, specifically products that could be correlated to cancer [17]. In this empirical case in U.S., we can see how stronger is the gender on consumption because the *Girlcott* group is not worried to boycott only—these girls wanted to build a different world and this new world is a result of their purchases and political engagement in consumer behavior.

Boycott intention is not a new consumer behavior among women. The boycott theory discussed all these years (1990) this behavior evidencing the perception of women about sexist advertising, e.g., [18]. The difference between consumers nowadays and 30 years ago is the engage-



ment on VSN. On VSN, consumers express about bad experiences, human rights violations, bad social employer conditions, or sexist speeches.

Trying to understand the Brazilian consumer intention to boycott Nike (Nike's partners in China have employed child labor), a survey in Brazil (281 consumers) was conducted in 2012 in Rio de Janeiro city to validate a boycott marketing scale [5]. Although the scale items were identical, the factors were different from the original study conducted in U.S. The most important factor in Brazilian context has been the perception of guilt. We tested some demographic variables (gender, education, income, and age) to understand factors that emerged and gender was a single variable that was significant on the perception of guilt factor. Others demographic variables were not related to the other three factors (influence from others, boycott efficiency, and purchase frequency). Similarly, gender was not correlated to these three factors as well. Perception of guilt was influenced by gender only.

After this empirical result, we decided to go deep to understand the reasons of guilt involving Brazilian women and the society. Thus, this chapter aims to understand cultural, anthropological, and historical reasons in the Brazilian context to correlate the statistical result on boycott intention survey and historically women's self-perception of guilty. Our analysis here could help to understand the reasons why women engage on VSN in Brazil nowadays. Next section presents the boycott theory to highlight the difference between boycott and backlash.

## 2. Consumer boycott

Boycott happens when some consumers decide not to buy a product, service, or brand from a company [4–6] showing his/her repudiation to that company or context involving a supply chain. Consumer boycott involves consumption, consumers, and their potential relationship among companies and other actors in a society. While boycott is an act to punish some company, backlash is another kind of repudiation (e.g., as manifestations, strikes, repudiation videos on virtual social networks) [7, 8]. This difference is relevant on boycott studies because backlash involves boycott as an act of repudiation from consumers. In Brazil media always uses boycott to explain a backlash situation. It could be a result of Portuguese language as there is no translation to the word backlash.

Consumer boycott motivations can be analyzed from three dimensions. Two of them show ideological (social, religious, minority groups, and ecological boycotts) and economical (economic boycott) dimensions [19]. The third dimension is experiential and highlights the consumer's experience with a company (relational boycott) [20] or products and services (experiential boycott). We understand that political boycott [20] is motivated by ideological reasons and we aggregate this kind of boycott on ideological dimension.

Economical dimension has been discussed understanding the market structure (monopoly) or abusive prices on market. For example, consumers could do their boycott when they understand that (i) prices do not represent the fair value at market or production costs and (ii) a monopoly structure does not permit to buy from other companies. Economic boycott is the only kind of boycott included in this dimension.

Ideological dimension aggregates social, minority groups, religious, ecological, and political boycotts. Here, consumers decide not to buy because some company behavior, attitude, or actions hurt their personal values or ideology. For example, a consumer who cares about gay people could boycott Barilla after Barilla's CEO promoted the orthodox family (man and woman). In the same way, a member of Green Peace is more intended to boycott companies that make products with animal skins than a person who do not care about the environment. Boycotts in this dimension are motivated by personal values and personal characteristics [19].

When we analyze ecological boycott on ideological dimension, we consider actions from some company that can harm the environment [4]—Arezzo (a Brazilian company) was attacked on VSN in 2011 for making products using animal skins [19]. Despite religious boycott on ideological dimension, Brazilian protestants boycotted Salve Jorge Brazilian Soap opera (2012/2013) because the entertainment content was about Saint George (a Catholic saint) [21]. Political boycotts happen when consumers decide not to buy because of political reasons involving states or countries (such as Catalan and Spain). South Spain consumers boycotted Catalan Cava wine from Catalonia because of a historical conflict among Catalonia and others parts of Spain [20].

The third and last dimension in a consumer motivation boycott is the experiential dimension. This dimension aggregates relational and experiential boycotts. These types of boycotts are motivated by personal experiences with a company or products/services offered by some company. Here, consumers have had a bad experience trying to solve problems after sales (relational boycott) [22] or a bad experience using products or services (experiential boycott).

Even the boycott theory shows types of boycotts and dimensions for aggregating them. We understand that boycott decision is influenced by demographic variables such as gender [13–15], income, education, and age [12]. Despite this, we highlight the difference among women and men on boycott studies. However, in the next section we present studies that show women as more intended to boycott companies/brand/services than men.

## 2.1. The gender difference on consumer boycotts

Demographic variables are always analyzed on statistical studies and too many times we found really interesting results which differs between women and men such as income [23], working positions [24], and education [25]. The purpose of this book is to aggregate different papers around the word in distinct areas to present these differences. On consumer boycotts studies we affirm that women are more intended to boycott than men.

Women engagement on boycotts is discussed in studies in a marginal way. For example, in Greece at the first economic crisis moment (2010), women were more inclined to boycott than men. It could be a result of women's characteristics because women generally pay more attention with family and other stakeholders than men [13]. An important investigation published in 2004 in the *Journal of Marketing* demonstrated the difference between women and men on consumer boycott. The study revealed the women's inclination to boycott was higher

when they were compared to men. In a sample of 1216 consumers in U.S., women showed to be more ready to boycott than men by 6% ( $p < 0.01$ ) [5]. What are the reasons of higher boycott intention among women than men?

When we compare real boycott cases, involving women engagement to academic reports on journals, we perceive how big the distance of reality and studies are—it could be a result of boycott theory recently becoming a new field of investigation. Several real cases could be presented highlighting the demographic variables or specifically the contexts or consumer decisions. When we analyze women engagement on boycott, we can appreciate cases such as Girlcott in U.S., DSTRKT nightclub in London [26], or “O Boticário” advertising campaign in Brazil [27].

As we can see, women engagement is not a personal characteristic of some country. The Girlcott is a group fighting against companies that make products what could affect women health [28]. Girlcott shows us the importance of women engagement in trying to change products that damage their health. Actually, Girlcott encourages women to say no to cancer-causing products and to buy healthy products instead, which are safer for the health of consumers in the long run [17]. In Brazil, for example, there is a group on Facebook for boycotting sexist brands, which shows us women engagement on boycotts.

Even sometimes this discussion is marginal on academic studies; we have some cases in Brazil which highlight women participation in boycotts. For example, Dilma Rousseff (Brazilian President) has been attacked by media and companies. Some Brazilian women can boycott these companies and the media showing their repudiation behind sexism or politically motivated speeches. Another case in Brazil shows women repudiation and boycott. “O Boticário” (a Brazilian cosmetic company) was engaged in 2015 to discuss divorce in Brazil but the stereotyped adverting conducted by “O Boticário” influenced women to boycott the company. Maria Filó (luxury clothes brand) was attacked on Facebook after Maria Filó’s owner made a joke with a pregnant employer. A plenty of women were encouraged not buy Maria Filó clothes anymore.

### 3. Methodology

A survey with 281 consumers was conducted in Rio de Janeiro (Brazil) in 2012. The real case chosen was Nike Company (which has been accused of employing child labor in their supply chain). The scale developed by Klein, Smith, and John published in *Journal of Marketing* was tested and validated on Brazilian context—we have followed all the statistical steps to validate this marketing scale [29–31]. All statistical assumptions were attempted for scale validation and reliability. The tests KMO (0.783), Bartlett (1019.047), and Cronbach's alpha were significant. Despite this, 13 items explain 63.3% of the variability (**Table 1**). The six items on Guilt Factor are presented in **Table 2**.

Factor	Factor name	Number of items	Degree of individual explanation (%)	Degree of accumulated explanation (%)
1	Guilt	6	30.59	30.59
2	Influence from others	3	13.28	43.87
3	Boycott efficiency	3	10.71	54.59
4	Purchasing frequency	1	8.70	63.30

Source: The authors, based on field data analysis.

**Table 1.** Individual and cumulative variances of the four factors found.

Item	Factor score
I would feel guilty if I bought Nike products	0.436
I would feel uncomfortable if people who abstain from buying Nike products would see me buying or consuming them	0.655
Everyone should stop buying them, every contribution, no matter how small, is very important	0.732
If the Nike child labor case were confirmed, I would stop buying their products	0.670
I will feel much better if I stopped buying Nike	0.815
I feel bad if I keep buying Nike products	0.765

Source: The authors, based on field data analysis.

**Table 2.** Guilt factor items.

#### 4. Do women feel more guilt than men on Nike's boycotts?

Testing the gender difference on 13 items on boycotts motivation scale, we found one statistical significant result: only the guilt factor was significant ( $p$ -value was 0.002). Influence from others, boycott efficiency and purchasing frequency were not significant. As we can see in **Table 3**, the difference between men and women just appears on the perception of guilt factor. It corroborates the results about boycott and politically motivated consumers, which shows women as more intended to boycott.

Our sample does not show any relationship about previous consumer experience and boycott intention. In other words, we cannot affirm if a previous consumer experience could influence (or not) a boycott decision. If a consumer is a fan of some brand, she/he could have an internal conflict to boycott, for example. Similarly, other consumers do not influence the boycott in this sample and the self-perception of boycott efficient either. Although among women and men, there is a significant influence when we analyze guilt.

Despite this, women feel guiltier than men or they would feel uncomfortable if they buy Nike knowing about child labor in Nike's supply chain. These women's believe in not buying Nike

is an important contribution and they feel much better to stop buying Nike's products. Even relevant, these results are just statistical and we approach to psychology to understand a historical context of women guilt. This approach could make these boycott results stronger on marketing theory.

		Sum of squares	DF	Mean square	F-test	Sig
Guilt	Among groups	9,207	1	9,207	9,566	0,002
	In groups	243,505	253	0,962		
	Total	252,712	254			
Influence from others	Among groups	0,556	1	0,556	0,553	0,458
	In groups	254,045	253	1,004		
	Total	254,600	254			
Boycott efficiency	Among groups	0,236	1	0,236	0,235	0,628
	In groups	254,559	253	1,006		
	Total	254,795	254			
Purchasing frequency	Among groups	1,433	1	1,433	1,430	0,233
	In groups	253,559	253	1,002		
	Total	254,992	254			

Source: Authors, based on field research's data analysis.

**Table 3.** Hypothesis test for differences between genders in each factor (ANOVA).

## 5. Historical and theoretical contextualization of the self-perception of guilt in contemporary women

In the final stage of the Neolithic period (between 4400 and 2009 BC), the concepts of power, affiliation, and inheritance were becoming imperatively masculinized, and women as valuable commodities and suppliers of future labor, which shows that women were gradually losing power [32, 33]. Women then became exclusively male property and inheritance was only devised to legitimate sons.

With the impacting discovery of paternity, the phallic principle (the ideology of male supremacy) conditions the way of living of humanity and generates patriarchy—a social organization based on the pose of the father, whose descendants and kinship exclusively take into account the male lineage. Women were considered inferior to men and were subordinate to their domination [32, 33]. The establishment of patriarchy in Western civilizations took place between 3100 and 600 BC.

Patriarchy (in the context of controlling women's fertility and the sexual division of labor) features three points of conditioning that are essential to its oppressive dominance over women: (i) the control of fidelity—used by men to protect and legitimize their heritage, treating women as suspects, patronized subjects, uninteresting, and incompetent relationship partners; (ii) control of children—idealized rightful heritage, whose good development is only recognized as a merit of the father, and whose surname they customarily and lawfully adopt, unconsciously reinforcing the idea that both the mother and the children are properties of the father; and (iii) the control of sexuality—women were used as social objects and exclusively defined by the relationship with their husbands. Positive inferences on their self-esteem were prohibited, they were taught to deny their self-worth [33, 34].

Western cultures live in a state of normality under patriarchy. That normality is based on two cornerstones: religion (mainly based on the Bible) and science. The Bible is a collection of Judeo-Christian books written by many people over the course of more than a thousand years, starting approximately in 1450 BC. Its influence in the West, including on the unconscious of people, is undeniable [33]. Its coercive power on guilt (through the idea of sin) is strong and is a perfect element to corroborate the foundations of the questioning based on our data analysis of the scale validated by our study, which shows a self-perception of guilt that is greater in women than men (in the boycott context). Given the fact that Brazil is a religious country, the Brazilian population, too, is the result of that Judaic-Christian culture, in which guilt prevails in the social unconscious. Alternatively, it has therefore become virtually impossible to escape the influence of that agonizing guilt (even non-Christian individuals are insured in contexts of “sin” and “guilt”).

The Bible consistently depicts women as the source of sin and degradation. In female biblical figures (which guaranteed the patronizingly superior attitude of God and men), symbols of the denial of sex, women are configured as the scapegoat at humanity, occupying a “lower” position in relation to men [34, 35]. Even the later biblical figure of Mary, a small attempt to revalue women, has been a failed initiative—as the rejection of her importance is clearly shown by her position in masses, prayers, and popular imagery of their strength—masked by submissive and subservient patience toward her husband and son.

Women represented directly and indirectly the source of all problems of humanity and the conditioning of the past centuries forced them to live in constant shame for the simple fact of being a woman and in deep penance toward humanity, since they had caused the countless problems of the world [33, 36]. Thus, the Bible ultimately dominates, enslaves, and continually devaluates women in its texts, degrading their position.

Thus, the influence of the Judeo-Christian culture, in a context of syncretism of Hebrew and Roman customs of the Near East, defines women as fragile, false, and emotionally unstable—which explains the transition of the female figure from “primarily influential and essential” to “property of the father, the husband, and the son.” Motherhood is her only form of sexual expression, intrinsically linked to pain, creating a concept of suffering and self-punishment for being a woman [35]. It is precisely that historical and cultural context that helps us understand the relationship between perception of guilt and gender, as the socially created contexts assigned to women were always inferior or submissive, historically creating a guilty social

subject, responsible for the failures of men. This analysis is essential to understand the construct of the perception of guilt in relation to consumer boycott.

## **6. Psychoanalytic conceptualization of guilt and its relationship to gender difference**

“Guilt” is the painful awareness that we have somehow harmed others (objects), felt by the person herself [37]. Melanie Klein [38], the renowned child psychologist, states that the development of the feeling of guilt starts in individuals as soon as the baby attacks the (original) maternal figure, ambivalently loved and hated because it is initially its first and unique environmental reference, generating as much pleasure and displeasure, which is part of the subject's differentiation process in the world.

Those moments (called “depressive position”) symbolized by the child result in a context of great anxiety (causing psychological suffering due to the distressing perception of the conflict between love and hate of the parental figure), since it leads to a possible loss of that figure (externally and internally). Therefore, the child takes repairing action so as not to lose its loved object [38, 39].

Thus, over time, the child introjects its parental figures and the ambivalence and guilt felt toward them, i.e., internalizing and marking them as internal behavioral reference points. This process makes it possible to build up a superego, a psychological construct of moral nature (and, therefore, social), repressor of behaviors, and creator of social adaptation in individuals [37, 40].

By relating this psychological construct in subjects to the historical and cultural bases previously presented (such as patriarchy, which denotes a strong introjection of the father figure in women), we may draw a line of thought that corroborates a more intense self-perception of guilt in woman than in men, caused by the impressive father figure and the temporal control established by men over women.

In our study, within the interrelationship between the “perception of guilt” construct based on our data analysis and the Kleinian guilt concept presented above, it becomes clear that the possibility of causing some kind of damage to one or more individuals who make up the consumer's group, women are subjected to greater self-awareness of guilt and experience the anxiogenic elements arising from that perception. That anxiety then forces the subject to take action aimed at maintaining a certain behavior—the boycott.

Given women's historical submission and lack of social role, and correlating that to the difference observed in the “perception of guilt” construct that resulted from the validation of the scale that was part of the field research of our study, we found that those feelings of anxiety and guilt caused by that constellation (through introjected parental figures, especially male ones) cause more intense guilt conflicts in women than in men. This finding is supported by the items developed by our study that allowed including the “perception of guilt” construct into the validated scale. This construct is not originally a part of the study by Klein, Smith, and

John [5], which provides insights for future research related to the issue of consumer boycotts or, more specifically, to the difference in “Perception of Guilt” and “Gender.”

### 7. Theoretical and practical implications and future research

The validation of the “perception of guilt” construct in our study provides theoretical and practical contributions related to consumer boycott. Theoretical implications include: (i) the “consumer gender” versus “boycott” issue, since there are few studies that present an empirical verification of those variables; (ii) the theoretical psychoanalytical analysis conducted after the development of the “perception of guilt” construct to verify an epistemological basis that justifies the relationship of the construct with a greater predisposition to guilt of women than men; and (iii) enable other researchers to use the scale validated by our research to replicate our study in other groups or associate it with other variables—e.g., identify which type of boycott (ecological, social, minority, religious, or economic) scores higher in the “perception of guilt” of consumers.

Problem	Objective	Possible result
Boycotting women and company actions to retain women who abstain from buying	Survey possible actions that a company might take to win back former costumers	Open, due to the fact that this is a qualitative exploratory study
Religion and perception of guilt in boycotts	Find out if religious women feel guiltier than atheists	Religious women feel guiltier than atheists
Business area of the company and perception of guilt in women	Find out if the business area of a given company alters the perception of guilt in women	Segments that operate exclusively for the female audience feature lower perception of guilt than other segments
Perception of guilt and education	Find out if the perception of guilt increases proportionally to the years of schooling	Consumers with a higher educational level feature a higher perception of guilt rather than those with a lower educational level
Perception of guilt, gender and ecological boycott	Identify whether women feature a higher perception of guilt than men in ecological boycotts	Women tend to score higher in Perceived guilt rather than men in Ecological boycotts due to the anxiogenic elements of guilt

Source: Authors.

Chart 1. Suggestions for further research.



Regarding practical implications, two different analysis perspectives of “perception of guilt” and “gender” emerge, named (i) communication strategies with consumers or former consumers and (ii) diagnosis of corporate image among women or men. Regarding communication strategies, as women feel guiltier than men when it comes to boycotts, the development of tools that aim to reconcile consumers and companies could, e.g., take into account the more intrinsic aspects of the psychotherapeutic trend of women which may be an effective strategy for crisis managements processes of consumer boycott situations. With regard to the diagnosis of the corporate image among men and women, women may assess a company negatively because they feel guiltier than men and thus influence other consumers, making them stop buying products from that company, which eventually would result in tangible and intangible losses regarding both company image and its reputation.

The scale validation results of our chapter as well as the psychoanalytic approach of guilt presented as a development of the scale validation and the theoretical and practical implications of this research lead to other research questions, as shown in **Chart 1**.

To conclude, we deem our article relevant for the area of consumer behavior in Brazil, since it now only discusses with scientific rigor the validation of a boycott motivations scale in Brazil and the developments of constructs found in this process in relation to the gender of the consumer, but it also seeks historical, psychological, and anthropological developments that underlie the empirical and statistically significant difference found in consumers who participated in the sample. Moreover, by presenting proposals for future research, the authors highlight the knowledge gaps that permeate the subject of consumer boycott.

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# Gender and Health

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María Pilar Matud

Additional information is available at the end of the chapter

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## Abstract

Research has found differences between women and men in some health indicators. Women's life expectancy is higher than men's, but research on differences in morbidity has proved less consistent than on the differences in mortality. These differences vary in terms of the type of health indicator used, the life cycle period analyzed, and even the country where research is conducted. Generally, men have more life-threatening chronic diseases at younger ages, including coronary heart disease, as well as more externalizing mental health problems and substance use disorders. Women present higher rates of chronic debilitating conditions such as arthritis, frequent or severe headaches, gallbladder conditions, and also more internalizing mental problems such as affective and anxiety disorders. Results of research on the differences between women and men in self-rated health have also highlighted the complexity of gender differences in health. Although several studies have shown that women have poorer self-rated health than men, this is not the case in all countries. Also, differences in self-rated health vary depending on other psychosocial and demographic variables. The present study reviews the main differences in women's and men's health as well as the most relevant factors that may account for them.

**Keywords:** gender, physical health, mental health, self-rated health, well-being, masculinity, femininity

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## 1. Introduction

The existence of gender differences in health, and the reason for such differences, is a complex issue whose research and explanations are not bias-free. Studies conducted in several countries have revealed differences between women and men in some health indicators. In spite of the fact that women's life expectancy is higher than men's, it has been traditionally believed that women had poorer health, and higher morbidity and incapacity rates than men, and used

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health services much more often than men. As proposed by Lahelma et al. [1], such a belief was so much deep-seated that no further explanation was required. However, the research conducted from the 1990s onwards has questioned such a belief and has shown the complexity of gender differences in health [2], whose presence, magnitude, and/or direction depend on, among other variables, the health indicator used, stage of life span development, and even the country where the study is conducted. Besides, women and men show a high intra-group variability, and there exist significant and complex, and not yet well-known, interactions between gender and other variables.

Much of the research on the differences in sex health has been dominated by two perspectives [3]: (1) the empirical study of trends and explanations of sex differences in mortality and morbidity and (2) the specific patterns of disease for each sex, which have frequently corresponded to differential politics and research on “women’s health” and “men’s health”. As such authors assert, this has definitely contributed to a better understanding of the distribution of the causes of disease and mortality as well as to greater attention to some issues pertaining the health of women and men; however, they have likewise reinforced the binary model underlying the construction of sex (male/female) and gender (masculine/feminine), as well as the treatment of sex and gender as easily separable.

Currently are recognized the existence of social determinants of health and gender counts as an important determinant of health as it structures opportunities and vital risks [4]. Women and men not only differ in biology, they also differ in the roles and responsibilities that society assigns them [5]. The World Health Organization (WHO) recognize sex and gender difference as: “Because of social (gender) and biological (sex) differences, women and men face different health risks, experience different responses from health systems, and their health-seeking behavior, and health outcomes differ” [6].

In this chapter, we review the main differences between women’s and men’s health as well as the principal factors that may explain them. We start by reviewing the major differences between women and men in physical health, beginning with life expectancy, and next we analyze the principal differences between women and men in morbidity. Secondly, we treat main gender differences in mental health, an area which has traditionally posited that there are differences between women and men, including the question of comorbidity and gender differences in well-being will. After that, we review gender differences in self-rated health, a concept that has proved to be an important health indicator and a consistent predictor of mortality. Finally, we analyze the factors that seem to be the most relevant ones for explaining differences in health between men and women.

## **2. Gender differences in health**

One of the most used health indicators of the population is life expectancy. Life expectancy indicates the average number of years an individual of a given population is expected live. This is “a summary measure of mortality rates at all ages, and all health-related programs contribute to it. Despite large gaps in the coverage of global mortality data systems, mortality

is more amenable to accurate measurement than disease or disability” [7]. Although life expectancy at birth has increased in all countries from 1950, there are substantial regional and national variations as well as noticeable gender differences. In 2015, the highest life expectancy was in Japan, with 83.7 years, and the lowest in Sierra Leone, just 51 years; and while in 29 countries (mostly European), life expectancy was  $\geq 80$  years, in 22 countries, all from sub-Saharan Africa, it was  $< 60$  years. The existence of gender differences in life expectancy at birth has been acknowledged in all the regions and in all countries of the world. Globally, female life expectancy at birth used to overtake male life expectancy at birth. In 2015, global life expectancy at birth was estimated 73.8 years for women and of 69.1 for men [7]. Although the magnitude of the differences varies among countries and has decreased over the years, it has been found that in countries like United States and Spain, women tend to live, on average, between 5 and 6 years longer than men [8, 9]. In 2015, in developed countries, the lowest differences between men and women occurred in Iceland, where there was a difference of 3 years and in Sweden 3.4 years, whereas the highest differences occurred in the former Soviet countries, being 11.6 years in the Russian Federation and 9.8 in Ukraine [7].

Given that the aging of population and the prominence of chronic diseases, a new indicator is proposed, which takes into account not only the number of years a person can expect to live—as with life expectancy at birth—but also the number of years in full health a newborn could be expected to live: It is healthy life expectancy. If it could be measured reliably, healthy life expectancy would make an ideal indicator since it manages to include both mortality and the years the individual fails to live in full health, that is, morbidity or disability [7]. According to WHO estimates, healthy life expectancy for 2015 is estimated globally at 61.5 years for men and at 64.6 for women. On average, healthy life expectancy for both genders is 11.7 years below life expectancy at birth. The main contributors to the loss of healthy life are musculoskeletal disorders (namely back and neck pain), mental and substance use disorders, especially depression and anxiety disorders, as well as neurological disorders, vision and hearing loss and cardiovascular diseases and diabetes. Because the prevalence of most of these diseases increases with age, the proportion of the life span spent with these health problems increases as life expectancy increases [7].

Although many countries still lack adequate death-registration capacity [7], it has been found that men have higher mortality rates than women at all ages [10, 11], but in some countries, discrimination against girls makes infant mortality rates lower in boys than in girls [12]. Differences between women and men are also found when analyzing the causes of death by age. A study carried out by the United Nations [13] in 197 countries proves that women and men die of different causes. Study also reveals that although during adolescence and young adulthood mortality rates are low, in developing regions, many adolescent girls and young women die of further complications linked to pregnancy and childbirth as well as sexually transmitted infections, particularly HIV. On the contrary, in these developmental stages, the most common causes of death among men—in either developed countries and developing regions—are road injuries, interpersonal violence, and suicide. Although in developed regions injuries are also a leading cause of death among young women, rates are much lower than those for young men. At older ages, the most common non-communicable diseases causes of

death are cardiovascular disease, cancer, chronic obstructive pulmonary disease, and diabetes, as well as mental disorders, especially dementia, which is more common in women because of their greater longevity [13].

Studies on gender differences in physical morbidity have been less consistent than the differences in mortality [14, 15]. It has been found that these differences vary according to the type of disease and analyzed life-cycle period. Although the leading causes of death (diseases of the cardio circulatory system and cancer) are the same for men and women, men show more life-threatening chronic diseases at younger ages, including coronary heart disease, stroke, cancer, emphysema, cirrhosis of the liver, kidney disease, and atherosclerosis; in contrast, women present higher rates of chronic debilitating disorders such as autoimmune diseases and rheumatologic disorders, as well as fewer life-threatening diseases such as anemia, thyroid problems, migraines, arthritis, gall bladder conditions, and eczema [9]. But, although research has pointed out differences between women and men in some health problems, such differences seem to be smaller than originally thought of. In a study conducted in the United States with a representative sample of adults, differences in seven out of 16 studied diseases have been found. Women and men are equally likely to report chronic back or neck problems, any other chronic pain (excluding headaches), high blood pressure, asthma, chronic lung disease, diabetes, ulcer, epilepsy, cancer, and medically unexplained pain [16]. Women are significantly more likely than men to report chronic debilitating conditions, such as arthritis, frequent or severe headaches, seasonal allergies and removal of the gallbladder, while men had higher rates of some life-threatening conditions, including stroke, heart disease, and high blood pressure.

A study examining gender differences in health in persons aged 50 or more from 12 European countries and the United States revealed that differences depended on the health condition studied and occasionally on the country too. Despite this, women from all the countries were more likely than men to report disabilities, non-lethal conditions including problems in daily functioning, depression, and arthritis, whereas men reported heart disease much more frequently [14]. However, although women would oftentimes report more difficulties than men to perform daily life activities, this was not the case in all countries. While in some of them it was more common for women than men to report hypertension, the differences proved statistically significant in just six of those countries. Most countries presented no significant difference between men and women in diabetes and lung disease, nor did they observe any difference between men and women in stroke.

Likewise, some other studies presented samples of men and women from several countries aged above 44 [11]; findings uncovered that women reported greater physical disability than men, yet the age at which women's disability began to be higher than men's depended on the country, being from 50 years in the United States, 70 in Denmark, and the 85 in Japan. Disability scores were lower among Danish men and women aged 70–84, but women observed higher disability at an older age. Japanese men and those from the United States had similar levels of physical disability, but Japanese women were less disabled than women from the United States. Immediate memory and cognitive function analysis showed that there were no statistically significant differences between women and men.



Cerebral stroke is a leading cause of death worldwide being the biggest cause of long-term disability in developed countries. Epidemiological and experimental studies have revealed significant differences between women and men both in the incidence of stroke and in the amount of its resulting pathology, although such differences are also dependent upon the stage of life span [17]. Ethnic group could also be relevant in stroke rates, since several studies conducted in the United States with people aged 45–74 found differences in stroke rates depending on the ethnic group. Stroke rates provided no gender differences in white people aged between 45 and 54 (this was the group scoring the lowest rates), but above this age, range rates were higher in men than in women [18].

The study of gender differences in health at the level to biomarkers and the association between these and health did not demonstrate any clear differential patterns between women and men. A prospective population study conducted in Russia with people aged 54 and over showed that women had worse indicators in obesity and waist circumference, while men tended to present higher prevalence of electrocardiographic abnormalities. There were no differences between men and women in the prevalence of immunological biomarkers, and mixed patterns were found for lipid profiles. Obesity and waist circumference were related to lower physical functioning only in women, while alterations in the electrocardiogram were associated with greater likelihood of myocardial infarction and physical functioning and self-rated health only among men [19].

### 3. Gender and mental health

In Western societies, the existence of gender differences was first detected during the industrial revolution in the nineteenth century, the era where women were represented with worse mental health than men as the “dominant conceptions of mental illness were feminized” [20]. As Hill and Needham assert, nineteenth-century medicine concluded that woman was mentally and physically inferior to men and many middle- or high-class women who had symptoms of fatigue, irritability, or anxiety were diagnosed with “hysteria” or “neurasthenia”. As a matter of fact, such disorders were attributed to the female reproductive system and disease was considered be the “natural state of women” [21]. The female gonadal cycle has been ancestrally linked to instability and mutability, namely the moon cycle, and menstruation has been considered as impure, even as malignant, thus generating a series of discourses about women in relation to certain stages of their menstrual cycle, or to its definite cessation during menopause, which rendered women unbalanced or deranged [21]. Possibly, it was Freud who first proposed a systematic theory comparing women’s and men’s health, whereby he eventually maintained that men are mentally superior to women [22]. Although such proposal was strongly criticized, even from within psychoanalysis, he has exerted a strong influence on traditional psychiatric and medical thinking.

The discourse about women’s worse mental health has prevailed over a great part of the twentieth century, being a belief that relied on the fact that women suffered from more depression and anxiety than men. But several changes in what really constitutes mental illness together with epidemiological studies carried out in recent decades have definitely challenged

such belief. Currently, mental disorders include some other conditions that had not been taken into account before, namely substance abuse and personality disorders. Both of them are more frequent in men than in women, so as a consequence the rates of man's and woman's mental health disorders have been brought closer one another [23]. Population surveys and epidemiological studies carried out in different countries with adult population have shown that women have higher rates of affective and anxiety disorders than men, whereas men present higher rates of externalizing type and substance use disorder than women [24–29]. Specifically, it has been found that women show higher prevalence in major depressive disorder, dysthymia, generalized anxiety, panic disorder, social phobia, and specific phobia, while men show higher prevalence rates than women in antisocial personality disorder and alcohol, nicotine, marijuana, and other drugs dependence [24, 25].

Although there is evidence that women and men differ in the rates of some mental disorders, gender differences in overall psychopathology rates are more controversial. The most prevalent 12-month disorders in the population are those of anxiety class disorders, followed by mood disorders, impulse control, and substance use disorders. But prevalence differs from severity, and although anxiety disorders are the most common mental disorder, the proportion of serious cases is lower than in the case of other types of disorder [30]. Hill and Needham [20] claim that a direct test of gender differences in psychopathology would require a thorough and systematic analysis of gender differences across all mental health conditions known, which is not easy to carry out given the medicalization and proliferation of diagnostic categories, which change frequently. In addition, the tendency to regard women's health as pathological is still prevalent. The Diagnostic and Statistical Manual of Mental Disorders (DSM) system considers men as the standard behavioral pattern, so women are more frequently diagnosed with pathologies. Thus, assertiveness and independence are still considered important behaviors for mental health, whereas emotional expressiveness can be regarded a sign of problems [31]. Typical male behaviors such as assertiveness and autonomy are defined healthy and emphasized in the socialization of men; on the contrary, typically female behavior such as emotional expressiveness, which is promoted in female socialization, is presented as a sign of mental health problems. Such association of ideas about female and male behavior determines a description of mental disorders that reinforces the idea that women are more likely diagnosed than men, even though such behaviors are not owing to any pathology. Feminism has consistently criticized how many of the psychiatric diagnoses are pervaded with dominant gender ideologies and have been used to regulate the problem behavior. Against the individualistic account of the DSM, they insist that psychological suffering is associated with social, economic, and political context. In addition, they assert that ideological power operates through social institutions, including medicine and mental health systems [32].

There is evidence that many people have more than one mental disorder and that some of the disorders are associated one another. Comorbidity studies have shown the existence of a two-dimensional model of progression and overlap between problems of internalizing type and externalizing type [30]. Such model includes the most common mental disorders and excludes other forms of psychopathology such as schizophrenia; however, the model is invariant with respect to gender although men prove to have higher scores than women in the externalizing

dimension and the women present higher scores than men in the internalizing dimension. Affective and anxiety disorders are included in internalizing dimension and can be divided into two subfactors: (1) distress, which includes major depressive disorder, dysthymic disorder, and generalized anxiety disorder and (2) fear, which includes disorders such as panic disorder, social phobia, and specific phobia. The externalizing dimension includes disorders such as antisocial personality and the dependence of nicotine, alcohol dependence, marijuana dependence, and other drug dependence [25].

Studies that have examined gender differences in depressive symptoms have also found higher symptoms in women than in men [14], but gender gap varies in different countries. A research analyzing data from several studies and surveys with representative national samples made in Denmark, United States, and Japan with people aged 45 and older [11] rendered that, although the depression level tended to be higher in women than in men in almost all ages, differences tended to be very small and were not statistically significant in Japan, where men slightly experienced more depression than women aged between 75 and 84, although from 85 on women scored more depression than men. Analysis of the trajectories of depression depending on age did not show the existence of specific patterns in women and men. In general, the level of depression increased with age in the case of Japanese and Danish women, but in the United States, it decreased to 65–69 years in women and up to 70–74 in men, increasing in both sexes from this age on. In a cross-sectional study made in Spain [33] with 726 women and 615 men of the general population aged between 20 and 65, it was found that, although there are no any statistically significant differences in depressive symptomatology or in self-esteem between young women and men, women above 40 years reported greater depressive symptomatology and less self-confidence than men of similar ages.

Although we have analyzed under different headings the physical and mental health conditions, they are not independent categories because quite often mental and physical health problems are inter-related. For example, medical disorders associated with anxiety include rheumatoid arthritis, migraine, peptic ulcer, irritable bowel syndrome, coronary heart disease, hyperthyroidism, asthma, diabetes, and chronic obstructive pulmonary disorder [34]. Comorbidity is defined as “the co-occurrence of mental and physical disorders in the same person, regardless of the chronological order in which it occurred, or the causal mechanisms that link them” [35]. According to the review study carried out, which included results of epidemiological studies and scientific publications, it was found that “comorbidity between medical problems and mental conditions is the rule more than the exception”. Such analysis revealed that comorbidity rates were high. For example, more than 68% of adults with a mental disorder had at least one medical disorder and 29% of persons with a medical disorder had a mental health problem [35].

It has been found that women present greater multimorbidity than men. Multimorbidity is a broad concept that refers to the cooccurrence in one person of two or more long-duration health problems [36] which can be either physical or mental, or physical and mental simultaneously. It is a major problem in primary care since it increases with age and elevates the risk of premature death, hospitalization, disability, depression, and poorer quality of life (see review in Violan et al. [37]). In a study recently published with a large national sample of Scottish

patients of all ages, Agur et al. [36] found that multimorbidity increased with age and from the age of 45 and, although differences were not large, multimorbidity was more common in women than in men in all age groups. The biggest difference (6.9%) was found in the group aged between 45 and 54 years and the smallest (1.4%) between 65 and 74 years, although the difference in the age group 75 or plus years was of 1.6%. Physical-mental comorbidity was more common in women, and physical multimorbidity was more common in men. The largest differences between women and men were given when multimorbidity was physical and mental, although the magnitude of the differences depended on age. When analyzing the most common causes of multimorbidity in women and men in the different age groups, it was found that in women below 55 years, depression was the most frequent condition, and above the age of 55, hypertension was the condition with the highest prevalence. In men with multimorbidity, drugs misuse was the most common condition in the age group between 25 and 34, depression for men aged 35–44, and hypertension for men aged 45 and over. Across all age groups depression, pain, irritable bowel syndrome, and thyroid disorders were more common in women than in men.

Research on gender differences in health had included life expectancy and the presence of diseases and health problems as indices of health status, based on the medical model of health focused exclusively on illness and disease [38]. This model has prevailed in the Western world in spite of the fact that as early as 1948 the WHO defined health as “a state of complete physical, mental and social well-being and no merely the absence of disease or infirmity” [39]. This perspective has been changing in recent decades and the importance of well-being has been highlighted. There are two broad traditions in the well-being research: the hedonistic and the eudaimonic [40]. In hedonic well-being, the pursuit of pleasure is central, and from this perspective, the focus lies on the subjective well-being, which includes components such as happiness, life satisfaction, and positive affect [41]. Typically, the measures of subjective well-being consist of an overall appraisal of every aspect of the person’s life [41]. This is a perspective which has inspired multiple studies about the individual well-being and which has been also adopted in national well-being studies [42]. From the eudaimonic tradition, well-being is considered to be more than happiness, and this refers to living life in a complete and satisfying way [43], encouraging personal growth and self-realization [44].

Research on gender differences in well-being had not produced conclusive results. In general, no significant differences are found in the mean well-being scores between men and women, but women experience positive and negative emotions more frequently and with greater intensity than men [45]. Although gender differences have been found in some dimensions of well-being, differences usually depend on other factors such as culture, age or occupied roles as well as on the type of well-being analyzed. In studies carried out in various countries around the world, especially in high-income countries, it was found that when women and men register similar conditions (e.g., pay and employment conditions), women report greater life satisfaction than men, although these differences depend on the phase of the life cycle [46]. In eudaimonic well-being, research has consistently found higher score of women in comparison with men in positive relationships with others [47, 48]. It was also found that men from different

cultures score higher than women in self-acceptance and in autonomy [47, 48], but in Karasawa et al. [48], gender differences in autonomy only appear in young adults.

#### **4. Gender differences in self-rated health**

One of the indicators most commonly used when comparing women's and men's health is self-rated health. It is a subjective global assessment of the state of health carried out by the individual himself/herself that consists of a single-item measure with five-level option of answers on an ordinal scale [49]. Self-rated health has proved to be a multidimensional concept that includes, besides the evaluation of physical aspects, the extent to which participants considered are able to perform (functional dimension), the extent to which they are adapted to, or their attitudes towards an existing illness (coping dimension) as well as how they feel (well-being dimension of welfare) [50].

For more than four decades, self-rated health has been included in the epidemiological studies of mortality, together with socioeconomic characteristics and measures of social networks, in addition to traditional risk factors such as smoking, alcohol consumption, overweight, history of disease, and current health status. Self-rated health has proved to be a consistent independent predictor of mortality, despite the inclusion of numerous specific health status indicators and other relevant covariates known to predict mortality [51]. It has also been found that self-rated health is correlate with previous, current, and future hospitalization, indicating that such a measure is not only adequate to assess current health status as it also contains information about future health status [52].

The results of research on differences between women and men in self-rated health have also highlighted the complexity of gender differences in health. Although several studies have found that women have poorer self-rated health than men [49, 53, 54], this is not the case in all countries [11, 55, 56]. Evidence of poorer self-rated health in women with respect to men has been found from adolescence [57] to old age [54], but gender differences in self-rated health vary depending on other family, behavioral, and psychosocial variables such as empowerment, stress levels, physical activity, or social capital [49, 57]. Moreover, they vary according to educational level [58] and sexual orientation [59, 60]. In addition, it is found that when disease presence and functioning problems are controlled, the differences between women and men in self-rated health disappear or, either, males rate their health worse than women. Thus, in the study conducted by Crimmins et al. [14] in 12 European countries and the United States with people aged 50 years and older, it was found that, after controlling age, five countries showed a higher percentage of women than men reporting poor or fair health. When diseases were also controlled, in just two countries women did more frequently rate global health worse than men. And when functioning was also controlled, the percentage of women who assessed their health poorly was higher than men in just one country, whereas males rated their health worse than women in five countries.

In the aforementioned study of Oksuzyan et al. [11] with people over 44 years living in Japan, Denmark, and the United States, there were no differences between women and men in self-

rated health in either of the three countries. In all of them, self-rated health decreased with increasing age, but the declining was similar in men and women. However, some differences in self-rated health were found among these countries. Danes reported better self-rated health as compared with Japanese and people from the United States, whose levels were very similar. But although there is evidence that the country of residence is a relevant factor in gender differences in self-reported health, the causes for gender gaps between countries are not easily explained [55]. In a study analyzing the data of surveys carried out in 28 European countries with people aged 15 years or more and responses from 190,103 people, Dahlin and Härkönen [55] found cross-national variation in gender gaps in subjective health. In many countries, women reported worse health than men, while in others, there were small or no differences. Countries where women were more disadvantaged with respect to men tended to be those of Eastern and Southern Europe. Although in some countries gender differences in self-reported health could be explained by individual socioeconomic and demographic variables, cross-national variation in the gender gaps remained. Cross-national differences in women's socioeconomic status did not account for gender differences in health, but the smaller gender differences in self-rated health were found in countries with higher levels of human development.

Another factor that seems to be relevant in gender differences in self-reported health is social capital, a concept whose relevance in health research has increased in recent decades. Although there is not a unique conceptualization of social capital, it usually "refers to various levels of social relationships formed through social networks" [61]. It includes elements such as social involvement, interpersonal trust, cooperation, mutual aid, or social networks, and two levels can be distinguished as follows: the individual and the collective. The collective social capital refers to characteristics of workplaces, communities, and neighborhoods, while the individual social capital refers to structural and cognitive elements related to the individual's social relationships [62]. Cognitive components make reference to perceptions and feelings about network involvement, and it is frequently assessed through perceived trust, reciprocity, safety, and support. Structural components refer to the actual participation in various networks and can be evaluated through variables such as social participation (i.e., involvement in formal organizations, associations) and informal socialization involving interactions with family, friends, etc. [63].

In a recently published longitudinal study [63] conducted in Sweden with 21,139 people, it was found that social capital bears complex effects on self-rated health and some effects are different for women and men. Although cross-sectional association between structural social capital and health was similar in men and women, the effects of change in access on social capital differ. In the first assessment, it was more likely that women and men with no/very low level of informal socialization evaluated their health lower than those who had high levels of informal socialization. A similar trend was observed for social participation, but the effect was less prominent. In the evaluation carried out 10 years after the first evaluation, the same pattern was found in social participation while the informal socialization effect was attenuated. The proportion of women that reported high-level of informal socializing was slightly higher than men's. In a period of 10 years, changes in informal socialization and social participation were

associated with health changes, which were still controlling sociodemographic variables and health risk, but effects were complex and differed in women and men. Remaining with no/very low or low level of informal socializing or social participation over time increased the probability of evaluating health very poorly either for men and for women. Also decreasing informal socializing or social participation over time was associated with poor self-rated health in both genders. But, only among women, gaining access to social participation increased the likelihood of reporting poor health.

Another dimension that seems to be relevant with respect to differences between men and women in the association between social capital and self-rated health is bonding/bridging. Bonding social capital “refers to trusting and cooperative relations between members of a network who see themselves as being similar in terms of their shared social identity” [64]. Bridging social capital implies less strong links among members of different groups, and it “comprises relations of respect and mutuality between people who know that they are not alike in some sociodemographic (or social identity) sense (differing by age, ethnic group, class, etc.)” [64]. In a study made with 2155 residents in the city of Okayama aged between 20 and 80, results showed that bridging social capital was associated with better self-rated health in women and men, although women appeared to benefit more than men. Although bonding social capital was not consistently associated with better health in women, men may benefit more from bonding social capital than women. But these patterns do not seemingly keep when the study is made with older people, even in the case of people from the same cultural background. A study of Japanese people aged 65 or over showed that, among men, bonding and bridging social capital were inversely associated with poor self-rated health. Among women, the beneficial effects of social capital were less pronounced and seemed to be limited to bonding social capital [64].

## 5. Factors explaining gender differences in health

Differences in health between women and men have been tentatively explained in terms of several factors that range from biological to social ones. Biological explanations tend to focus on the role of sex hormones, but research has shown the relevance of psychosocial factors such as self-identification in traditional gender roles, sexual division of labor, stress, and health behavior. Likewise, structural factors are relevant to account for gender differences in health.

Traditional explanations about differences in health and life expectancy between men and women are biological in origin. Yet such proposal fails to explain that most differences in life expectancy vary according to different countries and in different periods of time. Moreover, life expectancies and the magnitude of gender gap in life expectancy are associated with economic and social changes and they are liable to variation within subgroups in the same country. This indicates that life expectancy is influenced by social, environmental, cultural, and behavioral patterns [65]. Also, biological explanations cannot explain why the gender gap in health differs across countries and social groups.

Biomedical research has investigated biological differences in anatomy and physiology between women and men, especially those related to the reproductive system, as well as a

wide range of metabolic and hormonal factors. Although these biological differences are important in the morbidity and mortality patterns, they have been considered as independent of social environment factors [66]. And although biological factors, such as genetics and hormonal exposure, may contribute to differences in the health of women and men, a wide range of social processes can also create, maintain, or exacerbate underlying biological health differences [67].

The postulates underlying the traditional medical model of illness, which attributed health problems and diseases to the individual's internal characteristics, are being currently displaced by the acknowledged existence of social determinants of health, a concept that refers to the conditions in which people have been born, grow up, live, work, and aged. The social determinants of health are conditions that influence on the opportunities a person has to live a healthy life, his/her risk of illness and life expectancy. Gender is an important determinant of health that structures opportunities and vital risks [4]. Women and men do not only differ in biology, they also differ with respect to the roles and responsibilities that society assigns them as well as their positions in the family and in the community; all of these affect the risks they take, those they are exposed to, their efforts to improve their health, and how the health system responds to their needs. In addition, it may also have a bearing on the causes, consequences and management of disease and ill health [5]. The WHO [6] asserts that in many societies, women have less access to health information, care services, and resources to protect their health and that gender norms also affect men's health by assigning them roles that promote health risk behaviors and cause them to neglect their health. In addition, gender interacts with race and other social categories by generating inequalities among various social groups and between men and women.

Stress has been proposed as an explanatory factor of gender differences in health, because gender seems to be relevant in each element of the stress-health process, from the appraisal or not of a given event as stressful up to coping, as well as in the relevance of responses to stress in health issues [68]. Despite this, there is no unanimity on the results rendered by research on gender differences in stress since results depend on the stress type analyzed and the study sample, among other factors. Thus, and as is the case in other areas of research about gender and health, gender differences in stress and coping tend to diminish, and even disappear, when women and men have equal jobs and similar socioeconomic conditions (for a short review of stress and gender, see Matud) [69].

A lower social status of the female gender, and the ensuing prejudice and discrimination, can be a source of stressor for women, in addition to other conditions that are more frequent in women than in men such as being victims of domestic violence, sexual abuse or poverty. Also, women's role as homemakers, wives, and mothers can be stressful because they often combine high psychological demands and a low level of control, which are the two characteristics of stressful roles [69].

Research conducted in various countries has revealed that there are differences in the time uses of women and men. Women perform most of unpaid household chores and care of others, while men spend more time on paid work, and leisure and sport activities. There is evidence that the various uses of time are relevant in women's and men's health and quality of life. For



example, research has showed that daily time spent on childcare is associated with distress only in women [70]. The perception of the distribution of domestic work as unfair has been associated with mental health symptoms and relationship problems [71]. Also, it has been recognized that women who do most of the housework are put at a disadvantage with respect to men when developing professionally [72].

Over the last decades, scholars have acknowledged the negative consequences of social relations, as social networks can also involve obligations and create tension and stress. In fact, negative social interactions have been found capable of better predicting health problems and low well-being than the positive ones [73, 74]. Perhaps, this negative aspect of social capital is more relevant to women, since women are more frequently a source of support than men and because women tend to be more involved in family and social networks. Social networks can create or increase distress: when disrespecting or disapproving their members; when disclosing confidences or failing to fulfill other's expectations; when they do excessive demands to the person giving support; and when the stressful circumstances experienced by network members are spread onto other network members [74]. As Belle asserts, supportive aspects of social ties are more pronounced among members of subgroups with high levels of personal resources, such as income, education, and internal locus of control, while the costs are greater among people with fewer resources. Since many women have fewer resources than men, the negative effects of social networking will be greater for women with fewer resources.

### 5.1. Gender roles and health

Although there is empirical evidence that women and men are similar in most psychological traits [75], the majority of societies consider they are different and should fulfill different roles; therefore, they are socialized differently according to the sex they are assigned at birth. As suggested by Sandra Bem [76], the distinction between male and female is a basic principle of the organization of each culture, in which adult roles are distributed and allocated based on sex, and this allocation is anticipated in the socialization of their children. Sex typing is the process whereby society transmutes males and females into masculine and feminine. The gender schema theory proposed by this author suggests that "sex typing results from the fact that the self-concept itself gets assimilated to the gender schema" [76]. Masculinity and femininity designate the features, behaviors, and interests that society considers appropriate for each gender. Masculinity is associated with an instrumental orientation, central to which is agency, characterized by focusing on the self, prioritizing independence, and the achievement of personal goals. On the contrary, femininity is associated with an expressive orientation, to which communion, defined as focusing on the others, is central [77]. However, there is evidence that individuals differ significantly in their knowledge structures about gender, as well as in how gender is integrated into their self-concept. Bem's gender schema theory suggests the existence of individual differences in the adherence to gender roles, in sex typing, and in the extent to which being male or female is an outstanding feature of their self-concept [77].

Classic theories about the differences between women and men in gender roles and in sex typing held that such differences were normal and healthy because they reflected the social

standards about the appropriate behavior to each gender. However, it has been suggested that investment in gender ideals may be stressing for men and women, because these ideals are socially imposed, hinder self-regulation, and are related to the external representation of self-worth [78]. It has been also suggested that strict adherence to masculine and feminine roles can limit the range of potential behaviors and choices of women and men, which would mean a limitation to the development of those personal characteristics which do not conform to what society considers appropriate to that gender.

Although there is evidence that the psychological traits traditionally associated with masculinity (i.e., assertiveness, independence, and agency) are good for women's and men's mental health and well-being [79], in recent decades it has been recognized that traditional masculine roles prescribe a series of behaviors that may be responsible for men's inferior longevity and for some types of pathology that men suffer more frequently than women [80]. Hegemonic masculinity is associated with unhealthy life styles, with less appropriate diets, and with more alcohol and drug use. Moreover, it is more common for men to carry out another series of physically dangerous activities, such as high-speed driving, or under the influence of alcohol, and the practice of extreme sports. Courtenay [80] asserts that, since recognizing disease gives men lower status, they do not often express their problems or needs and, quite usually, avoid seeking professional help when they have emotional problems, thus trying to alleviate them instead by consuming alcoholic beverages or drugs.

## 6. Conclusions

Social roles traditionally attributed to women and men are relevant in gender differences as far as health and well-being are concerned. Although there is empirical evidence that women and men are similar in most psychological traits [75], the majority of societies consider they are different and should fulfill different roles, so they are socialized differentially. Moreover, gender is a social structure that restricts people, and assigns differentiated roles and positions. Besides, women and men show a high intra-group variability, and there exist significant and complex, yet not well-known, interactions between gender and other variables. It is necessary first to improve men's and women's social conditions and achieve gender equality so as to better their health and quality of life. In addition, it should be necessary that research combined the social and biological sources of differences in women's and men's health.

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# Gender, Identity, Professionalism and Inclusion

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# Disrupting Hegemonic Masculinity Through Creative Writing

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Tom Dobson

Additional information is available at the end of the chapter

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## Abstract

Taking a view of identity as a discursive participation in figured worlds, this chapter draws upon data collected during a longitudinal, small-scale research project, exploring the relationship between creative writing and boys' identities as they make the transition from primary to secondary school. Using language-context discourse analysis, creative writing from six of the boys is analyzed in order to illustrate the ways in which the creative text can open up a space for hybrid discourses with identity enactments that disrupt hegemonic masculinity. This radical potential for boys to enact other identities through creative writing is seen as being related to the pedagogy adopted by the teacher. Accordingly, an argument is made: against a restrictive backdrop of a neoconservative curriculum and global neoliberalism's state-controlled decontrol, it is only through pedagogies that involve weaker framing and choice that boys can realize other ways of being.

**Keywords:** hegemonic masculinity, creative writing, boys, primary education, discourse analysis

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## 1. Introduction

The growth of New Literacy Studies (NLS)—a field of research that views children's literacy practices as "socially motivated" and textual production as inextricable from identity [1]—is in direct tension with recent curriculum changes to the teaching of English in English schools. The NLS approach requires a "weakly framed" pedagogy [2], which would see the teacher of English actively building upon their pupils' interests to be responsive in facilitating the development of pupils' voices in writing. In contrast to this, the national curriculum for English [3] requires

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all pupils at primary school level to meet prescriptive targets for spelling, punctuation, and grammar (SPaG). Whilst the academization of schools in England means schools are not required to deliver this neoconservative curriculum, the global underpinning of neoliberalism's "state-controlled decontrol" [4:225] in the form of the standardized national testing of curriculum requirements means that schools have little option but to comply. The government's framework for teachers' assessment of pupils' writing is only interim [5], but this current set of criteria for assessment is one that clearly values the technical aspects of writing over composition and in doing so limits pupil choice and voice.

The implications for writing pedagogy are clear: a neoconservative curriculum aligned with a broader neoliberal education system means the teaching of English in England's schools is in danger of entering a period of "strong framing" [2] where the need for pupils to develop technical skills and knowledge sees the rote teaching of technical aspects of writing eclipsing the more child-centred approaches favoured by proponents of NLS. In this chapter, I will present a research-informed argument that if teachers teach to the test and implement strongly framed pedagogies, this could well result in gender differences that benefit men over women through "hegemonic masculinity" [6] being perpetuated by education. On the other hand, I will illustrate how teachers adopting more weakly framed pedagogies in the teaching of creative writing can open up spaces for boys to enact less sedimented identities [7] and in doing so disrupt hegemonic masculinity. The argument is shaped initially by presenting a theoretically informed view of identity as enacted through creative writing texts. To build this theory, a view of identity as socially constructed through discourse is adopted and the works of Bakhtin [8, 9] are used to illustrate how the creative text can be seen as a place where discourse is "dialogized" and identity is challenged. This view of the creative text is then explored and illuminated through the discourse analysis of two pieces of writing produced by six 10–11-year-old boys in response to strongly and weakly framed writing pedagogies, respectively.

Prior to this chapter, I have written about these two pieces of creative writing separately [10, 11]; however, the comparative analysis undertaken here adds a new dimension, emphasizing the extent to which strongly framed writing pedagogies lead to hegemonic masculinity limiting a writer's identity enactment. This comparative analysis is significant and novel in that a direct link between global market conditions, government educational policy, teachers' pedagogy, and gendered identities is clearly established. The implication is that in order to disrupt the ways in which gender is socially structured for the benefit of men over women, changes need to be made at all levels of society in relation to education.

## 2. Identity and hegemonic masculinity

Throughout my research into boys' writing, my theoretical view of identity has been informed by Holland, Lachiocotte, Skinner, and Cain's [12] conceptualization of identity as participation through discourse in "figured worlds." In their seminal work, they define a figured world as: "a socially and culturally constructed realm of interpretation in which particular characters and actors are recognized, significance is assigned to certain acts, and particular outcomes are

valued over others. Each is a simplified world populated by a set of agents who engage in a limited range of meaningful acts" [12:52]. In this sense, I view the English classroom as a figured world where teachers and pupils adopt the roles available to them and play them through discourse. Of course, within the figured world of the English classroom, the hierarchical "positional identities" of teachers in relation to pupils is more palpable than some of the other dynamics explored by Holland, Lachicotte, Skinner, and Cain but, as with their examples, the figuring of these positional identities is affected on what Connell [13] defines as global, regional, and local levels. On global and regional levels, the effects of neoliberalism's state-controlled decontrol through a nonmandatory national curriculum and mandatory national testing, can be seen to position teachers and "change who they are" as "authenticity" is replaced by "plasticity" [4:225]; on a local level, the extent to which this figures teachers' pedagogies and the ways in which they actively position their pupils on a spectrum of active and passive learners, is down to the negotiated ethos of the school and the identity of individual practitioners. Or to put it in Holland, Lachicotte, Skinner, and Cain's terms: the extent to which pupils' identities are recognized within the English classroom through an NLS approach and the extent to which the enactment of these identities are mobilized by teachers to shape and value creative writing outcomes is, at a local level, dependent upon the way in which pupils are positioned by the school and its teachers.

As outlined above, figured worlds are more context-sensitive than Bourdieu's view of identity as "habitus" operationalized by "field" [14], and they offer more scope, therefore, for individual refiguring or agency. This is not only due to the way which Holland, Lachicotte, Skinner, and Cain describe their worlds in highly context-specific ways but also because of the way they view these roles as being performed through discourse. Building on the work of Derrida, discourse is seen as functioning through a process of "différance" [15] whereby the ultimate meaning of a word is always already deferred synchronically, through the difference between signifiers in a system, and diachronically, through the deferral of meaning over time. From this poststructuralist perspective, therefore, discourse used in figured worlds is never stable or absolute and meaning and its value is negotiated and subject to flux depending upon context. Actors within figured worlds—i.e., teachers and pupils—therefore, necessarily have agency to refigure both the nature of their roles and the worlds themselves through discourse. This radical potential for change has made the theory attractive to researchers in education. In an introduction to the *Urban Review's* special issue on the ways in which figured worlds enable educational researchers to explore "sociocultural constructs in education" [16], an emphasis is placed upon how worlds can be reimagined by marginal student groups reappropriating the discourse that seeks to position them. More specific to literacy [17], evidence is presented as to how teachers can open up a space to harness high school students' home literacy practices and refigure the world of literacy in their school.

In relation to gender as a macro-figuring power within education, however, the extent to which worlds in schools can be refigured is unclear. Earlier sociological work [17, 18] highlights the ways in which teachers perpetuate gender inequalities through the language they use with their in pupils in school. Indeed, the ways in which the teachers are either complicit or dominant in participating in gender stereotyping is in line with Connell's concept of "hegem-

onic masculinity”: “a pattern of practices” that allow “men’s dominance over women to continue” [13:832]. Reviewing the critiques of the concept of hegemonic masculinity, Connell counters claims of essentialism by emphasizing that practices are not fixed entities “embedded in the body or personality traits of individuals” [13:836] and that the concept is intended to grasp “a certain dynamic within the social process” [13:841] which results in men and women being positioned through their actions and interactions. In relation to education, this figuring power of gender becomes particularly salient for boys at points of transition in mainstream education [19]. In this qualitative study, boys’ reliance on predictable and dominant gendered identities that “other” the feminine is seen as a male reaction to the trauma of the change of context from primary to secondary school. This salience of hegemonic masculinity at transition was one of the reasons why I had decided to look at whether creative writing could lead to different identity enactments with Year-6 boys and, as I outline below, this is why I also undertook follow-up focus group discussions with the boys once they had started secondary school.

### 3. Creative writing and identity

Before I go on to look at the boys’ writing in terms of their gendered identities, I need to clarify from a theoretical perspective why I was interested in thinking about identity in creative writing. Whilst there has been a long literary tradition of seeing creative texts in relation to their author’s intention, and whilst some work has been done in relation to thinking about creative writing in relation to the unconscious [20], identity studies of educational writing have tended to focus on nonfiction texts [21]. The reasons for this are potentially manifold and no doubt partly linked to the mythologizing of the artist as experiencing writing as an out-of-body experience [22], and partly linked to nonfiction being more readily viewed as discourse linked to identity. Against this backdrop, Bakhtin’s bridging of sociolinguistics and literary criticism provides a framework for thinking about creative texts in terms of identity. For Bakhtin [8], the novel is made up of different “social languages,” or discourses, which he terms “heteroglossia.” From Bakhtin’s [9] perspective, the creative text is different from other texts in so far as it belongs to a “secondary genre” that offers more room for authorial “expression.” In terms of thinking about what this authorial expression might look like, Bakhtin has two related ideas [8]. First is the idea that the creative text “dialogises heteroglossia” with no single social language given the ascendancy. This occurs due to what Bakhtin terms the “interindividual” nature of language: the words an author uses belong to them in the present, to others in the past, and to readers who will respond in the future. Within this complex temporal-contextual dynamic and in line with Derrida [15], ultimate meaning is always already deferred and the dialogizing of heteroglossia is infinite. The second idea is that in dialogizing social languages, the process of “hybridization” takes place [8]. Bakhtin defines “hybridization” as: “a mixture of two social languages within the limits of a single utterance ... between two linguistic consciousnesses, separated from one another by an epoch, by social differentiation or by some other factor” [8:358]. To bring this back to my focus upon the boys’ identity enactments in their creative writing, I was interested in the relationship between the use of

different creative writing pedagogies (weakly and strongly framed), and the potential this gave for the boys to enact new, hybrid discourses and different gendered identities in their creative writing texts.

#### 4. Methodology

As indicated above, the research project undertaken to explore boys' gendered identities through creative writing was qualitative and longitudinal. The main context was a coeducational inner city primary school in an area of low socioeconomic status. Whilst the six boys were in Year 6, I taught them and the whole class for one day a week throughout the year and for full weeks at three points during the year. In line with ethnographic research, my aim was to get to know my participants [23], both as pupils within the figured world of the English classroom and as boys with other identities to enact. Accordingly, I kept a research journal which I updated after every taught session and which provided me both with a means of thinking about my pedagogy as well as thinking about the interactional dynamic that constituted the boys' identities.

As well as my research journal, I also collected data through undertaking focus group interviews with the boys, following each substantial piece of writing they produced. I opted for focus groups rather than individual interviews as I wanted to identify the ways in which the boys' identities were socially constructed [24] and the role of hegemonic masculinity in this process. As indicated above, while it was not possible for me to continue to teach the boys when they started secondary school (they went to two different schools and within these two schools, they were dispersed across different classes), I was able to continue to undertake focus group interviews at four points throughout their time in Year 7. One aspect I was keen to explore in these later focus groups was how the boys would respond to the creative writing they had written in Year 6. In line with Bakhtin [8], the boys would effectively become the future addressees of their own writing. I talk about the boys' responses in the conclusion as they are illuminating in terms of the relationships between the boys' identities, their texts, and the pedagogies that stimulated production.

Name	Involvement in this chapter
Spurs606	Focus group discussion; knight quest story; play script
Kay4559	Knight quest story; play script
The Drawer	Focus group discussion; knight quest story
MR. JONES	Focus group discussion; play script
Jim bob	Knight quest story
Dominic Leon	Knight quest story
Countdukutroopvader	Play script
a can of coke	Focus group interview

In order to preserve anonymity, all of the boys discussed in this chapter are represented by self-selected writer-pseudonyms that are used in place of their real names. The table above outlines which boys are included in this chapter and the nature of their involvement. It should also be noted that I appear as Mr Dobson (the boys' English teacher) in one of the focus group discussions.

## 5. Pedagogy

Broadly speaking, my pedagogical approach was informed by my theoretical view of identity as social participation within figured worlds. In line with this and in line with research into writing that highlights the "generative" relationship between talk and writing [25], both pieces of writing analyzed below involved pupils generating ideas in groups before writing their creative texts individually. Aside from this general approach and as indicated at the start of this chapter, the two texts analyzed below were written as a result of different pedagogical approaches. The first text about the knight Gawain was written following input from an external drama company that I was able to observe. For the drama, the boys worked in mixed gender groups, exploring a plot where Gawain is joined by another knight called Gareth who is really a girl (Gweneth) in disguise. During my reflections, I commented on how the drama company provided a means for the pupils to "work within the fiction" [26], but how "decisions" over events and character traits were largely determined by the drama company themselves. Accordingly, when it came to writing the stories individually, both the boys and the class as whole wrote stories that were similar in structure and for this reason, and in spite of the use of drama, I broadly categorize this approach to teaching creative writing as an example of strong framing.

The second text, a playscript about a girl experiencing transition, was more weakly framed by me as a teacher, mainly due to way in which I handed greater control over decision making to the class. Drawing upon research that indicates the effectiveness of the teacher writing with and for their class [25, 27], I wrote the opening two scenes of a playscript for the class and then gave them the opportunity to continue and finish the text. The scenario for the text was deliberate on my part—the female protagonist had moved house and was starting secondary school—and echoed the transitions the pupils were about to undertake. After we had read my opening, I allowed the class to self-select groups for discussion and drama activities that would help them to develop the text. Perhaps unsurprisingly, the eight boys decided to work separately from the girls in two groups of four, and this gave me the opportunity to observe and reflect upon the social dynamic of identity construction as well as how the boys generated and developed their ideas. Whilst elsewhere I have analyzed the texts written by both groups of boys [10], due to this chapter's focus on hegemonic masculinity, I am going to focus on the text written by the boys in one of the groups.

I was also interested in the 'teacher as writer' approach as an analysis of the boys' creative writing enabled me to think about how they read and responded to my opening two scenes. In these two scenes, I deliberately created two plots: a main plot focusing on the female



protagonist's need for a new friend; and a subplot focusing on what is happening in the attic after the protagonist hears "whirring" noises. In reflecting upon my own construction of this text, I invoked Bakhtin's concept of the "superaddressee" [9] as a heuristic device. For Bakhtin, the meaning of any text is only made possible due to the author presupposing a "superaddressee" who will perfectly understand the author's intended meaning. Whilst from a poststructural perspective, the actual existence of a superaddressee is impossible, a consideration of the extent to which the boys responded to my opening as I would have responded at that time allowed me to think about how they apprehended my superaddressee. Accordingly, I was able to consider how the boys dialogized the social languages of my texts and to what ends.

## 6. Data analysis

In addition to my focus group transcripts and research journal reflections, my key data source was the boys' writing. As mentioned above, I saw this writing as heteroglossia, and I used Gee's version of discourse analysis to think about the ways in which they were enacting their identities. According to Gee [28], language is used by writers in context to achieve "building tasks" that include identity recognition. In order to bring these building tasks to the surface in the boys' writing, I used Gee's related "tools of enquiry" [28:60] and have placed my own questions in parenthesis after Gee's:

1. What social languages are involved? (*To what extent does the discourse of hegemonic masculinity feature in the boys' writing?*)
2. What socially situated identities and activities do these social language enact? (*In relation to masculinity, what identities are enacted by the writers?*)
3. What sorts of relationships are involved? (*How are social languages dialogized/hybridized in creative writing?*)
4. How does intertextuality work? (*How do writers recast other texts?*)

## 7. Hegemonic masculinity in the English classroom

Before I discuss my analysis of the boys' writing, I want to establish the ways in which hegemonic masculinity operated as a figuring dynamic in the English classroom. In order to do this, I draw upon both my reflections from my research journal and transcripts of the focus group discussions.

Towards the beginning of the year, the class teacher had commented upon how this class was characterized by a clear social "divide" between the boys and the girls. The seating plan operated within the class was fairly fluid, and this meant that boys and girls often chose to sit and work separately from one another. In focus group discussions, the boys would often tease

one another through evoking the feminine “other” and through being complicit with the wider figuring discourse of hegemonic masculinity. Here, for example, The Drawer conflates film genre with gender and MR. JONES seeks to position a can of coke as feminine:

The Drawer: Yeah cos we don’t like chick flick and stuff like Twilight.

MR. JONES: (*To a can of coke.*) You like chick flicks.

a can of coke: No, I don’t.

MR. JONES: You told me you watched Bridget Jones.

The Drawer: I went to his house to sleep once and he put Mamma Mia on.

a can of coke: It was my mum who came in and wanted to watch something.

MR. JONES: (*To a can of coke.*) You like Mamma Mia.

In terms of the dynamic of hegemonic masculinity, a can of coke becomes complicit in wanting to be included in The Drawer’s “we” by defending his participation and attributing the watching of “Mama Mia” to his “mum.”

This conflation of genre and gender extended to a type of text often categorized within schools and libraries as “stories with issues.” Stories with issues feature first person girl protagonists who experience difficulties in their home and social lives, as in the books of Jacqueline Wilson. When initially discussing my play script, The Drawer expressed a dislike for my protagonist, Lucy, on the basis that he did not “like stories with issues.” The other boys generally agreed with this sentiment and refused to engage in any sort of meaningful discussion of Lucy’s emotional needs. As the discussion moved on to thinking about the boys continuing the play script, I interrupted the discussion to question Spurs606 further about what he perceived to be difficult of writing from the point of view of a female protagonist:

Spurs606: It’s easier to write when you’re a boy cos you can think.

Mr Dobson: Do you think girls think differently to boys?

Spurs606: Yeah.

Mr Dobson: Really?

Spurs606: Sometimes.

Mr Dobson: Can you give an example?

Spurs606: Like they always think about ballet and stuff and boys think about football.

Here Spurs606’s gender essentialism is palpable and flippant, and these kinds of comments, along with a reluctance to discuss emotions, were indicative of some of the ways in which hegemonic masculinity figured the boys’ participation in the world of the English classroom. Whilst my explicit challenges to their stereotyping often fell on deaf ears, as explored below, my use of weakly framed pedagogy and the ‘teacher as writer’ approach to teaching creative

writing provided a more subtle and effective means of allowing the boys to refigure their world.

## 8. The cross-dressing knight

I want to begin, however, by analyzing the story the boys wrote about Gawain, the Knight, following a strongly framed drama workshop. As explained earlier, the whole class was to write a quest story that saw Gawain teaming up with Gareth (who is actually Gweneth). There were two obvious narrative potentials: would the knights succeed in their quest? And would Gawain discover that Gareth was a female? When reading the boys' stories, my first point of analysis was to consider which narrative potential the boys valued most. Unilaterally, none of the boys were interested in developing the gender identity story, and all of them focused exclusively upon the quest story and the action-orientated social language they used through their writing reflected this. I then went on to consider point of view in the text: in line with Spurs606's elaboration on the difficulty of writing from the point of view of girl, on the whole the boys adopted a form of limited third-person narrator which focused on the actions of Gawain and which marginalized Gareth. Finally, I considered the ways in which this process of marginalization was operationalized in the boys' writing and the ways in which the two characters were represented by social languages in the boys' texts.

At the far extreme in terms of marginalizing Gareth was the writer Jim bob. Jim bob's story opens with "Gawain and gareth set of to green chapel," but the appearance of an "8 legged Dragon" in paragraph 2 is enough for Jim bob to reconsider the value of "gareth" (note how the lack of significance is indicated by the use of the lower case) in the story. Initially, Gareth is partly preserved as the two characters attempt to overcome this obstacle by morphing into "Gawrath," but by the end of the sentence, Gawain emerges from this linguistic struggle to take hold of the subject position in the clause and "chop [the Dragon's] hed off." As with the other boys' stories, the active voice dominates and Jim bob clearly identifies this action with the masculine Gawain as the pronoun "he" appears throughout the rest of the story to indicate the exclusive nature of Gawain's accomplishments ("and he killed the green knight"). In Jim bob's masculine story of bloodshed and gore, there is no place for Gareth.

Spurs606's story is similar in marginalizing Gareth and focusing on the masculine attributes of the active Gawain. Unlike Jim bob's story, however, Gareth's value in the story is maintained but only by having Gareth adopt the passive and feminized role of the Damsel in Distress. Gareth's fate in playing this limited role is cast even before the first obstacle in the quest story appears: they are walking along together when Gareth "slips" and Gawain "throws his rope. And pulls Gareth back to the path." Gareth taking the Damsel in Distress role is at its most palpable in The Drawer's story. For the first two pages, Gareth is known to the reader only as Gweneth and is openly and uniquely feminine. It is only at the end of the story that The Drawer uses parenthesis to indicate that Gweneth had been in disguise: "Gweneth (or Gareth as he knew)." What is different about this text, however, is that by casting Gweneth as the Damsel in Distress, The Drawer is able to allocate the limited third person point of view to Gweneth,

who in turn can amplify the heroic actions of Gawain. An example of this stereotyped identity enactment occurs when Gweneth is caught by a creature and screams "Gawain! Gawain! Help me." Gawain responds instantaneously: "As soon as the noise hits his ear drum he ran towards Gweneth."

There are the beginnings of different identity enactments, however, in the stories of Kay4559 and Dominic Leon. At the beginning of Kay4559's story, it is Gareth who takes the active role by apprehending the first sign of danger in the forest and saying, "What's that?" Interestingly, Gawain is made to look foolish claiming "it must be you're imagination" only to find in the next sentence a tree falling "in front of them." The potential for a reversal of power is short-lived, however, as Gareth's capture repositions him as the Damsel in Distress. Dominic Leon, on the other hand, maintains the greatest balance of power and point of view between Gareth and Gawain. This is largely because his story quickly digresses from a quest structure and focuses on them fooling around: they are hungry, but they use their last potato as the belly button of their snowman; their tummies rumble; they regret their decision and an avalanche traps them. However, whilst both Gareth and Gawain find the "sharp stone" that lets them dig their way out, it is Gawain who ultimately kills "a white yoigi bear."

In these predictable texts, characters are ciphers as the social language of the quest story positions Gawain as heroic and active and Gweneth as dependent and passive. Any potential for dialogizing this social language and enacting other identities through exploring the gender of Gareth is quickly closed down as hegemonic masculinity limits identity enactment and asserts its figuring power.

## 9. The taboo of boy/girl friendship

The playscript, as indicated above, was written as a result of weaker framing and me taking on the identity of the writer in preparing the opening scenes of a story about Lucy who had moved from London to start a new secondary school in Leeds. As I reflected in my research journal, my superaddressee for this playscript was someone who "empathized" with Lucy's loneliness and someone who understood her "emotional needs." Unlike the drama piece, ideas for completing the playscript were generated in self-selected groups, and I here want to focus on the stories written by Countdukutroopvader, Spurs606, MR. JONES, and Kay4559. As I observed this group working, it became clear that a social language figuring the development of their characters and humour related to intertextual borrowings from American High School Dramas. This is evident both in the language used by characters in all of the scripts ("kid" and "word" as exclamations; "Yo!" as a greeting; and the question tag "Do you copy?") and in the labelling of one-dimensional characters. In all of the group's playscripts, scene 3 (the first scene after my opening two scenes) takes place in the classroom where Lucy, the "new girl," is asked to sit next to "Gilbert." Gilbert is the geek from American High School Dramas: an intertextual borrowing that means because he is the "smartest kid in the school" and because he has "big feet," he is marginalized as a subordinate version of masculinity who must sit "in da corna." In all four stories, Gilbert is the object of crude humour, but in line with the boys' view of my

playscript belonging to the “stories with issues” genre, in three of their scripts Gilbert also adopts the position of “friend” for Lucy. Accordingly, Lucy invites Gilbert home and their boy/girl friendship is most clearly signalled in Spurs606’s playscript as his Lucy declares: “I’m Lucy and I’m here with my brother Max and my friend Gilbert.”

The other narrative potential I had left open related to the noises in the attic and in all of the boys’ stories the “friends” Lucy and Gilbert go there and discover Billy. In Countdukutroopvader and Kay4599’s script, Billy is described as a real boy who acts “nervously” and who has been “locked” in the attic by “friends” for some unknown reason; in Spurs 606 and MR. JONES’s story, Billy is an intertextual borrowing from spoof horror movies with his one liners (“When I getch you I’m gonna eat ya”) and a penchant for “eating flies or bugs” and “being sick.” As soon as Billy appears in all four scripts, Gilbert is no longer able to occupy the position of Lucy’s “friend.” With Spurs606’s story, Gilbert is simply not mentioned again as Billy takes centre stage. For Kay4599 and Countdukutroopvader, Gilbert’s disappearance as “friend” is announced by him taking on the subordinate masculine position of the “geek” who is “scared” by the attic and who “runs away.” What is the significance of this? In the figured world of their English classroom, the possibility of boy/girl friendship was precluded by gender segregation and the othering of the feminine through the figuring power of hegemonic masculinity. Within three of these stories, however, the apprehension of my superaddressee’s need for a “friend” and the boys’ intertextual borrowing of the “geek” character, brought about a momentary enactment of boy/girl friendship which would not have been permitted within the English classroom. The implication is that greater pupil choice through more weakly framed creative writing, as well as the teacher as writer setting up deliberate narrative potentials, can result in creative texts that dialogise heteroglossia and create hybrid discourses. At the intersection between the social languages of the American High School Drama and the friendship story, Gilbert is locus of this new, hybrid discourse: simultaneously occupying the positional identities of “geek” and “friend,” however briefly, Gilbert offers a different narrative potential and a different identity enactment and in doing so he presents a disruption to the figuring power of hegemonic masculinity.

## 10. Conclusion

As indicated earlier, I was interested in what would happen when the boys became the future addressees of their own creative writing texts. In line with this, some six months after having written the texts and in the new context of secondary school, I gave the boys all of the stories that they had written with me in Year 6. In terms of the Gawain story, the boys expressed very little interest, saying it was “boring” and “stupid.” As I questioned them further, what became apparent was that they had forgotten that Gareth was meant to be female, and it was left to me to remind them of this. The reason for this was that the boys were not engaged at all in reading the text: the text was closed to them and their lack of interaction meant that they did not infer from the way Gareth adopted the position of the Damsel in Distress that he was actually Gweneth. With the playscript, however, the boys expressed more interest and engaged in a more detailed discussion. Whilst this discussion was figured by hegemonic masculinity with

The Drawer, for example, professing to have forgotten the protagonist by asking “Who’s Lucy?,” the boys spontaneously read lines from their play scripts to one another, particularly enjoying the “attic” characters they had created.

Of course, it is difficult to draw any definitive conclusions from this small sample and I realize that the comparison of the two texts above is selective. However, two key points in terms of the relationship between teaching and the creative writing texts produced do, I feel, merit further consideration. First, there does appear to be a relationship between the extent to which the teaching of creative writing was framed by the teacher(s) and the ways in which the boys engaged with the texts as future addressees. Second, this future engagement seems to be related to the potential for more weakly framed pedagogies, which involve the teacher as a writer, to offer a space for pupils to enact different identities through creating hybrid discourses. The hybrid character of Gilbert is a symbol of this: both “geek” and “friend,” his instability is his value as he brings into the existence the promise of different worlds, with different actors and different sets of rules. Gilbert’s hybrid existence, however, does not mean that the boys in my study were suddenly enacting different identities and disrupting hegemonic masculinity. This certainly was not the case, but at least in their writing they opened up the possibility for disruption in exposing the mechanisms of identity construction.

To return to the opening of this chapter, the disruption of hegemonic masculinity is even more vital, given the ways in which policy and the free market is figuring education. On a global scale, neoliberalism’s state-controlled decontrol [4] through the technology of accountability leads to stronger framing in the classroom as teachers come under increased pressure to teach to the test. As I have illustrated above, the result of this strong framing is the enactment of sedimented gender identities that perpetuate hegemonic masculinity. On a national scale, the UK Government’s neoconservative national curriculum with specific spelling, punctuation, and grammar requirements also leads to stronger classroom framing and, in turn, perpetuates the dynamic of hegemonic masculinity. From a practical perspective, resistance has to come locally from teachers themselves being empowered to adopt more weakly framed pedagogies that permit different gender enactments. Clearly, there is role here for universities to collaborate with schools in order to generate a better understanding of the ways in which schools and their pedagogies can disrupt hegemonic masculinity to figure more equal and imaginative worlds for girls and boys, women alike and men alike.

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# Professional Women's Experience of Autonomy and Independence in Sindh-Pakistan

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Mukesh Kumar Khatwani

Additional information is available at the end of the chapter

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## Abstract

This chapter summarises the part of findings of my doctoral studies at the University of Sussex, Brighton, UK. In this case study, there are elements of both qualitative and quantitative approaches; the former is the principal approach to this research while the latter works as complementary. Participants of the research were divided into two categories: academic and non-academic. Forty semi-structured interviews (20 from each category) and 100 survey questionnaire (50 from each category) were collected. This research argues that existing concepts of 'autonomy' and 'independence' may not be useful indices/indicators for measuring the social status or position of women in Sindhi society, due to variations in understanding or the meanings attributed to these concepts across the globe. Findings argue that these professional women perceived concepts of 'autonomy', 'independence' and 'individuality' categorically different than those of Westernised understandings. This research asserts that Sindhi society, similarly to that of Tamil society, emphasises social groups rather than individuals. Hence, 'collective identities' are the essence of Sindhi society; however, individuals find their autonomy, independence and individuality in the context of 'others', which means to be more responsible for group's interests.

**Keywords:** professional women, autonomy, independence, individualism, collectivism, patriarchy, economic capital, cultural capital, symbolic capital

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## 1. Introduction

The chapter is the part of my doctoral thesis 'Professional Women's Perceptions & Experiences of Respectability, Social Status, and Autonomy: a Case Study of Women Employed at the University of Sindh, Jamshoro, Sindh-Pakistan' submitted for the degree of Doctoral of Philosophy, School of Law, Politics and Sociology, University of Sussex, UK in April 2016.

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The thesis aimed at exploring the perceptions and experiences of professional women at the University of Sindh, Jamshoro-Pakistan (UoSJP), regarding their respectability and social status in the workplace and in the community. Additionally, the thesis elaborates on professional women's perceptions and experiences regarding their autonomy and independence, which they have supposedly achieved through their university education and gainful employment. The major contribution of the thesis is that it addresses the lack of feminist research on professional women in the context of the on-going debate over gender equality in Sindh, Pakistan, by using feminist standpoint theory and inter-sectionality as theoretical and analytical tools. The thesis claims that 'collectivity' is the social ethic or essence of Pakistani society, while 'individuality' has been socially and culturally dishonoured and/or disapproved. Therefore, these professional women, understanding and attributing meanings to these concepts in local context, observed their 'limited' or 'defined autonomy', which is influenced by many potential intersecting factors rather than their gender and/or patriarchy.

The discussion in this chapter significantly analyses the perceptions and experiences of women's autonomy, while considering the presumption that women's higher education and gainful employment raise the level of women's autonomy, independence and social status within the household, and in society in general. Thus, the chapter discusses the extent to which these professional women perceive themselves as being independent and autonomous within and outside of the household. Higher education and better employment of these women are used as exploratory variables, as higher education and employment have been studied as the key indicators for women's autonomy and status in gender studies, for example, Refs. [1–3]. Most studies on women's autonomy, empowerment and status in the context of South Asia are quantitative and have used interrelated items or indices to measure autonomy, for example, see Refs. [4–7]. In contrast to previous studies, this is a qualitative study, which does not focus on measuring autonomy, but captures professional women's perceptions and experiences of autonomy and independence, and the meaning they attach to these concepts from an ethnographic perspective.

## 2. Perception and Experience of Autonomy

Universally, there is not any agreed-upon standard for measuring women's autonomy as it is a multidimensional concept and perceived differently in various societies because of the variations in socio-political structure, socio-culture patterns, living standards, family patterns and economic well-being [8]. Most researchers have used similar or interrelated variables for measuring women's autonomy and empowerment, while ignoring the cultural specificity and the strong emotional and structural bonds between men and women [9]. Malhotra and Schuler report that most studies on gender development and women's empowerment or autonomy have used quantitative methodologies, and attention has been given to variables such as women's age, age differences between husband and wife, women's education and employment, and family patterns. Some studies, for example, Refs. [1, 10–12], consider women's empowerment as a multidimensional concept, and they study various dimensions such as women's role in decision making; women's physical mobility or social participation; women's access to and control over resources; and control over health and matters related to family

planning. Sridevi, studying the status of female postgraduate teachers in Chennai (India), identified five dimensions for measuring women's autonomy or empowerment, which are control over personal income; maintenance of family income; supporting the natal family; expenditure on education of children; and financial decisions about healthcare. Similarly, Jejeebhoy and Sathar, in their study on two neighbouring countries (India and Pakistan), used four dimensions to measure women's autonomy: economic decision-making ability; spatial mobility; freedom from threat; and control over economic resources.

The interview data reveal that the term 'autonomy' is a broad concept, which has been viewed differently amongst the research participants. The meaning these professional women attach to the concept of autonomy is categorically different from the one that originates from the West (particularly in the USA), which supports individualism. In the context of a collectivist society like Pakistan, where there is a central idea of the group's interest taking precedence over self-interest, these professional women value family interests over personal interests [13], and search for their autonomy, equality, independence and individuality within their groups (family and caste). In a South Asian context, the words *azad* ('free') or *mukhtiyar* ('independent') refer to having control or authority to act as a free agent, but when applied to women, their positive connotations change to negative ones, such as *besharm* ('immodest and shameless' [14]). In the South Asian context, *azadi* ('freedom') is negatively valued, being associated with 'loose women' rather than fulfilment [15]. These women used the word *zimmadar* ('responsible') to describe their being in a decision-making position. Thus, these professional women were reluctant to call themselves *azad* (free) or *mukhtiyar* (autonomous or independent); as Jeffery and Jeffery (p. 181) suggest, '...that which we may want to label 'autonomy' may not be valorised by women because it seems unattractive and frightening'.

Thus, the findings report that these professional women have autonomy, though of a type which is categorised as 'bounded autonomy' or 'limited autonomy'—such as access to financial resources. Because Sindhi society is collectivist, like other South Asian societies, and these professional women are aware of that, their personal interests are strongly vested in their families, and togetherness, interconnectedness or interdependency is viewed as a form of social insurance by these women [9]. For example, to some participants, having control over resources means that they are autonomous, even though they have limited freedom to physical mobility. On the other hand, others consider 'participation in decision-making processes' as their autonomy, though they may have little to control over economic resources. The variation in the perceptions of these professional women regarding their autonomy reveals the challenges faced when attempting to use the notion of women's autonomy to understand gendered structures and inequalities in the province of Sindh. There is variation in the conceptualisation of autonomy [7], and there is no universal notion of autonomy.

### 3. Decision-making Autonomy

Women's participation in decision making in general, and within the household in particular, is considered to be one of the potential indicators for measuring women's status, autonomy and empowerment in gender studies. Various research studies, for example, Refs. [6, 7], on wom-

en's autonomy in the context of Pakistan have employed participation in decision making as a major parameter to assess women's status and autonomy. Women's participation in decision-making processes—particularly in the household—has emerged as one of the key themes from the interview data. The interviews indicate that women's university education has woken them up to their rights, and they have asserted more involvement in household decision making.

This assertion is also supplemented by the survey data, which reveals that 86 and 80% of academic and non-academic respondents respectively are of the opinion that university education increases women's participation in household decision making. Seventy-six per cent and 80% of academic and non-academic respondents respectively thought that employment increases women's participation in household decisions. Interview participants shared that their higher education has brought about phenomenal changes in their lives by: enhancing their self-confidence, self-esteem and self-worth; raising up their efficacy; providing better career opportunities; allowing for better upbringing of their children; enhancing their mobility; and raising their status and autonomy in the family and in society [3]. Employment has provided them with better status, and an autonomous position within the household, by reducing their economic dependency.

Findings suggest that higher education strengthens a person's skills and capacity, which further increases the chances of better-skilled and socially acceptable employment opportunities for women. Employment is seen to have a crucial role in increasing women's participation in decision making within the household, and in the community in general. However, the level of women's decision making and acceptance of decisions made is heterogeneous. Further, the qualitative analysis suggests that women's participation in decision-making processes can be affected by intersecting social categories such as women's age, marital status, family structure, caste, social class, ethnicity and residence.

### **3.1. Women's marital status and participation in household decisions**

Past research in South Asia, for example, Refs. [16–18], particularly in the rural context of Pakistan [7], which found a woman's age had an influence on her autonomy; however, this study suggests the influence of women's marital status on their autonomy, particularly in household decision making. Results of the in-depth interviews have also found a variation in the perception of interviewees regarding their decision-making autonomy. Married women have greater decision-making autonomy in the household than unmarried women from the same social class or background. They experienced practices of mutual decision making within their households.

However, unmarried interviewees' experiences of participation in decision making within the family were different from those of married interviewees of the same social class background. They experienced less participation in household decision making than married women living either in joint or nuclear/semi-nuclear families. One reason for their lesser say or involvement in household decision making is the cultural notion that a woman's real home is her husband's home while she is a 'guest' in her parental family [19]. This type of cultural notion and women's socialisation may have influenced the personality of professional

women, and they prefer to keep themselves outside of parental family matters and decisions. Secondly, cultural preference of the son as the inheritor and the head of the family is the major reason behind daughters' lesser participation in parental family decisions. Culturally, the participation of women particularly—participation of daughters in family matters—is considered as going against the honour of the family—specifically, in rural areas. One of the unmarried non-academic interviewees shares:

It is true that I am not consulted in household decisions and I have no say in household decisions, because in our rural-based Sindhi family daughters are not involved in family matters; culturally, it is considered against the honour of the family. However, I am independent in my own decisions, as I am not married while my younger, uneducated sister got married as arranged by our parents. (Adele, 40, Coordinator)

The positive influence of Adele's cultural capital (higher educational qualifications and training) and economic capital (employment) on her decision-making abilities is witnessed in her above statement. She considers herself independent in her own decisions—for example, selection of life partner, choice of occupation and career development—but she complains that she is not consulted in her parental family decisions. However, the positive influence of women's cultural and economic capital on their participation in decision making depends upon other intersecting social factors—for example, women's marital status, parental family patterns, caste or *biradari* and rural background.

In contrast to married and unmarried participants, widows or separated women (either living with their parents or in separate houses) perceived themselves to be more autonomous in decision making. They are the sole decision makers in their respective families. A widow and mother of three, living with her parents, shares her experience:

I live with my elderly parents, and they are economically dependent on me. I am independent, and in fact, I am the head of my [parental] family. My elderly father (uneducated) always asks my mom to seek my opinion, as he thinks I [being university educated and working in the university] know things the better way. (Agnes, 35, Librarian Assistant)

The above quote reveals that a woman's cultural and economic capitals are stronger predictors of her autonomy and empowerment when she is largely responsible for the family's economic provisions. In such circumstances, gendered relations, culture, caste and social background have a lesser influence over her life, as Agnes considers herself not only independent but also head of the family. Poor women's caste (either higher or lower), converging with their poverty, forced them to work outside the home and enhanced their greater participation in decision making and mobility [9].

### **3.2. Women's family patterns and participation in household decisions**

The impact of family structure (joint/extended, nuclear or semi-nuclear) on women's decision-making autonomy has been noticed in this study, similar to in the previous study [7] conducted in the rural context of Pakistan. The province of Sindh has witnessed a process of rapid industrialisation and urbanisation, and substantial changes in economic and social development. As the studies have suggested, these substantial changes may have an important

impact on the family structure, gender relations within the household [20] and women's position in family income [21]. Similarly, impacts of the substantial changes brought about by economic and social development have been observed in the province of Sindh, where the nuclear and semi-nuclear family structure is emerging, and women's higher education and employment is being socially accepted and welcomed, though not on a wider scale [22].

Participants belonging to nuclear or semi-nuclear families are more likely to have higher levels of decision-making autonomy than those living in a joint family. Interview data seem to support the argument [22] that family patterns in urban Sindh have gone through a significant change, and women are participating in household decision making. On the other hand, it has been observed that these professional women accept that the final decision-making authority is the man. This type of acceptance reveals that these professional women have also internalised cultural and religious norms, which support man's being 'head of the family'. Sindhi society is predominantly male-dominated; hence, the notion of 'man as final authority' also exists in urban-based nuclear families, but in urban-based Sindhi middle-class families, decisions are made mutually, as one of the academic interviewees reflects:

As we are [an] urban-based family, and I think most decisions are [made] mutually in the urban based-educated family, my husband and I share everything—including family or our career—and then decide. Thus, our decisions are collective, and based on consultation, but man is the final authority in our society. (Christina, 45, Assistant Professor)

On the other hand, participants living in nuclear or semi-nuclear families, but with a legacy of a rural-patriarchal background based on extended kinship, caste and tribal settings, also have a say within their immediate families. However, they have no participation in major decisions-making and still have lesser recognition and acceptance in family decision making compared to their counterparts who belong to urban-based nuclear families. Further, the ability of women to take part in decision-making processes is dependent on the type of decision that is being made.

You know our [Sindhi] family structure is very complicated and extended. My husband is already married and she [his first wife] lives in his village with his parents' family, while I live here in Hyderabad. In our immediate family, we make all decisions with mutual consultation and understanding, and mostly I make decisions and he agrees. However, I am not hesitant to say that he is from a rural area and being the elder, he is the head of his parental joint family. So being the head, he does not share his parental family matters with me. (Kate, 55, Professor)

It is argued that Islam does not favour polygamy, and did not introduce the practice of polygamy [23]. Pakistan, being an Islamic country religiously and legally,<sup>1</sup> allows polygamy, and it has a cultural acceptance amongst Muslims. In spite of that, polygamy is not a common

<sup>1</sup>Muslim Family Law Ordinance 1961 (MFLO), which regulates family matters, i.e. registration of marriage, divorce and polygamy, legally permits a Muslim man to keep more than one wife at a time. According to the MFLO, every marriage shall be registered, and husband must seek permission from his wife or wives before a second marriage, by giving application to the Chairman of Union Council. Upon receipt of the application, the Chairman shall ask the applicant and his wife or wives to each nominate a representative to establish the Arbitration Council. The Arbitration Council, if satisfied that the proposed marriage is necessary, grants the permission applied for marriage.

practice in the province of Sindh; however, it is seen that landlords, *Pirs*<sup>2</sup> [43] and politicians have more than one wife. A tendency to marry an educated professional woman as 'second wife' was also noticed in the Sindh middle class, whereby educated men—who were married to their illiterate cousin or close blood relative at a young age—prefer to marry an educated professional woman.

Kate's husband, belonging to Upper Sindh (Khairpur), also had a first marriage to his illiterate cousin, while his second marriage was to Kate, a woman who belongs to an educated family from Lower Sindh (Hyderabad). Hence, the couple has different familial, educational and regional backgrounds. Kate's experience of autonomy and status is complex. On the one hand, she exercises all powers within her immediate family,<sup>3</sup> and outside as well, in addition to which, she owns a house and a car. On the other hand, she does not have any kind of participation in decision making with her in-laws. Such a wide level of difference in women's status is seen in those families whose first generation of men have obtained white-collar employment, and whose women have still not achieved entry into higher education and employment. Kate's experience reflects the influence of region and family patterns over women's status and autonomy [6].

Similarly, one of the academic participants, living in a nuclear family (but whose husband has a joint family back in the village), has perceived greater decision-making autonomy in her immediate family, but not equal to that of her husband. As she expresses:

I have an equal say in decision-making in my immediate family. We make all decisions mutually. I am consulted in family matters, I can suggest but I cannot decide. My husband asks me for the suggestion, sometimes he appreciates my suggestion and sometimes does not, but finally he makes all decisions. (Caroline, 42, Assistant Professor)

Caroline's perception of her equal say in household decision making suggests that her understanding of the concept 'equality' is that of 'limited-equality' or 'limited autonomy' [7]. She understood and attached meaning to the concept of equality in the context of her local culture, which stresses collectivity and togetherness, rather than in the Western sense of equality, in which the individual is judged against the notion of an independent, self-contained agent and valued equally in law, and in a dominant ethos that supports individualism [13]. Having consultation in family matters, to her, means 'equality' and equal say; however, she acknowledges that the final authority is her husband.<sup>4</sup> The ultimate authority of man is a salient feature of traditional or patriarchal society, which defines women's role primarily within the arena of home as mothers and wives, and defines men as the breadwinners [24].

Kate's and Caroline's experiences of their decision-making autonomy reflect the influence of family structure and the legacy of a rural background, which is male-dominated, on these professional women's lives. However, a positive change has been seen in the family patterns

<sup>2</sup>In Pakistan, the term *Pir* is used for 'spiritual guide, Holy man and wielder of spiritual power and blessing' (Hassan and Kamal 2010), while its real meaning in Persian is 'old man' or 'respected elder'.

<sup>3</sup>She lives with her two unmarried children in the second largest city in the province of Sindh, while her husband has already a first wife who lives in village. Therefore, 'immediate family' refers to her and her two unmarried children.

<sup>4</sup>Caroline's parents were from Upper Sindh (Shikarpur) and migrated to Hyderabad, thus she was brought up in Hyderabad, the second largest city of Sindh, while her husband's family still lives in Shikarpur, Upper Sindh. Thus, the family patterns and norms of the couple's parental families are different, and have effects on their socialisation.

of Sindhi society, and women have involvement in household decisions and economic activities, though not to the same degree as their counterparts belonging to nuclear families, based in urban areas [22]. Thus, Kate's and Caroline's cultural and economic capitals have a significant impact on their decision-making abilities. They both—through living in harmony with others (the husband and his family), and accepting the man as the ultimate authority in the family—have strategically used their cultural and economic capitals for their maximum social security and mutuality in family decision making.

### 3.3. Women's ethnicity and participation in household decisions

It is also observed that ethnicity has a significant influence on women's participation in household decisions. *Muhajir* participants' perceptions of their participation in household decisions are very positive compared to either urban-based or rural-based Sindhi professional women. *Muhajir* participants' parents are educated and settled in urban areas; hence, they are encouraged to allow an education, as well as paid work, for their daughters. Second, *Muhajir* participants have no connection to feudal or tribal settings, as Sindhi participants have. Therefore, the family patterns and socio-cultural values of Urdu-speaking families are categorically different from Sindhi patterns and values in general, and from rural Sindhi areas in particular. An Urdu-speaking Assistant Professor, whose mother was a graduate but a housewife, expressed her role in family decisions/matters as follows:

I am consulted in all matters equally, we make all decisions with mutual consultation and understanding, and I do share my family planning matters with him [husband]. We are Muslims, and God has made man the head of household, so his decisions should be obeyed. To me, a woman should obey her husband, but it does not mean she becomes his slave or servant. (Isabella, 43, Assistant Professor)

The majority of the Urdu-speaking population is practicing Muslims, though supportive of women's education and employment. Isabella had a religious education,<sup>5</sup> and religion has a significant influence on her life. Thus, through religious education, she has internalised religious norms such as 'man as head of the family', and women's modesty. Therefore, being moderate Muslims and professional women, they support the superior role of man as the head of the family and expect him to play the role of guardian and protector. The ideal behind complying with the decisions of elders and superiors is to achieve meaningful control over one's own life while living in harmony with family and others (caste) [13]. However, obeying the husband does not mean she should have a secondary position in the family but should be an equal partner or member of the family.

Thus, the middle-class based in urban areas supports women's education and employment; however, they have developed their own class norms, which determine women's boundaries. Thus, it has been observed that middle-class women internalise and manifest a male dominance ideology—status consciousness—though that differs from rural-based patriarchy, to a greater degree than for lower-class (working class) women for several reasons. One reason might be that elite and upper-middle-class men are able to meet the major economic needs of

<sup>5</sup>There is an increasing trend of religious education in the rich and middle classes. They do not send their children to Madrasahs but arrange private home-based tuition of religious education for their children.



their families. Second, in the perceptions of the elite and middle classes, higher education is valued for status achievement and improved matrimonial prospects, rather than for employment and the economic independence of women. Therefore, elite and upper-middle-class women engage themselves in only white-collar jobs as they are conditioned to be role models, and further, they transmit this ideology to the next generation. Upper-class women's engagement in high-ranking positions or decent occupations increases theirs, as well as the families', symbolic capital (status, prestige and power).

### 3.4. Modernity and mutual household decision making

In the urban areas of Pakistan, the joint family structure has begun to dissolve in recent years, and women's entry into higher-education and employment has increased. Further, the spread of modern technology, mass awareness, political and social movements for equal rights have played a significant role in creating egalitarian norms in the upper and middle classes. Besides, higher education and the employment of middle and upper-class women, who work for the sake of a career and for self-fulfilment [25], have created a sense of 'self' and independence amongst these women. These women, who are encouraged by their families in higher education and career development, and who are subject to fewer traditional restrictions, enjoy mutuality and equality in spousal communication, and most family decisions are made mutually; hence, they compete with men and exist with men. Women from such social class backgrounds have developed a sense of mutuality and equality in terms of gender relations within and outside of the home. One academic interviewee expresses her feelings about her participation in decision making:

We [spouses] both are faculty members in the same department. Neither he nor I [make] decisions individually; we do consult each other, hence, our decisions are mutual. (Barbara, 52, Associate Professor)

The above quote highlights the prevailing patterns of modernity, mutuality, equality and liberty in gendered relations among the highly educated and professional social classes. Mutual respect, reciprocal social relations and interdependency—particularly between spouses—are seen as the centrality of that social class. Further analysis of interviews suggests that younger men and women from higher social classes are the key force behind this ideational change, in which women are treated as 'partners', rather than as 'dependent entities' as they are in patriarchal structures [25].

Similarly, non-academic interviewees from such higher social class backgrounds have also observed mutuality in the decision-making practices in their families. Families with such higher social backgrounds also support their daughter-in-law in higher education and decent employment. Lisa, who has an urban background, married at a young age soon after completion of her Intermediate qualifications ('A Levels' in the UK), later graduated from university with the encouragement and support of her husband. Talking about her role in family decisions, she says:

After two years of marriage, my husband encouraged and supported me in having a university education, and I graduated in Sociology. I think higher-education gives confidence and enables a person to live a better life, but as far as decision-making is concerned, it depends

upon the background of the family and [the] socialisation of persons. I am consulted in family decisions and he [husband] mostly asks me for suggestion[s], so our decisions are mutual. (Lisa, 36, Computer Operator)

Lisa's story also reveals a greater change or a shift in the patterns and norms of educated urban-based Sindhi families, where newly married women are encouraged to go into higher education and employment, instead of being restricted to household chores/responsibilities [22, 25]. As both Lisa's parental family and in-laws are educated and settled in the second largest city of Sindh, she was encouraged to go through university education even after her marriage. She feels confident and more independent because of her university education and employment. She acknowledges that participation in family decision making depends on a person's socialisation and family background. This indicates that education and economic well-being enable and empower people, but factors like the background of one's family, and one's locality have a greater positive or negative impact on an individual's autonomy.

#### 4. Economic Autonomy

Access to and control over resources is one of the most frequently used indicators (economic dimension) to measure women's autonomy, empowerment and status [26, 27]. Without a doubt, these professional women are in better employment and have considerable earnings; however, the question is whether they see themselves as having access to and control over financial resources, and the meanings they attach to this access and control.

The survey data reveal that 86% of academic and 90% of non-academic respondents have had access to and control over their own income and financial resources. Similarly, the majority of academic and non-academic interviewees experienced access to and control over their income and financial resources. However, only two of the married academic interviewees, who belonged to the middle class, have no control over their financial resources. As discussed above, family structure has a potential influence on women's autonomy and social status within and outside of the family. This study finds that family structure and class systems congruously affect women's perceptions of their autonomy. It is seen that women who belong to middle-class urban families, but are married to persons with a rural-based joint family background, have relatively lesser control over their income and resources. Caroline belongs to an urban-based, well-educated, middle-class family, but married a man from a village of Upper Sindh for love. She illustrates the aforementioned point:

I have a good job, handsome income, freedom of expression and participation in decisions and most of our decisions are mutual. However, I will say the final authority is he [husband] and I am dependent on him. Honestly speaking, I am more Eastern family-oriented and religious-minded, so I believe as well I want to see him as the head of [the] family. I fully support him, and he makes all family decisions. (Caroline, 42, Assistant Professor)

Caroline, belonging to an urban-based middle class, has internalised norms like women as 'role model' (bringing respect to the family) and 'man being head of the family', while her husband's roots in a rural, traditional family expect a woman to be a 'good woman/mother' (i.e. obedient and submissive to her husband). Thus, the convergence of middle class and

rural family structures might have influenced her self-confidence and self-esteem, which would ostensibly be raised by her higher education.

In the above quote, the emphasis placed on '*being Eastern family-oriented and religious-minded*' reflects the socialisation of girls in middle-class families. They are brought up in such a way that they pursue higher education and career development, but simultaneously they portray themselves as being submissive to male members of the family. They might have been taught in their families that to be 'Western and non-religious' is pejorative and brings dishonour to a woman and her family. Therefore, middle-class women have emphasised phrases such as '*family-oriented*', '*Eastern woman*' and '*religious-oriented*' when sharing their perceptions of their social status and autonomy. Middle-class women's internalisation of these phrases manifests the prevalence of 'bargaining patriarchal' norms [28], wherein professional women (willingly or unwillingly) accept norms instead of challenging them, because there is a benefit to them later when they become senior 'mother-in-law'. Similarly, Christina, belonging to a middle-class family, shares:

I have control over my own income and property, but I am very much [a] 'family-oriented' person, so I do share all with my husband and also seek his suggestion in all family and career matters...I have my own car and house. (Christina, 45, Assistant Professor)

Interestingly, those who belonged to urban-based nuclear families but had a legacy of a rural, traditional family, and perceived comparatively lesser participation in family decisions, actually had greater economic autonomy. Kate, being the second wife and living separately from her husband's first wife and parental family, experienced greater decision-making autonomy in her immediate family, but no participation in decision making in her husband's parental family back in the village. By contrast, regarding her household decision-making autonomy, she experiences a greater economic autonomy, as she illustrates:

I have control over my income and property. I have my own house and a car... when I bought [the] car he [her husband] did not know it. I went with my brother-in-law and bought a car [...] then I bought a plot of land and constructed a house as I wished to. Simply, I said I have my own money, so it is up to me to decide the map of house [...] and of course his reply was YES. (Kate, 55, Professor)

Kate's quote reflects the changing of family patterns and overall social structure of Sindhi society, which is known as a male-dominated society [22]. This change has given social space and acceptance to a shift in women's defined roles within and outside of the family, such as allowing them access to education, work and economic independence. On the other hand, due to the strongest traditional legacy, which supports man's authoritative position in and outside of the family, men are reluctant to accept women's role from a broader socio-cultural perspective. This also manifests itself in that professional women have access to many financial advantages and physical mobility, but still have lesser individual recognition in the society, socially and culturally, because of socio-cultural factors such as patriarchy, the elite or upper-middle classes (symbolic capital: power, prestige) and caste norms [9]. As Hussain finds, even if a woman is highly educated and at a higher-ranking position, her primary duty is to be a good housewife and a good mother; if she fails to obtain a good reputation for being a good wife or mother, then she is considered a failure.

The majority of non-academic participants (most of who were from lower classes, except for a few working as computer programmers) have greater economic autonomy than the academic participants. None of the non-academic participants experienced having no control over her income and financial resources. Lower-class women (working in lower-ranking positions/labour work) have entered into employment because of their family's economic needs; hence, their economic contribution is recognised and appreciated within the family. The reason behind their having a greater economic autonomy than academic participants (rich or middle class) might be their contribution to the family's income. The interview findings also reveal that the majority of non-academic participants' families are living in rented housing. Hence, they prefer to save their income for buying their own house, as Lucy illustrates below:

I have control over my own income and financial resource[s]. However, I will say that my and his [husband] income is our combined income. We are living in a rented house, and we cannot afford to have own house. Therefore, we mutually have decided to save [the] maximum of my monthly salary for this purpose. (Lucy, 30, Librarian Assistant)

Unmarried non-academic participants experienced higher economic autonomy, and they contribute somehow to their parental families. Most of the parents of unmarried participants expect their daughters to save their income for a 'dowry' when they get married. 'Dowry' means the property given to the bride during the marriage rituals by her parents, or the property expected or even demanded by the husband and his family from the bride's family. It is argued that a high dowry amount enhances women's decision-making power, and decreases the likelihood of women's exposure to fatal domestic violence in the marital household [29]. Dowry practices—a common custom observed in South Asian countries, including Pakistan—have been extended, and the amount for a dowry seems to be increasing, particularly in the middle and emerging-middle classes of Pakistan [30]. Dowry is a custom of the upper-caste (Brahmins); therefore, the adaptation of upper-caste (rich and middle class in Pakistan) patterns of behaviour by lower castes (lower class) is employed as a means of acquiring higher social status in society, as reflected below:

I have control over my own income and resources. I want to contribute to [the] family but my father refuses, and says whatever you earn is only yours. My mother pushes me to save money for [a] dowry. I, being an elder sibling, support my younger sister and brother, who are students. (Pamela, 35, Computer Programmer)

Thus, it is concluded from the above discussion that the perceptions of academic participants about their economic autonomy are heterogeneous, though they experience greater economic autonomy compared to their autonomy in decision making. The influence of class has been witnessed in the perceptions of academic participants regarding their economic autonomy. On the one hand, middle-class women perceived themselves as being economically autonomous and having control over their income and financial resources. On the other hand, they consider themselves '*family-oriented*', '*Eastern woman*' and '*religious-oriented*', and so share and consult with their elder male family members [father/husband] and seek his advice. This might indicate that middle-class women have more monetary advantages, but comparatively lesser economic autonomy. It has been noted that the combination of rural family and middle class (i.e. husband from a rural family, and wife from urban-based middle class) has negatively

affected the economic autonomy of women. Non-academic women exercised comparatively more economic autonomy than the academic participants. Unmarried women are more economically independent and have control over their financial resources; however, their parents expect and ask them to save money for their dowry for the time of their marriage.

## 5. Autonomy of Physical Mobility

Various studies suggest the positive impact of a woman's education and employment on her social status and autonomy. Women's education is the measure most widely used for their relative status and autonomy [15]. Similarly, studies from Pakistan suggest that women's education is strongly associated with women's status and access to resources but is very weakly associated with their freedom of mobility [7]. The underlying assumption is that when women are unable to leave their homes, their sphere of activity is restricted to the home. However, the case of women in paid work—particularly in the higher-education sector, which is considered respectable and the most suitable for women [22, 31] in traditional societies like Pakistan—differs from this assumption, as these women do leave their homes for paid work, and contribute to the family's income. Moreover, women's education allows them to develop interpersonal skills and enhanced self-confidence and self-worth, which may lead towards better employment, greater control over financial resources and personal autonomy.

Many studies, for example, [11, 32], have used indices that were phrased in terms of whether women are permitted to go to or need permission to go to a set of place. Past studies—mostly quantitative—on women's autonomy in the rural context of Pakistan [6, 7] have also used similar indices to measure women's mobility. In this research, I also administered a survey questionnaire to collect responses from the research participants about their physical mobility. The survey data reveal that the majority of the respondents do not travel alone. Less than half of the participants—42% academic, and 44% non-academic—can travel alone within the city. Note that 44% of academic and 24% of non-academic participants can travel alone to another city, while 40% academic and 10% non-academic agreed that they could go abroad alone if they want. However, this study focuses on the subjective experiences of women; hence, by employing a qualitative approach, I have collected and interpreted the perceptions and experiences of professional women to understand the complexity and influence of intersectional social categories on women's freedom to physical mobility.

Interview findings reveal that academic and non-academic interviewees have greater freedom of physical mobility between cities, and in the city. Observations on the influence of marital status, family background and social class on women's freedom of mobility showed that they are free and do not seek permission; however, almost all interviewees inform elder members of the family—mostly husband or father—about their outside activities. In other words, it can be a strategy for women to keep their family members informed.

A few of the interviewees, belonging to rural families, and the rich/middle classes, shared that 'informing one's husband or father' is an indirect strategy to seek permission; however, none of them experienced refusal or denial. This strategy of 'informing' used by these professional

women reflects Kandiyoti's concept of patriarchal bargains (strategies to accommodate and negotiate positions and roles). According to Kandiyoti, '...often, through choices of their own, they are working outside their homes and are thus "exposed"; they must now use every symbolic means at their disposal to signify that they continue to be worthy of protection' [28].

Elite and upper-middle class married women perceive themselves autonomous in their physical mobility; they are not forbidden to travel alone nor do they need to ask permission for travelling alone; however, they prefer to go with family members or with servants to show they are 'worthy of protection' using 'symbolic means' [28]. Academic women belong to the elite and the upper-middle classes, and in those classes, there is a culture of having servants (such as drivers, guards, cooks and house cleaners) and having such personnel becomes an identifying factor of the rich and middle classes in the province of Sindh. It is also observed that the majority of married academic interviewees have personal cars and have hired drivers for 'pick and drop' services. Reasons behind the hiring of a driver could include this being viewed as a symbol of 'social status' and established gender-related norms of the middle classes, which expect women to be a 'role model'. As Kandiyoti (p. 285) finds, 'patriarchal bargains do not merely inform women's rational choices, but also shape the more unconscious aspects of their gendered subjectivity.' One of the academic interviewees belonging to a rich class shares:

I can travel alone; there is no restriction from my husband and in-laws. I have visited many countries; even I lived about a year in America [USA]. Therefore, my husband has no objection regarding my physical mobility. Often, I come to the university with my husband, as he is also a professor there in the same department. However, in the case of his absence I take my driver with me; usually, I do not travel alone. (Charlotte, 45, Assistant Professor)

Most responses from married academic interviewees, belonging to the rich and the middle classes, were along the lines of 'yes, I can travel alone but I prefer to do so with family members or friends' or 'I don't need permission, but I do inform'. These phrases reflect the symbolic capital (power and prestige) and social status of the middle classes, and these women travelling alone may incur a loss of social prestige in the community and society, though their physical movement is more legitimate. Therefore, they prefer to travel with family, servants or friends within the city.

Interestingly, these women have significant physical mobility in being able to go abroad (knowledge autonomy: exposure to career development within and outside of the country), though they have lesser intra-city and inter-city physical mobility. Women's higher education, as cultural capital of the middle and rich classes, increases symbolic capital (power and prestige); hence, women are encouraged towards advanced education and career development training abroad, as reflected in the statement below:

Yes, I have complete freedom of physical or social movement. Currently, I am doing my PhD in the United Kingdom, and living there alone thousands [of] miles away from my family. My family has no objection. (Christina, 45, Assistant Professor)

By contrast, the majority of non-academics (belonging to lower and working classes) had a greater freedom of physical mobility, particularly within a city. However, they experienced

a limited or restricted physical mobility between cities. The reason for this could be a lack of financial resources, as well as the gendered norms of their families. Unlike married academic interviewees, married non-academic interviewees mostly go to the market with their female friends, and they inform their families, as reflected below:

I can travel and visit my family and friends alone, but for all that, I have to inform my husband; no need to get permission. I think keeping him informed is very important for smooth marital life, and same he does too [sic]. (Lisa, 36, Computer Operator)

Lisa, as well as her husband, informs each other about their outdoor activities, which shows the impact of modernisation on urban-based middle and working class families. As a result of modernisation, family patterns have begun to change, and they value egalitarian practices such as mutuality, togetherness and interdependence in spousal social relations. Both husband and wife are aware of the importance of harmonious marital relations.

It is seen that unmarried academic interviewees are likely to be more independent in terms of their physical mobility. There were four unmarried academic interviewees, out of 20. Interestingly, all of them had PhDs (two local and two foreign) and personal cars, but unlike married academic women, they drive the car themselves. One unmarried academic participant perceived her freedom of physical mobility thus:

I am an independent woman; I do not need to seek for any kind of permission, though I do keep my parents informed. I have my personal car, and I myself drive it instead of hiring a driver. I think it is all because of my parents: they have given me confidence, and it depends upon socialisation. Otherwise, I have seen many of my colleagues who are hesitant to travel alone. (Jennifer, 40, Associate Professor)

Similarly, unmarried non-academic interviewees perceived more autonomy in terms of freedom of physical mobility within their city, and between cities.

I can visit my relatives and friends. I can travel within [the] city, and inter-cities. Many times, I travelled to Islamabad, Lahore and Karachi for education and training purpose. I do inform my father, and that is like a strategy to get permission. He never ever refused me; you can say that is not 'seeking permission', but just to inform him. (Adele, 40, Coordinator)

Besides factors relating to gender, other factors that negatively affected women's freedom of physical mobility which emerged from analysis of the interviews are participants' personal fears, inter-caste conflicts, ethnic conflicts, bad governance and poor inter-city transportation, as illustrated below:

I travel alone within the city, but I do not travel alone from one city to another. I do inform my family; it is not like seeking for permission but yes, keeping family informed...we might call it a 'first consent'. Reasons behind not traveling alone are poor governance, poor transportation, lawlessness and inter-caste conflicts. (Grace, 45, Assistant Professor)

Thus, it is concluded from the above analysis that both academic and non-academic women perceive themselves as being autonomous in terms of physical mobility; however, their marital status and economic class have influenced their physical mobility. Middle-class married women have comparatively less physical mobility than unmarried academic and

non-academic participants. It seems that they have limited autonomy, and for them, 'autonomy' might include access to fewer financial resources and the amelioration of living standards. Married women from the rich and middle classes do not travel alone within the city, and they mostly travel with family members or servant/drivers, while the unmarried women travelled alone or with their friends. On the contrary, non-academic women travel alone or with their friends within the city, and between cities. It is witnessed that higher education and employment have provided these women with physical autonomy; however, demographic factors and gender norms have influenced women's physical autonomy. In the next section, I shall discuss women's autonomy over their health.

## 6. Autonomy over Health

Most of the available literature in gender studies suggests that women's access to health and family planning/contraception is one of the important indicators when measuring women's status, and autonomy—particularly in the South Asian region, which is known as 'belt of patriarchy' [18, 28]. Many researchers have measured the mother's capacity to decide about their children's affairs, while considering the relations between infants and children [33]. Various indices have been used to measure women's autonomy, access to health care is one index used in the South Asian context. Studies suggest a correlation between women's autonomy and maternal health care utilisation [34, 35], whereby women's increased autonomy improves maternal health service utilisation in developing countries [36]. Jeffery and Jeffery's findings in the context of rural North India suggested educated girls had more influence over their own marriages; however, caste and family patterns had an influence on fertility trends.

Considering 'women's access to health and family planning methods' as one of the most important indices in measuring female's autonomy, I attempted to seek out the perceptions of women about their 'health autonomy' by exploring their access to health, intra-spousal communication regarding the use of family planning methods, number of children (if any) and women's maternal health.

The quantitative findings reveal that 62% of academic and 40% of non-academic participants consult their husbands about family planning matters. However, the qualitative findings suggest a positive association between women's higher education and better maternal health, and women's higher education increases the utilisation of maternal health services and decreases the birth rate. The majority of interviewees exercised health autonomy, and they preferred to visit the doctor alone, or with female family members, rather than with their husbands. It is noticeable here that academic women, as they are economically sound, visit private female doctors for their medical (reproductive) checkups rather than public hospitals.<sup>6</sup> The trend of visiting private clinics reveals the level of awareness amongst academic participants about their health issues—particularly reproductive health issues—and privileged access to health

<sup>6</sup>Since in Pakistan in general, and the province of Sindh in particular, public health services are not satisfactory, there is an emerging trend of private clinics in cities. Many private medical centers and laboratories can be found in cities. Second, due to corruption and poor governance, public health services have lost their credibility, even with the masses. Therefore, people in general (and rich/middle class in particular) prefer to private medical checkups.



facilities. Married women prefer to visit private female doctors alone; however, they are comfortable sharing all reproductive health issues with their husbands.

I am an independent woman. I myself visit my private female doctors; however, I am not hesitant to share reproductive health issues with my husband. (Charlotte, 45, Assistant Professor)

The majority of married women in the sample have two children; this indicates the level of awareness about their health, and the acceptance of contraception amongst urban-based professional women. Findings show that these women feel comfortable consulting and discussing with their partners the number of children they would like, methods of family planning and other reproductive health issues; as a mother of two children shares:

I feel comfortable sharing my [reproductive] health issues and family planning matters with my husband. However, my sister is a medical doctor, so I share and seek her advice. We have two boys and we wish to have a daughter—but after completion of my PhD, as I have been awarded a scholarship, and he has a PhD from the United Kingdom. (Caroline, 42, Assistant Professor)

The above quote indicates the wide acceptance of contraceptive practices in the middle classes, where career is given importance alongside women's health. Caroline and her husband's mutual decision to have one more child (hoping for a daughter) shows that she places value on communication between spouses, and having an intimate marital relationship. Such practices of mutual decision making about having children, and having intimate marital relationships in educated Sindhi families, indicate a positive shift from traditional family patterns to more egalitarian family patterns in educated Sindhi families based in urban areas. Most significantly, it was observed that women's household decision-making autonomy and economic autonomy were affected by the combination of class (her affiliation with middle class) and family structure (husband's joint family based in a village). Caroline, aside from these two types of autonomy (decision making and economic), has a greater health autonomy and intimate communication with her partner.

## 7. Perception of Independent Life

There is a culture of collectivism in the South Asian societies, and individual liberty has been discouraged. As most South Asian countries—including Pakistan—are basically patriarchal, the custom of collectivism has been regulated, reinforced and transmitted to the next generation through the system of kinship and extended family. As Pakistan falls into a 'patriarchal belt', and is a predominantly rural society (about 67%) based on kinship, extended family and caste, the concept of 'independence or liberty' is altogether distinctive that of from the West, and requires understanding in the local cultural milieu. Furthermore, in Pakistani society, women's modesty is linked with the family's honour. Specifically, amongst families with higher SES, a 'role model or good woman' is characterised as being unselfish, calm, tolerant, empathetic; able to organise, compromise, coordinate and maintain hospitality within the house [37]. Such characterisation of women has negatively influenced a woman's

independent life, choices and decisions. Thus, the family's honour, along with other cultural barriers, halts a person in general—and women in particular—being able to make individual choices. Women's choices and decisions are questioned in light of how they may affect or jeopardise her 'family honour' [38].

According to the perceptions and experiences of these professional women, 'independence/liberty' or 'independent life' is restricted, because the family is more important than a person's independence, or independent life, in a local context. When there is a comparison between the 'personal/social independence' of men and women in the broader socio-cultural perspectives, 'women's independent life' is defined in a local cultural context, and it is related to Islam and Muslim societies. To them, the Western concept of 'individual liberty' is considered 'delinquent behaviour' in the Pakistani context. Being Muslims, they have different identity and values, as illustrated below:

We are part of a family. We have no individual liberty or independence like people have in the Western societies. Our religion and cultural norms are altogether different from the West [And] We, being Muslims, have to follow them... we cannot go against our religious norms and traditions. Islam has set the boundaries for both sexes, and each [has] to remain in [their] fixed domain. (Cathy, 47, Associate Professor)

Interviewees shared that, being Eastern Muslim women, they are part of a family, and 'individuality' has no social acceptance and recognition in the society. It has been noticed that the family has a potential negative impact on 'personal autonomy or independence'; particularly on women's independence or independent life. As discussed above, the majority of academic and non-academic interviewees experienced autonomy in terms of household decision making, mobility, access to and control over financial resources and use of contraception; thus, they perceive themselves as 'independent'. However, perceiving themselves as independent, but simultaneously being part of Muslim families, they are responsible for following established religious and family norms or values which negate individuality. Thus, they acknowledge that there is no 'personal autonomy' like in the West; however, it is collective, and women's independence is relatively less than that of man in our society. Pakistan scores very low on the individualism score [24], and thus, being a collectivist society, emphasises togetherness and interconnectedness [9]. Therefore, in such a cultural context, these women define their meaning of personal autonomy, individuality and liberty within the framework of collectivism.

These women perceive that women's independence or independent life is based on her economic and household decision-making autonomy, and they perceive themselves as 'independent' as they have reached higher education and are doing paid work outside of the home without any restrictions from the family. Analysis of the interviews suggested that those who are economically independent perceived themselves to be more independent compared to those having lesser economic autonomy, as illustrated below:

Economic independence gives her confidence, while [the] family expects her economic role in the family's economic well-being. I have my own income, so I feel myself independent, whatever I want I can buy, and can travel as well. I am not dependent on someone. (Christina, 45, Assistant Professor)

Similarly, non-academic interviewees perceived themselves as 'independent' (as defined above in the local context). They also share that economic independence means one's not being dependent on the family or others, as illustrated below:

My university education has enhanced my self-confidence, and my employment has made me independent; thus, I am living my independent life. This sense of independence gives courage and raises your voice. It is very true when a person contributes to his/her family, then they [family] do listen to him/her more than a person who is economically dependent on family. (Agnes, 35, Librarian Assistant)

Thus, it is concluded that the concept of 'independent life' or 'individual independence or liberty' is variable, and should be studied and understood within local socio-cultural and socio-religious parameters. Being Muslim women and belonging to the middle classes, research participants perceive the concept of individuality or individual liberty seen in the Western society as a delinquent behaviour, and against the teachings of Islam and local cultural norms. They perceived themselves 'independent' in terms of economic stability, decision making, career development and physical mobility; however, they emphasise that in the context of Pakistani/Sindhi society there is no concept of 'individuality' or 'personal independence'. Therefore, individuals—specifically women's—choices and decisions are centralised in the core of the family. Before making any personal choice or decisions, the individual's family honour and dignity are kept in mind.

## 8. Conclusion

From the findings of the chapter, it can be argued that the concepts of 'autonomy' and 'independence' may not be useful indices for measuring or assessing the social position or status of women in society, because these concepts are perceived and understood differently across the globe, and different meanings are attributed to them within groups of the same culture. The findings suggest that the notions of autonomy and independence are socially constructed, and the meanings attached to them are deeply rooted in cultural specificity; hence, cultural specificity should be taken into consideration in order to understand women's autonomy and independence. As Jeffery and Jeffery argue, asking 'who made' a particular decision is a crude indicator, which is unable to dissect the subtleties involved. Secondly, the 'women's autonomy paradigm' places undue emphasis on women's independent and autonomous actions. This has challenged the understanding of gendered structures, processes and inequalities in South Asia, as it ignores the strong emotional and structural bonds between women and men [9] and between individuals and the family. Jeffery et al., highlighting the cultural incongruity of 'autonomy' as a concept, found that those words that came closest to it, such as '*azadi*' or '*khudmukhtari*' [39], have pejorative connotations at the individual level. In the local cultural context, the words *azad* and *mukhtiyar* refer to having control or authority to act as a free agent, but when applied to women, their positive resonance changes to a negative one, as seen with the use of *besharm* (immodest and shameless) [15].

The qualitative findings of this study suggested that 'collectivity' is the essence of Pakistani society while 'individuality' has socially and culturally been dishonoured—as Mumtaz and

Salway found, '*akhathe*' (togetherness or jointness) rather than individuality is the social ethic of the Pakistani society. Thus, in such a collectivist society, the concepts of autonomy, equality, independence and individuality (specifically women's) should be considered within the context of collectivism, rather than individualism and liberalism. Notions of autonomy and independence are related to the concept of individuality, which originates in western capitalist societies—particularly in America, where the individual is judged as an independent, self-contained agent, and valued equally—at least notionally—in law, within a dominant ethos that supports individualism [13]. These notions are understood differently in Pakistan, as in other South Asian societies, because an individual is neither an independent, nor a self-contained agent, but he or she establishes his or her uniqueness in the context of a group (family and caste). Mines, in the context of Tamil Nadu society, suggested two senses of individuality: a private (internal) sense and a public (civic) sense. In Tamil culture, civic individuality is circumscribed by ideas that stress altruism and, in effect, subordinate the self-interest of individuals to the interests of their groups. What distinguishes these two senses of individuality is that the internal sense involves a psychological awareness and evaluation of self, and the need to achieve some control in life. However, an individual's choices, decisions, personal autonomy or independence—specifically for women, as the notion of family honour is linked women's body/sexuality [40, 41]—are affected by family, marital status, caste, *biradari* (kinship/community) and class, along with the socio-cultural setting.

The findings also demonstrated that in the context of bounded or limited autonomy, the majority of academic and non-academic interviewees perceived themselves as autonomous in household decisions. However, the level of importance of any decisions made, and social settings—along with family structure, marital status, caste, ethnicity and class—are strong predictors of women's autonomy and independence within the context of collectivism, as South Asian culture does not encourage individualism and self-expression [42]. The practice of 'mutual decisions' in the richer and/or middle classes has been seen, which indicates how middle-class women negotiate and accommodate their own identity and social position within the family. They experienced that a 'husband's nature or temperament' has a potential influence on a wife's autonomy and independence.

Further, the findings of this chapter argued that ethnicity was a potential influencing factor on women's autonomy and independence. *Muhajir* women (migrants from India)—though usually more fully practicing Muslims—experienced comparatively greater autonomy than the Sindhi participants. This further indicated that region and culture are stronger predictors of women's autonomy than religion.

The findings observed women's experiences of greater economic autonomy and autonomy over health (including intra-spousal communication). This greater economic and health autonomy reflects women's strategies for maximising their life choices [28] within the framework of collectivism, as Mines suggests expression of [civic] individuality within togetherness in the Tamil society. The findings also argued that a spouse's higher education and better employment raise their socio-economic status (SES), and minimise economic crisis in the family. This maximises the chances of intra-spousal communication, intimacy and mutuality in their relationships.

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# **Broken Dreams—Balancing Self and Family Well-Being: The Experiences of Women Immigrants to Hamilton, ON**

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Mirna Carranza

Additional information is available at the end of the chapter

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## **Abstract**

This chapter presents the preliminary analysis of a study conducted in Hamilton, ON. It explores the intersection of women’s immigration, integration and mental health. Their perceptions of what is needed from them in relation to the various challenges/changes that moving to a new country entails is a particular focus of this research. To begin with, the term “women immigrant” (WI) is used, rather than immigrant women as commonly used—as the participants were women long before they became immigrants. Indeed immigration is one of their many experiences and it is a significant marker in their lives, but it does not define their identity.

**Keywords:** women’s immigration, mental health, integration, immigrant experience, gender differences

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## **1. Introduction**

In Canada, international migration continues to be the primary engine driving its population growth. Currently, immigrants constitute 19.8% of the total Canadian population, the highest proportion in over 60 years [1]. With each wave of immigration, the proportion of women migrants to Canada continues to rise. Women now account for 52% (2.6 million) of international migration to Canada [1]. The feminization of migration, that is, the gradual increase of females in international migration has brought attention to the gendered aspects of immigration; that is, women immigrants’ acculturation processes differ from men [1]. However, specific knowledge of how gender permeates acculturation is in its infancy [2]. Emerging research is beginning to shed light in such complex processes [3]. Thus this essay seeks to contribute to this discussion.

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Canada is known for its policy of multiculturalism that emphasizes inclusion, however, the latter is perceived by many as illusions [4]; and, limited to symbolic messages in our government offices and institutions as well as the waiting rooms of non-government organizations (NGO) serving the public. Nevertheless, we must acknowledge the fact that Canada is one of the few countries in the G20 that allows its immigrants and refugees to become citizens in comparison to some European countries (e.g. Germany). Once immigrant and/or refugee groups become Canadian citizens, they have certain privileges such as access to travel to certain countries without a visa and to Canadian pension [5].

## 2. Economic exclusion

One of the outcomes of immigration is the decline of income. Lack of recognition of international credentials [6], leading to lack of meaningful employment [7, 8], lack of access to affordable housing [9–11] which in turn lead to living in extreme poverty [12] and areas marked by economic disparity [13, 14]. More specifically, some scholars argue that for racialized immigrants the experience of economic exclusion is an ongoing process during settlement [15, 16]. Hence their acculturation processes often occurs in spaces where their experience of ‘otherness’ and difference is redefined, recreated and complex [17]. More specifically, in recent years Hamilton has experienced an increasing diversity and income disparities as compared to previous years (i.e. 1996–2001) [18]. In fact, Mayo posits that there is an alarming racialization of poverty among WI as compared to other women in Hamilton [19]. She adds, ‘recent immigrants are the only group where low income women have a lower median income than low income men’ (p. 2) [19]. Therefore, in the case of immigrants it could be argued that notions of ‘Orientalism’ are underpinning such economic exclusion. In his classical work Said described it as:

*....A distribution of geopolitical awareness into aesthetic, scholarly, economic, sociological historical, and philological texts; it is an elaboration not only of a basic geographical distinction (the world in made up of two unequal halves, Orient and Occident) but also of a whole series of ‘interests’ which, by such means as scholarly discovery, philological reconstruction, psychological analysis, landscape and sociological description, it not only creates but also maintains. (p. 12) [20]*

Jones added the credibility of oriental knowledge is less challenged, ‘due to the weight of the academic and artistic standing of the Orientalists, combined with racists conceptions of the less advanced and less intelligent Oriental’ (p. 34) [21]. Thus, it can be argued that coming to terms with these dynamics impacts the mental health of people that have migrated to spaces where knowledge is considered superior to their own.

## 3. Acculturation and mental health

Acculturation is both complex and multidimensional [22, 23]. Broadly speaking, acculturation relates to the psychological, attitudinal and behavioral changes that occur due to the interaction between individuals from different cultures and the settlement society [24]. Acculturative

stress associated with and the multiple changes/challenges (such as diet, climate, dress code, language and day-to-day routines) associated with it tend to impact immigrants' self esteem, identity, sense of belonging, meaning-making processes and by in large decrease women immigrants' mental health [25, 26]. In particular, racialized WI face multiple oppressions such as racism, discrimination and unequal access to services [27–29]. From a family systems perspective, women immigrants' acculturation involves their family members, both in the settlement country and abroad [30, 31], hence highlighting the gender aspect of such process in navigating hostile spaces.

#### **4. Gender relations**

Immigration challenges men and women differently [32–37]. In many immigrant couples, the women join the work force much more quicker than men becoming the primary breadwinner after migration hence threatening the household's gender hierarchy [38] and as a result the income that women bring to the family household may challenge men's roles as protector and provider. Scholars argue that working women continue to bear the primary responsibilities for the household tasks in order to maintain such gender roles [3] and to compensate for the loss of support from their extended family [39].

#### **5. Research context: Hamilton, Ontario**

The City of Hamilton is considered as one of the most diverse cities in Canada. It is the third destination choice for new immigrants [18]. It has experienced a growth in the number of new immigrants arriving from 1998 to 2008. By way of example, between 2003 and 2008, Hamilton maintained an annual influx of above 3500 new immigrant arrivals [40]. In the past two years alone, the number of permanent residents to Hamilton increased by 20% from 3297 in 2011 to 3947 in 2012 [41]. The majority of immigrants arriving between 2001 and 2005 were born in China, Pakistan and India, followed by people coming from Europe and Africa [18].

#### **6. Research design<sup>1</sup>**

A qualitative research design with individual in-depth interviews was chosen because it privileges the voices of participants, minimizes power relationships and helps to examine the topic of study within the participants' context [42]. Also, it allows for an in-depth analysis of the participants' living experiences and stresses their socially constructed realities [43]. This study followed principles related to Community-Based Participatory Research (CBPR) [44, 45]. A pivotal principle in CBPR is to address power imbalances between the researcher and the participants. Another principle relates to viewing qualitative research as a process that may be used to further the social agendas and resilience of disempowered groups [46, 47].

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<sup>1</sup>The Hamilton Community Foundation funded this study.

Hence, a formal Community-Based Research Advisory Group (CBRAG) was developed. The CBRAG members' roles included: community mobilization, participation in the development of the initial interview guide, data analysis and active involvement in the development and execution of the knowledge translation plan.

### 6.1. Participants

It involved individual interviews and focus groups with women immigrant in the area and from various parts of the globe (Rumania, Philippines, Israel, Korea, China, Colombia, El Salvador, Guatemala, Mexico, Bosnia, Kurdistan, Jamaica, India, Ghana, Peru, Egypt, Jordan, Poland, Peru and Iran), adult and adolescent children, and settlement workers and other professionals involved with delivering services to women immigrants, their families and/or communities. The area of concern and/or unit of analysis are women immigrant settled in the research site. There were a total of 49 participants. Interviews and focus groups were conducted in English, lasted between 45 and 60 min, and were audio recorded with the participants' consent. The length of residency of WI in Canada was between 2 and 30 years. Their path to Canada varied: asylum seeking, marriage, independent immigrant (commonly known as the 'point system'), family reunification and international student.

### 6.2. Data analysis

Interview transcripts were downloaded from Nvivo 11, data management computer software for qualitative research. Open coding analysis began with the first interview and following interviews were added to it. Particular attention was given to the language the participants utilized to describe their experiences and the meaning-making attached to it. Categories and sub-categories began to emerge. These were organized by significance and informed the overarching themes presented in this chapter.

## 7. Findings

The findings indicate that WI face great challenges. These relate to the shifting needs of family members—particularly their partners and their children. Commitment to the family well-being before the women's own was significant. The following section presents the pivotal themes that emerged in the data analysis: (i) it's not about me, (ii) choices and (iii) declining women's mental health and well-being.

### 7.1. It's not about me

The findings indicate that women that immigrate from collectivist societies draw from alternative discourses wherein the needs of the whole supersede the needs of the one. The following are some examples:

*It's not about me. You see, if they're [family members] okay, I am okay. When they are not okay, I am not okay either...So for me to be okay, I need to ensure that they are okay...I know it is difficult to understand and it is difficult for me to explain it, but that is the way I feel...[Norma].*

A caseworker puts it this way:

*Western societies' have emphasis on individualism and independence.... Women [who] come from collective societies think of the family before themselves, not only the nuclear family, but also the extended family...experiencing a lot of stresses and pressures. [They] place the needs of the family before their own...Often there is a conflict....*

The findings indicate that from the point of arrival, participants are set out to build their lives within conflicting discourses of what it means to be a woman and how womanhood is expressed. Women may need to position themselves according to the challenges encountered in the settlement context; that is, the ease or difficulties in getting international credentials recognized and securing employment.

## 7.2. Choices

The 'choices' women made due to their experience of immigration was also a significant theme. Most of these were done in silence, and were carried out for the welfare of the children and/or their husbands; and without much recognition from those around them. The reasons women gave varied, to name a few: migration to Canada, letting go of their careers so their husbands could pursue theirs, to stay home and care for their children due to the fact they had no family to trust and giving up motherhood. The following inserts highlight this theme:

I never wanted to leave my country or my family...But things change when you get married you know.... Honestly, this is not my story, it's my husband's story, because he wanted to live in North America, it was the biggest dream for him... I had a PhD in my country...here I'm a janitor. I chose not to have children when we were there [country of origin] because it would have been too difficult to come here with little children. We have been here for a while now... The first years, here [Canada] I chose not to have children because we were living in poverty and I wanted my husband to have his [professional] credentials recognized. I chose to work so my husband could try... We are still living in poverty and I am now too old to have children [looks down & a pause is taken] [Irina].

When asked about her 'choice' of working so her husband could have his credentials recognized, she responded:

*He needed it more than me... You know, men's identity is closely tied to their jobs and what they do... He was very upset when he found out how hard it was. I thought it would break him if he continued to work in what he was doing...*

Another participant added:

*We both came here [Canada] with professional degrees and years of experience. Once here, we were told that we needed our professional degrees recognized... that is very expensive! We were also told that we needed Canadian experience... the experience that we had vanished in thin air! I was one of the few engineers in my country that work with water... water is water here and in the rest of the world. We both could not do it [get credentials recognized]. So decided to stay home with my children now, while my husband works in getting his credentials recognized. He is very close now. I am very happy for him. Life will change for us. We will be able to buy a house and provide better for our children [Nina].*

Another participant commented:

*We had a very good life in our country. We had a chauffeur and other servants. My husband was not so optimistic about life in .... He wanted the kids to grow up safe. There [country of origin] it is mandatory for children to serve in the army. My husband didn't want that. I really didn't want to come...I had a good life there, material things, family, and friends. I had a very busy social life. I wasn't prepared to what was awaiting for me here. I mean cleaning toilets, cooking and the things that a house needs. My time there [country of origin] was divided between my social life and my family, but not looking after the house...I was not prepared to clean toilets. It was very difficult for me... I used to cry a lot...like I had never done that! [Nada].*

The findings indicate that hope for a better life makes women persevere as they were forced to work in a field foreign to their own.

*We didn't imagine it's going to be so hard to find a job, honestly. I believe in me, because it's my way. Every day I know it's going to be okay, every day. I am really optimistic, but it's not [okay]... Sometimes, I know I am just lying myself. But it is really hard... Because, I will tell you, [the] first year, when I came here, I worked in a factory, I made balloons and I worked 12 hours shift, night shift.*

The quotes above highlight the co-optation process of the 'choices' the participants made for the sake of the well-being of their family. Some of these were carried out with more difficulties than others, women leading their professional and specialized field were ready to leave their careers for their families. While others were more resistant to the idea to take on activities related to housekeeping. Important issue here is how these choices impacted the women's mental health.

### 7.3. Declining women's mental health and well-being

The findings indicate that the accumulated impact of ongoing stresses and co-optation had implications—particularly for the participants' mental health. As the following participant stated 'women carry the emotions for the family'. She added:

Women often carry emotions for our families. If we are the carrier of emotions, and depending the amount of situations we have gotten over, we might get to a place in which we are overflowing with emotions...We don't know where to put them; And how do we keep going and continue to be the back bone of our family? Then, what happens if you can't do it anymore? What happens to the family then? We just want the best for our family...[Lori].

Another participant added to these complexities:

*We had a very good life there [country of origin]...I was a teacher... We came here for our safety. Safety is the most important thing for us... We don't like much what we are doing here—nothing we do is related to our field! I chose to do this job to be with my children because my husband works at night. I am strong woman, but it gets tough sometimes...It is difficult to carry on every day here. Sometimes I find myself crying a lot for no reason...I have survived the genocide of my people...Kurdish people. I lost seven in my family, including my baby bother. I still have family there. It's a constant worry...I focus on my children...their future...their safety [Nadia].*

An adult son commented:

*It [immigration] broke her...I mean being here, watching my dad an engineer drive a taxi. She having to spend long hours in a factory so we would not go without...We didn't help...well, I didn't help... I*

*did not understand it then. I wanted things. You know you go to school and the other kids have this and that...I wanted it...I didn't know we live in poverty. My mother had a nervous break down. She spent some time in the hospital... [Yani].*

While a professional working with women immigrant commented the following:

*...It chips away their confidence and self esteem. I've met people full with hope, happy to be here and ready to start their life here and be active contributors. I've met engineers, teachers, doctors, and nurses. They try very hard to get their credentials recognized, but the system makes it impossible for them. Ten years later they are working in something unrelated to their profession, but still trying...But then, it gets to them and breaks them. They get depressed after years of trying...They can't function as mothers or wives anymore. The system breaks them. Some of them end up in disability they get sick when they cannot push themselves anymore....*

Another participant commented on her own experience dealing with anxiety:

*I just felt dizzy, my heart started beating really fast, and I felt like I was going to faint. And I was sweating, 'oh my god what is this'... I had to lie down for a while, so next day I went to the doctor and the doctor asked, 'what has happened in the past 5 years?'. And I told him, I said, well, we were deported, da da da, we were [family members] separated'... He just looked at me and he said, 'no wonder'. He goes 'you have been through a lot of things that could've happened in five years.' So you packed five years in one year. So then I just developed that [anxiety] and it lasted for a few years... I get it now. Once in a blue moon but I know how to control it because I know what it is and it is just maybe I'm overly stressed, that just hits, and I am like, okay, but I know what to do like I don't. I always said it is not going to kill me because that's I am going to tell my doctor I think I am going to die. And because my heart, I am going to have a heart attack, because I feel my heart coming out of my mouth (laugh).*

The above quotes indicate that the accumulation of stress, despair, disappointment and loss of hope due to the participants' broken dreams. This is an ongoing process and a lived day-to-day reality of women immigrant to Canada. From anxiety attacks to hospital admissions due to a nervous breakdown, the impact of the women's body, mental health and well-being is evident.

## 8. Discussion

Overall the findings indicate that the lack of validation of international credentials and employment present a significant barrier for immigrants' economic and social integration to Canada. Furthermore, underpinning this barrier is the predominant *tabula rasa* or blank slate discourse stripping immigrants from everything that has meaning to them—including their professional identity. Coming from the East to the West signifies being placed as lacking and/or having inferior knowledge. According Said [20], the West constructed the East as different and inferior and therefore in need of Western intervention. Within this framework, the 'recognition' of international credentials can be understood as a *well crafted* intervention from the West wherein surveillance of the knowledge produced by those constructed as inferior has lead to patrolling the professional competencies of immigrants to Canada. On the basis of needing to 'protect' the public from less advanced knowledge, this discourse has gained much support and credence in Canada. Professional colleges, willingly or unwillingly, enact and/or enforce such discourses. Arduous processes and expensive fees serve not only to police the entrance of Eastern knowledge to the West—in this case Canada, but also force

immigrants to abandon their professional careers and aspirations. This outcome serves not other but the neo-liberal elite groups—as immigrants become a disposed group ‘willing’ to engage in economic subjugation for the sake of the family well-being and/or safety.

Knowledge policing significantly impacts immigrant families—particularly women. Under the umbrella of ‘choice’ women immigrants’ bodies and souls are co-opted by the discourses of the West. Women bare these disparities in their flesh and soul—as their ‘choices’ are born out of necessity hence compromising their mental health and well-being. Womanhood and motherhood are at the core of their decision-making processes. Women immigrants carry the emotions and stresses of their families on their backs. In turn, they too carry the core of Canadian’s economy, that is, cheap, abundant and ready available immigrants’ work force. They do so in the shadows and in silence.

## 9. Implications

The study findings have various implications. Canadian multiculturalism must move beyond ‘celebrating differences’ and enjoying the ‘exotic’ cuisine of the constructed ‘other’. It needs to recognize and validate knowledge and experiences generated in the East as equally important. The government must involve itself in creating equal opportunities and access to meaningful employment. Being co-opted to work in low paying jobs for their economic survival places immigrants to live their existence at the border of Canadian mainstream society; wherein reaching their life goals and full potential becomes an impossible dream.

Immigration policies need to encompass the limits of the ‘point system’. More funding needs to be allocated for organizations providing settlement services for newcomers—to include: the development of alliances with various sectors, to name a few, labor, professional and academic bodies. This will, not only, open space for immigrants’ exposure to these systems, but also for the development of internships leading to attaining Canadian knowledge about the particular protocols and practices of specific fields thus securing future employment in their respective professions.

Program and service delivery must be informed by critical practices and reflexivity about the power dynamics between those providing and receiving services. Furthermore, critical attention needs to be given to the oppressive structures impacting the livelihood of immigrant families. More specifically, elite discourses about immigration and gender permeate settlement and acculturation dynamics. Creating spaces to discuss its implications on the women’s mental health and well-being are imperative.

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# Gender and Leadership

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Additional information is available at the end of the chapter

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## Abstract

The topic of leadership has been addressed and applied for millennia. Yet, it is only within the past 80 years that leadership has been a topic of serious discussion. It is important to understand variables relevant to effective leadership. Gender is one such variable that must be examined with regard to optimizing leadership effectiveness. The topic of gender and leadership deserves serious and thoughtful consideration and discussion because of professional, political, cultural, and personal realities of the twenty-first century. Women and men have been, are, and should be leaders. Gender must be considered to determine how each leader can reach maximum potential and effectiveness. The FourCe-PITO conceptual framework of leadership is designed to help guide leadership development and education. The present chapter uses this conceptual framework of leadership to discuss how consideration of gender may affect and optimize leadership development and effectiveness. It is the goal of this chapter to lay out the issues that educators of leaders, potential leaders, and “practicing” leaders should be aware of, to achieve success for the good of the groups and individuals they have the responsibility to lead.

**Keywords:** gender, leadership, FourCe-PITO, character, competence, context, communication, personal, interpersonal, team, organizational

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## 1. Introduction

Leadership has been a part of human experience since people formed groups to survive threats from the environment, dangerous animals, and other groups of people; work cooperatively to achieve goals beyond the abilities of individuals; and create families and various social groups to satisfy affiliative needs. Discussions of leaders and leadership appear as far back as Homer's *Iliad* and in religious texts, including the *Old Testament*, *New Testament*, *Bhagavad Gita*, and *Koran*. Essays and discussions of leaders and leadership have appeared during the past several centuries. But, the scholarly study of leadership dates back only about 80 years, when social psychologist Kurt Lewin and his students began studying group dynamics and differentiated among authoritarian, democratic, and laissez-faire leadership styles [1]. Most discussions

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about leaders and leadership from antiquity through the 1970s focused on men, with minimal discussion of women as leaders or gender and leadership. Social, cultural, and political developments over the past 50 years have made clear that men and women can be effective—and ineffective—leaders and today, men and women are expected to be effective leaders.

To optimize leadership effectiveness of men and women, it is important to go beyond consideration of the biological sex of the individual and simplistic generalizations of what makes a male leader versus a female leader successful. It is important to consider if and how gender relates to leadership. Gender is an individual difference characteristic that is relevant to how people think about themselves, are thought about by others, and act in various situations. Gender, therefore, is relevant to consider with regard to how it relates to leadership effectiveness.

This chapter begins with only a brief discussion of “gender” because the entire volume addresses gender and the other chapters discuss “gender” in greater detail. Then, the FourCe-PITO conceptual framework of leadership [1] is summarized to provide a foundation for the discussion of gender and leadership. FourCe-PITO provides a comprehensive way to catalog and examine interacting elements of leadership and is designed to guide leadership scholarship, education, and development. The chapter addresses gender in the context of the FourCe-PITO framework. The chapter ends with a summary and a conclusion.

## 2. Gender

According to the World Health Organization (WHO): “‘Sex’ refers to the biological and physiological characteristics that define men and women. ‘Gender’ refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women” [2].

Since the 1970s, researchers have noted the need to differentiate between sex and gender [3, 4]. Sex is defined as a biological characteristic that incorporates the anatomical, physiological, genetic, and hormonal variation that exists in species [5]. Historically, conceptualizations of sex assumed XX and XY chromosomal arrangements for females and males, respectively; however we now understand that chromosomal configurations XXX, XXY, XYY, and XO exist as well as XY males and XX females [6, 7]. The discovery and existence of these various chromosomal arrangements have led to greater understanding of the X and Y chromosomes, their genetic contributions, and have resulted in the expansion of our conceptualization of sex and gender.

Gender is a multidimensional construct that refers to different roles, responsibilities, limitations, and experiences of individuals based on their presenting sex and/or gender [5]. Bem [3] defined gender (i.e., extent of masculinity and/or femininity) as pertaining to the psychosocial ramifications of biological sex (i.e., whether an individual is male or female) [8]. Generally, gender is operationalized by observing the behavior of men and women or by asking participants to self-report whether they are male or female [9]. Gender, however, consists of much more than the psychosocial ramifications of biological sex. Gender is a complex phenomenon

with many different facets [10]. These facets include gender schemas and stereotypes; gender-role identity; and gender-role traits, attitudes, and values [11].

Sandra Bem pioneered the Gender Schema Theory in 1981 to explain sex typing and gender stereotypes within the society. Bem [12] proposed that this process begins in childhood. Children learn which behaviors and attributes are associated with each sex and continue to process the information in terms of gender schema. While parents can teach more androgynous views at home (such as modeling equal roles for mothers and fathers, preventing access to media that promotes sex-typing, etc.), children are often exposed to sex-typing when attending school, including day care settings. Bem [13] suggested that parents should teach a sexism schema so that children recognize when sexist information or practices are occurring. She believed this practice is likely to help prevent children from mindlessly maintaining a particular gender schema and, as a result, will promote positive social change [13].

Sex typing creates a core gender identity influenced by how one is raised, the media, and other cultural influences. Bem identified four categories of sex typing: sex-typed, cross-sex-typed, androgynous, and undifferentiated. She defined sex-typed individuals as people who process and integrate information consistent with their gender; cross-sex-typed individuals as people who process and integrate information consistent with the opposite gender; androgynous individuals as people who process and integrate traits and information from both genders; undifferentiated individuals as people who do not appear to process sex-typed information [12].

Why do specific gender stereotypes become so ingrained in our societies? Bem [12] suggested that the Gender Schema Theory leads children, especially during adolescence, to conform to what is culturally defined for males and females, because it is easier to assimilate society's stereotypically congruent norms. As a process theory, the Gender Schema Theory further solidifies the gender stereotypes within societies. A heterosexual subschema, defining differences between proper societal benchmarks of masculinity and femininity, encourage the strong gender schema developed in societies. This subschema asserts that men and women should be different from each other and many societies use the heterosexual subschema as the norm. Bem [12] hypothesized that cross-sex interactions more readily take on gender stereotypes, especially in social settings, and people behave differently toward individuals of the opposite sex when they find them attractive or unattractive.

As societal norms are changing, with the acceptance of same-sex relationships and gender fluidity, gender stereotypes are evolving as well. Lee and Kashubeck-West [14] used confirmatory factor analyses to analyze four ethnic groups (African American, Asian American, European American, and Hispanic American) of young American adults. The analyses indicated that the two-factor differentiation proposed by Bem (i.e., masculine/feminine) did not fit men or women from any of the ethnic groups in a simple binary fashion. Donnelly and Twenge [15] reported that women's femininity scores, using the Bem Sex-Role Inventory, decreased significantly from 1993 to 2012, whereas their masculinity scores remained constant. The scores for men did not change significantly during this 20-year time period. When the period of time was expanded from 1974 to 2012, women's self-reports of masculinity rose significantly during this time frame, with no significant change in self-reported femininity. Men's masculinity and femininity scores remained constant during this broader time frame. Women's androgyny scores significantly

increased since 1974 (but not since 1993), whereas men's androgyny scores remained constant. These findings may suggest that since the 1990s, women are less likely to endorse typical feminine traits, and/or the scale is not sensitive to modern gender stereotypes [15].

Gender also includes the manner in which individuals interact with each other and the social roles they are expected to fulfill in a society [9, 16]. In addition, ideas regarding gender are culturally and temporally specific and subject to change. Historically, men's higher social status within many cultures meant that they also have had more opportunities and access to power and resources than women have had and, as a result, men have been afforded more power and influence [17, 18]. Relatively recent changes in views, self-identity, and acceptance of varied gender roles (regardless of biological sex) make consideration of gender and leadership a topic worthy of discussion. Before discussing gender and leadership *per se*, leadership is defined and the FourCe-PITO conceptual framework for leadership is explained.

### 3. Leadership

There are many ways to finish the sentence, "Leadership is..." In fact, an online search for the definition of leadership yields more than 128,000,000 results. Over the past century, the definition of leadership has evolved from "the ability to impress the will of the leader on those led and induce obedience, respect, loyalty, and cooperation" [19] to "the enhancement of behaviors (actions), cognitions (thoughts and beliefs), and motivations (reasons for actions and thoughts) to achieve goals that benefit individuals and groups" [1]. It is noteworthy that concepts of effective leadership have shifted emphasis from "who" the leader is to "what" the leader does. Who the leader is remains important and is highly relevant to the present discussion of gender and leadership. The focus on relationships, influence, and outcomes allows for substantial individual differences and characteristics of effective leaders provided that they are aware of how to accomplish effective leadership. Effective leaders are aspirational and inspirational.

#### 3.1. FourCe-PITO framework

Callahan and Grunberg [1] considered many models of leadership to identify a conceptual framework for leader education and development, including authentic, democratic, laissez-faire, transactional, transformational, servant, authoritative, and adaptive leadership. Callahan and Grunberg [1] found value in all of these models and identified four leadership domains to capture key elements of all of these models: Character, Competence, Context, and Communication. These four C's ("FourCe") occur across four different psychological levels—Personal, Interpersonal, Team, and Organizational (PITO). The PITO levels were adapted from the leadership training model developed at the United States Air Force Academy [20, 21].

The FourCe-PITO leadership framework considers the four domains across the four levels. Character includes all characteristics of the individual—physical (e.g., sex, race, age, appearance) and psychological (e.g., gender, personality, values, outlooks, attributes). Competence includes transcendent leadership skills (e.g., high emotional intelligence, critical and strategic thinking, leading by example, motivating and empowering others) and



specific expertise determined by role and specialty. Context includes physical, psychological, cultural and social environments, and various situations (e.g., stress). Communication refers to verbal (oral and written) and nonverbal, sending and receiving of information. Personal refers to aspects of self as well as perception of self and self-awareness. Interpersonal refers to how one's perception of self and personal characteristics, as well as perception by others, affects each dyadic relationship. Team refers to small groups of people interacting for a common purpose. Organizational refers to large groups of people and systems that affect people.

## 4. Character

Callahan and Grunberg [1] refer to character as the aspects of the individual including personality and values, but also more broadly to individual characteristics, such as physical stature and appearance. Gender, sex, race/ethnicity, and age also fall within this domain. Character contributes to the potential and realized effectiveness of leaders [1]. The importance of a leader's character is not a new or revolutionary idea. Ancient literature (including the Bible and Homer's epic poems) is filled with examples of leaders whose individual characteristics were greatly emphasized, for example, the cunningness of Odysseus, the wisdom of Solomon, and the courage of Hector. The earliest writings on leadership theory focused on the leader's individual characteristics. The "Great Man" theory of leadership appeared in Carlyle [22] who proposed that leaders shaped history through their character—especially their intellect, prowess of their leadership, and divine inspiration.

Consideration of a leader's character is relevant to leader effectiveness. It is noteworthy that key aspects of character pertinent to leadership (e.g., self-confidence, humility, trustworthiness, responsibility, integrity) are not gender specific. In addition, personality differences (e.g., extraversion versus introversion, judging versus feeling, sensing versus perceiving) occur in males and females of masculine and feminine gender. Personal values, beliefs, ethics, and morality also are individual differences that are not linked to sex or gender. However, gender—as an important aspect of Character—is relevant to consider with regard to leadership styles and effectiveness.

### 4.1. Gender and Character

The FourCe-PITO framework [1] includes the importance of character for effective leadership. Some character traits identified—such as responsibility, integrity, trustworthiness, optimism, adaptability, and humility—transcend gender roles and are important for the leader role [23]. However, Gutek and Morasch [24] argued that gender roles often affect leadership roles, and Ridgeway [25] maintained that gender provides an "implicit, background identity" relevant to leadership.

#### 4.1.1. Gender stereotypes

Gender stereotypes describe stereotypic beliefs about the attributes of women and men, and prescribe how men and women "should" behave [26, 27]. Men are stereotyped with agentic

characteristics such as confidence, assertiveness, independence, rationality, and decisiveness; whereas women are stereotyped with communal characteristics such as concern for others, sensitivity, warmth, helpfulness, and nurturance [28]. These gender stereotypes of women as warm, nurturing, and caring and the corresponding stereotypes of men as cold, competitive, and authoritarian may have contributed to the perception by some that women may be less effective than men in leadership positions although they can be, in fact, equally effective [29, 30]. It is noteworthy that any generalizations about men versus women as effective leaders based on sex or gender reveal an emphasis on the Character domain of leadership. Interestingly, Eagly et al. [30] found that men and women are equally effective leaders, unless the leadership role is “gendered” (i.e., people expect the leader to be a man or a woman). In that case, leaders of the expected gender and sex are more effective. This finding is further discussed under “Context and Gender” because the social role expectations and the context in which the leadership takes place influence leader effectiveness.

With regard to how leadership characteristics are gendered, research indicates that traditional managerial effectiveness (e.g., time efficient, performance focused) often is sex-typed as masculine (i.e., agentic as opposed to communal). This means that characteristics deemed necessary to be a successful manager or an effective leader have often been stereotypically associated with men [31, 32]. Schein and Mueller [33] and Schein et al. [34] reported that individuals perceive successful managers as having characteristics more often held by men than by women, and the expectation that successful managers will possess masculine traits is stronger among men than among women.

In leadership roles that transcend managerial roles, gender stereotypes may be particularly challenging for women because agentic, as opposed to communal, tendencies often are valued. According to the Role Congruity Theory [35], the agentic qualities thought necessary in the leadership role are incompatible with the predominantly communal qualities stereotypically associated with women, resulting in a prejudicial evaluation of the behavior of women leaders as less effective or unfavorable than the equivalent behavior of men. For example, the more agentially a leader role is defined (e.g., military officer, political leader, or scientist) or the more completely women fulfill its agentic requirements, the more likely such women are to elicit unfavorable evaluation because their behavior deviates from the social norm of the female gender role [35]. Therefore, in leadership roles, women are confronted with opposing pressures: as leaders they should possess agentic qualities (i.e., masculine characteristics), but as women, they should not be “too manly.” Therefore, women may receive more positive reactions if they include in their repertoire behaviors that are more communal (e.g., expressive, friendly, and participative), as long as these behaviors are not viewed as inappropriate for the leader role [35, 36].

#### *4.1.2. Leadership style*

Another consideration concerning the interaction of character and gender on leadership effectiveness is leadership style. Callahan and Grunberg [1] indicate that personality affects the leader's preferred leadership style and gender also is likely to affect preferred leadership style. Many different leadership styles have been identified over the years. In this chapter, we focus

on those task-oriented versus interpersonally oriented styles identified by Bales [37] and leadership styles discussed by Lewin and Lippitt [38].

Task-oriented leadership style is defined as a concern with accomplishing assigned tasks by organizing task-relevant activities. Interpersonally-oriented leadership style is defined as a concern with maintaining interpersonal relationships by tending to others' morale and welfare [37, 39]. These leadership styles can be categorized as agentic versus communal styles of leadership, respectively. Behaviors of the task-oriented style include: encouraging followers to follow rules, maintaining high standards for performance, and making leader and follower roles explicit [40]. Behaviors of the interpersonally-oriented style include: helping and doing favors for subordinates, looking out for their welfare, explaining procedures, and being friendly and available [40]. Male gender is commonly associated with agentic style, whereas female gender is commonly associated with communal style. Both styles can be effective, depending on the followers and the situation. Understanding one's own gender and which leadership style is more comfortable can help optimize one's effectiveness as a leader.

Another way to distinguish leadership styles is the classic distinction of democratic (participative decision-making) versus autocratic (directive) versus laissez-faire (little or no direction) leadership as identified by Lewin and Lippitt [38]. This spectrum is relevant to the consideration of gender roles, because a component of agentic norms implies that men are more autocratic and directive, whereas women are more participative and democratic [39]. It has been suggested that the extent to which female leaders favor a more participative rather than directive leadership style may reflect cultural influences based on expected roles of women versus men [35]. Women may encounter negative reactions and evaluations when they become directive and take charge in an agentic manner consistent with an autocratic style [39]. Because men probably do not experience the same incongruence between the male gender role and the leader role, they may be freer to lead in an autocratic manner. The fact is that each of these leadership styles has its place. If gender roles limit one's leadership style options, then effectiveness of leadership is constrained.

Other leadership scholars [41, 42] have examined distinctions between transformational leadership styles versus transactional leadership styles. Burns [42] defined transformational leaders as setting high standards for behavior and establishing themselves as inspirational role models by gaining trust and confidence of followers. Transformational leaders set future aspirational goals and motivate followers to achieve these goals. By mentoring followers, transformational leaders encourage followers to reach their full potential. In contrast, Burns [42] defined transactional leaders as those who establish exchange relationships with their followers and emphasize behaviors or actions. Transactional leaders clarify subordinates' roles and responsibilities, monitor work, praise followers when they meet objectives, and correct them when failing to do so. Transformational leadership, more than transactional, has communal aspects, whereby the leader is focused on mentoring and developing followers. Consistent with the possibility that the transformational leader role may be more aligned with the female gender role, research indicates that subordinates perceive greater continuity between leaders' feminine personality traits and a transformational style rather than a transactional style [43, 44]. Of note, however,

women are more likely than men to utilize the contingent award component (i.e., reinforcement or punishment) of transactional leadership than men [44].

Regarding leadership effectiveness, Eagly et al. [44] found transformational leadership and the contingent award component of transactional leadership to be effective, with null or ineffective findings for transactional leadership alone. This difference may be relevant to the leadership effectiveness of people who use communal and supportive leadership styles.

#### 4.2. Character, Gender, and PITO

Gender is a core element of Character and includes self-perception of Gender as well as perception of Gender by others. Therefore, with regard to Character and Leadership, Gender needs to be considered and is relevant across all four levels of PITO. Gender affects our self-perception (Personal), perception of us by other people in dyads (Interpersonal), small groups (Team), and large groups or systems (Organizational). It is necessary for one to have self-awareness (Personal) of Gender. When other people are involved (be it Interpersonal, Team, or Organizational), it is important for one to be self-aware and to understand perception of self by others to determine how to best lead.

### 5. Competence

Callahan and Grunberg [1] refer to competence as the “abilities, skills, and knowledge relevant to leadership that transcend various roles, professions, and responsibilities, and to abilities, skills, and knowledge specific to particular roles, professions, and responsibilities of relevance to the leadership position.” Leaders need to have both practical and working knowledge specific to their role as well as transcendent leadership competencies. Transcendent leadership competencies include management skills, critical thinking, decision making, problem solving, emotional intelligence, relational skills, and the ability to influence other people [1].

Effective leaders influence people and often demonstrate excellent management skills so that followers perform optimally, work as a team, and make best use of resources, including personnel, supplies, equipment, and time [1]. Levitt [45] indicated, “management consists of a rational assessment of the situation, and the systematic selection of goals and purposes; the systematic development of strategies to achieve these goals; the marshaling of the required resources; the rational design, organization, direction, and control of the activities required to attain the selected purposes; and finally, the motivating and rewarding of people to do their work.” Although management is important to leadership, leadership competencies go beyond management skills [1].

Emotional intelligence is defined as the ability to perceive and express emotions, to use emotions to facilitate thinking, to understand and reason with emotions, and to effectively manage emotions within oneself and in relationships with others [46]. Goleman [47, 48] takes a broader approach to emotional intelligence, suggesting that it consists of personal and social competencies. Personal competence consists of self-awareness, confidence, self-regulation, conscientiousness, and motivation. Social competence consists of empathy and social skills

such as communication and conflict management [47, 48]. The Hay-McBer group found that leaders with greater emotional intelligence competence were more influential than people who lacked this competence [49]. It is important to note that although individuals have different “natural” emotional intelligence, Callahan and Grunberg [1] catalog this construct as a Competence (rather than part of Character) because it can be learned and developed.

The art of influence is a leadership competency that is largely tied to the perception of leadership by others [1]. A leader's influence is the ability to motivate followers to change their behaviors, beliefs, and attitudes [50]. Yukl and Chavez [51] identified nine influence tactics that a leader may use to influence followers: inspirational appeal (i.e., when the leader seeks to gain commitment by arousing emotions), rational persuasion (i.e., when the leader uses logical arguments and facts to influence a decision), consultation (i.e., when the leader seeks the target persons' participation in the decision making process), ingratiation (i.e., when the leader uses praise or flattery to win over), personal appeal (i.e., when the leader uses an interpersonal relationship between the leader and the target person to carry out a task), exchange (i.e., when the leader offers an incentive or exchange for compliance), coalition tactics (i.e., when the leader uses the aid of other already complying individuals to gain support of the target person), legitimating tactics (i.e., when the leader refers to rules or formal policies to prove he or she has legitimate authority), and pressure (i.e., when the leader intimidates the target person to comply with their requests) [51].

Effective leadership also depends on relationship skills. In transformational leadership roles, relationships between leaders and followers are marked by a high degree of mutual trust, respect, understanding, and obligation toward each other. There is a high degree of reciprocity between leaders and followers; each affects and is affected by the other [36, 52].

## 5.1. Gender and Competence

As previously discussed, Callahan and Grunberg [1] define competence as the abilities, skills, and knowledge that transcend various leader roles, and the specific abilities, skills, and knowledge relevant to a particular leader role. This section focuses on emotional intelligence and the art of influence.

### 5.1.1. Emotional intelligence

Numerous studies [53–56] have indicated that emotional intelligence is an important component of leadership. Emotional intelligence increases the confidence of individuals and helps leaders and followers achieve levels of performance beyond expectations, especially when coupled with transformational leadership that emphasizes emotions and motivation [57]. Emotionally intelligent leaders are reported to be happier and more committed to their organizations [58], attain greater success [59], perform better [48, 60, 61], and understand their and others' emotions to improve decision-making and instill enthusiasm, trust, and cooperation among followers through interpersonal relationships [62].

A review of sex, gender, and emotional intelligence offers mixed findings [63]. Some research indicates that women may have slightly higher levels of emotional intelligence compared to

men [64, 65]. However, Bar-On [66] reported no significant differences between men and women regarding overall emotional intelligence. He did find gender differences for some components of emotional intelligence; however, Goleman [60] found none. Because of the mixed results regarding gender differences in emotional intelligence and research supporting the utility of emotional intelligence for effective research, improving one's emotional intelligence will be beneficial for leadership, regardless of gender.

### 5.1.2. *The art of influence*

A leader's influence can be defined as the ability to motivate followers to change or enhance their behaviors, cognitions, or motivations to achieve goals that benefit the individual or the group. Influence is often considered to be a measuring stick of a leader's effectiveness. According to the Elaboration Likelihood Model [67], source characteristics (e.g., leader characteristics), such as expertise, power, and personal appeal or likeability, are important determinants of influence. Generally, leaders who have expertise and are likeable tend to exert greater influence than those without expertise who are unlikeable [68].

The characteristics of competence and likeability as contributors of influence have particular applicability to gender because stereotypically, women are often characterized as possessing likeable qualities and men are often characterized as possessing competent qualities [69]. People who are predominantly feminine in gender style may find themselves in a double bind when it comes to leadership and the incongruity between the stereotypical leader role and the female gender role. Women's ability to influence is often dependent on the ability to overcome this double bind, whereas men usually do not experience the social pressure to be both communal and agentic [70].

Men's historical predominance in high status roles has resulted in men generally possessing higher levels of status than women [69]. Gender differences in status are important determinants of influence because it relates to the perceived competency of the individual. Status Characteristics Theory [71] states that an individual's status can be used implicitly to form performance expectations of self and others. People presume that higher status individuals have more competence than lower status individuals and are more likely to yield to the influence of the high status individual [72]. In addition, individuals perceived as higher status are more likely to engage in agentic behaviors and are perceived as more influential [69].

Similar to previously discussed theories, Status Characteristics Theory predicts greater communal behavior by women and agentic behavior by men [69]. Because men historically have higher status, they have greater legitimacy as influence agents and are encouraged to behave agentially. On the other hand, because of their presumed low competence, low status individuals who exhibit agentic behaviors may be perceived as attempting to illegitimately gain power and influence and, as a result, their influence is likely to be resisted [69, 73]. To overcome this potential resistance, lower status individuals must communicate a lack of personal gain and little desire to control, but instead convey a relational and collectivist motivation (i.e., utilize communal behaviors; [74]) to be most effective. It follows then that communal behavior should enhance the influence of people who are perceived to have lower status.

## 5.2. Competence, Gender, and PITO

Gender is not a core aspect of Competence. Therefore, Competence should be judged across the four levels of PITO regardless of Gender. However, cultural biases often color interpretation of competencies based on sex and Gender. For example, outstanding performance in athletic events by men is usually attributed to the male athletes themselves. In contrast, similar outstanding performance in athletic events by women is often attributed to their male coaches. A leader should be competent and have the abilities, skills, and knowledge necessary to perform the jobs effectively. The Gender of the leader should not define a leader's competence on the Personal, Interpersonal, Team, or Organizational levels. Yet, because Gender biases may affect perception of Competence in self and others, it is important to be aware of any Gender-related biases that contribute to misperceptions about Competence and to, instead, focus on each Competence *per se*.

## 6. Context

According to Callahan and Grunberg [1], context includes physical, psychological, social, and economic environments, as well as various situations (e.g., stress). The leadership context is characterized by three categories: the unique characteristics of the group being led, the nature of the group's tasks, and the organizational climate/culture where the leadership happens [75]. Age, gender, individual characteristics, and culture are important contextual factors. Effective leaders are aware of and adjust to context in a variety of ways. Ayman and Adams [75] proposed that leaders can learn to alter behaviors, to adapt so they are perceived as behaving differently, or to actively manage and change the situation.

### 6.1. Gender and Context

With regard to gender and context, the most apparent, relevant research literature focuses on psychological and social context. Theories underlying this research vary from Androgyny Theory [3] to Status Characteristics Theory [17]. However, the most common theoretical positions that underlie the study of gender and leadership with regard to psychological and social context are the intrapsychic perspective, the social structural perspective, and the interpersonal perspective [9].

#### 6.1.1. Intrapsychic perspective

According to the intrapsychic perspective, the leader's intrapsychic gender-role characteristics (e.g., masculinity/agency/instrumentality and femininity/expressivity/communion) matter because they affect the leader's preferred style, behavior, and outcomes regardless of whether the leader is a man or a woman [9].

#### 6.1.2. Social structural perspective

The social structural perspective posits that the qualitative differences in men's and women's normative roles affect their leadership behavior and outcomes. Gender is important because of

the common perception that male gender roles are more congruent with the leadership role than are female gender roles. This perception may contribute to prejudice against women leaders [9, 35]. Men are commonly attributed higher status and are more likely to be in leadership roles congruent with their sociodemographic status and gender [9]. In contrast, women are commonly perceived as having lower status and the leadership role may be viewed as less congruent with their socio-demographic status and gender [9].

### 6.1.3. *Interpersonal perspective*

The interpersonal perspective focuses on how leaders interact with superiors, coworkers, and subordinates. This perspective incorporates aspects of both the intrapsychic and social structural perspectives because interactions are viewed as a function of socio-demographic gender stereotypes, gender-related beliefs, expectations about the self and others, and situational cues. Accordingly, gender makes a difference because men and women have different types of social interactions with their male and female supervisors, peers, and subordinates, and these interactions influence outcomes [9].

## 6.2. Context and leadership styles

A meta-analysis conducted by Eagly and Johnson [76] suggested that several factors in the organizational context moderate the emergence and direction of gender differences in leadership styles. One of the largest moderators is the sex composition of the organization. Differences between male and female leaders in democratic and autocratic styles are significantly reduced in male-dominated groups than in female-dominated groups. This finding suggests that female and male leaders use styles more congruent with the gender-typing of the context [29, 76].

In addition, context and leaders can be viewed from an interactionist perspective (i.e., context and leaders reciprocally influence each other) [77]. In other words, context constrains which behaviors are considered prototypical [78, 79]. The “stronger” the situation, the more salient are norms that guide behavior [80]. For example, in the military strict rules and procedures and strong norms produce over-determined behavior (strong situation), whereas relatively weak situations produce substantial variation in individual behavior [81]. Of note, not only do individuals behave as the situation demands, but they have selected particular environments and are active players in shaping the environments [82], particularly when they are leaders [83].

## 6.3. Gender and stress

In addition to psychological and social context, it is important to consider how stressful a situation is and whether stress affects behaviors of individuals as well as interactions among people. Stress is defined as a “process by which environmental events threaten or challenge an organism's well-being and how the organism responds to the threat” [84]. With regard to gender and stress, it is relevant to recognize that there are three major stress responses: the Fight-or-Flight response [85], the Polyvagal Theory [86], and the Tend-and-Befriend response [87]. The Fight-or-Flight response is demonstrated by all mammals, regardless of sex or



gender, but has sometimes been considered a more “masculine” response (perhaps related to sex and/or gender). The Polyvagal Theory refers to the freezing response (“frozen with fear”) or “playing dead” that mammals display when encountered with an inescapable predator or stressor, with no apparent sex or gender differences in this response. The Tend-and-Befriend response has been offered as a description of a predominantly “feminine” response (that can be demonstrated by females and males) to threat by protecting vulnerable individuals and by responding to stressors by seeking others for social collaboration and mutual protection. Males and females of masculine and feminine genders display all three of the major stress responses, but the relative magnitude of these stress responses appears to be related to sex and gender.

#### **6.4. Context, Gender, and PITO**

Gender is often a key aspect of Context, including, psychological context, social context, and situational stress. Context and Gender operate at all PITO levels of interaction. Cultural differences in Gender roles and biases as well as psychobiological differences in relative extent to which each of the three stress responses operate are likely to contribute to interactions among Context and Gender with regard to leadership. Self-awareness of these processes may help to optimize leadership effectiveness.

### **7. Communication**

In most leadership models, communication is identified as a critical element. Communication is defined as the sending and receiving of information, verbally (oral and written words) and nonverbally (including tone of voice, intonation, facial expressions, body language) [1]. Receiving information involves listening to verbal language as well as absorbing non-verbal information. Sending information similarly occurs verbally, through spoken words or written text, and non-verbally through the sender's facial expressions, body language, and non-verbal aspects of oral communication [1].

Effective leadership also depends on effective listening, reflecting respect, and a willingness to be involved with others [1]. Information gathered through “active” listening, strong relationships with the group, and strong communication skills is used to make informed decisions relevant to the individual and the group. It is the role of leaders to develop relationships with individuals and create positive and supportive communication environments [1, 88].

In addition, the communicator needs to be perceived as credible, trustworthy, and knowledgeable about the information being conveyed [1]. The most effective communication takes into consideration primacy, recency, repetition, clarity, and relevance of information. Furthermore, addressing opposing opinions, memorable imagery, and consistency of nonverbal information and verbal content all add to persuasive and effective communication [89–92].

#### **7.1. Gender and Communication**

Individuals employ different communication styles [93–95]. Feminine communication has been described as more indirect, elaborate, and emotional, whereas masculine communication

has been described as more direct, succinct, and instrumental [94, 96]. The feminine linguistic style can help to establish rapport and encourage conversation and comfortable exchange of information, but it also can be interpreted as uncertainty, tentativeness, and a lack of authority [97–99].

Stereotypically masculine characteristics (such as assertiveness and self-reliance) are often seen as components of effective leadership [32, 100]. Women who use a “feminine” communication style may be considered less competent than men in leadership roles [35, 101] and can be rated less favorably when competing for leadership positions [28, 102]. As a result, women's competence in leadership is often undervalued based on communication style, in part because of gender-based stereotypes [28, 35]. Because female leaders are not considered to be as effective communicators as male leaders [103, 104], women's communication style may reinforce the stereotype that they are less competent than men in a leadership position. In contrast, when women use more “masculine” communication styles, they may be perceived as pushy or arrogant, depending on context. Similarly, men who use more “feminine” communication styles may be perceived as weak or lacking confidence.

It is important to note, however, that linguists and communication experts have not reached agreement about whether there are truly differences in communication based on sex or gender. Tannen [105] proposed that there are sex differences in communication style that are learned within a given culture. Gray [106] argued that there are marked sex differences in communication style, both sending and receiving. In contrast, Cameron [107] argued against Gray's binary distinction and proposed that gender and communication should be considered in more complex and nuanced ways.

## **7.2. Communication, Gender, and PITO**

Gender and Communication has a complex interaction. It often seems that interpretation and reactions to different Communication styles are affected by the Gender of the “sender” and of the Gender of the “receivers” of the communication. It also seems that Context plays an important role in the Gender by Communication interaction. The research literature and relevant scholars have not yet reached consensus on this complex issue. With regard to Communication, Gender, and PITO, it seems likely that the same complexity of interaction operates such that the level of interaction affects whether Communications are differentially interpreted based on Gender. Despite this lack of clear conclusion, it seems important to consider that Gender likely affects how Communication is interpreted, especially at the Interpersonal, Team, and Organizational levels.

## **8. Summary and conclusion**

The topic of gender and leadership deserves serious and thoughtful consideration and discussion because of professional, political, social, and personal realities of the twenty-first century. Science and society have come to appreciate that women and men cannot simply be classified and distinguished based on biological sex. Instead, gender is a more complex and meaningful

way to understand individual differences. The present chapter uses the FourCe-PITO conceptual framework to discuss how gender relates to the leadership domains of Character, Competence, Context, and Communication across the Personal, Interpersonal, Team, and Organizational levels of interaction. We believe that it is important to understand and appreciate how gender may contribute to self-perception and perception by others and that this understanding has the potential to help optimize leadership effectiveness.

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The development of gender differences as an area of research has been rapid over the last decades. Varieties of studies have focused on the gender differences as well as the similarities of women and men. The common purpose of the research attempt is to find out the possibilities and even the consequences of gender differences and the impact on human beings on one side, and social and cultural environment on the other. This book is an attempt to provide theoretical and empirical framework to better understand gender differences in various contexts and on different levels. Therefore, the contributions cover an array of themes that span from an individual level to an organizational and societal level.

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