



Psychology of Gender: A Focus on Gender-Related Traits and Mental Health

Vicki S. Helgeson, Ph.D.
Carnegie Mellon University

Workshop on Women's Mental Health Across the Life Course
March 7, 2018

Two pervasive sex differences: relationships and health

1. Women have more support available and provide more support than men
2. Men have higher rates of mortality than women, BUT women have higher rates of morbidity than men (which includes depressive symptoms)



Many sex differences appear during adolescence - a peak time of gender-role socialization

Bakan's 1966 "Duality of Human Existence"



The diagram consists of two large, empty circles positioned side-by-side. The left circle contains the word 'agency' and the right circle contains the word 'communion'. Both words are in a bold, black, sans-serif font.

agency

communion

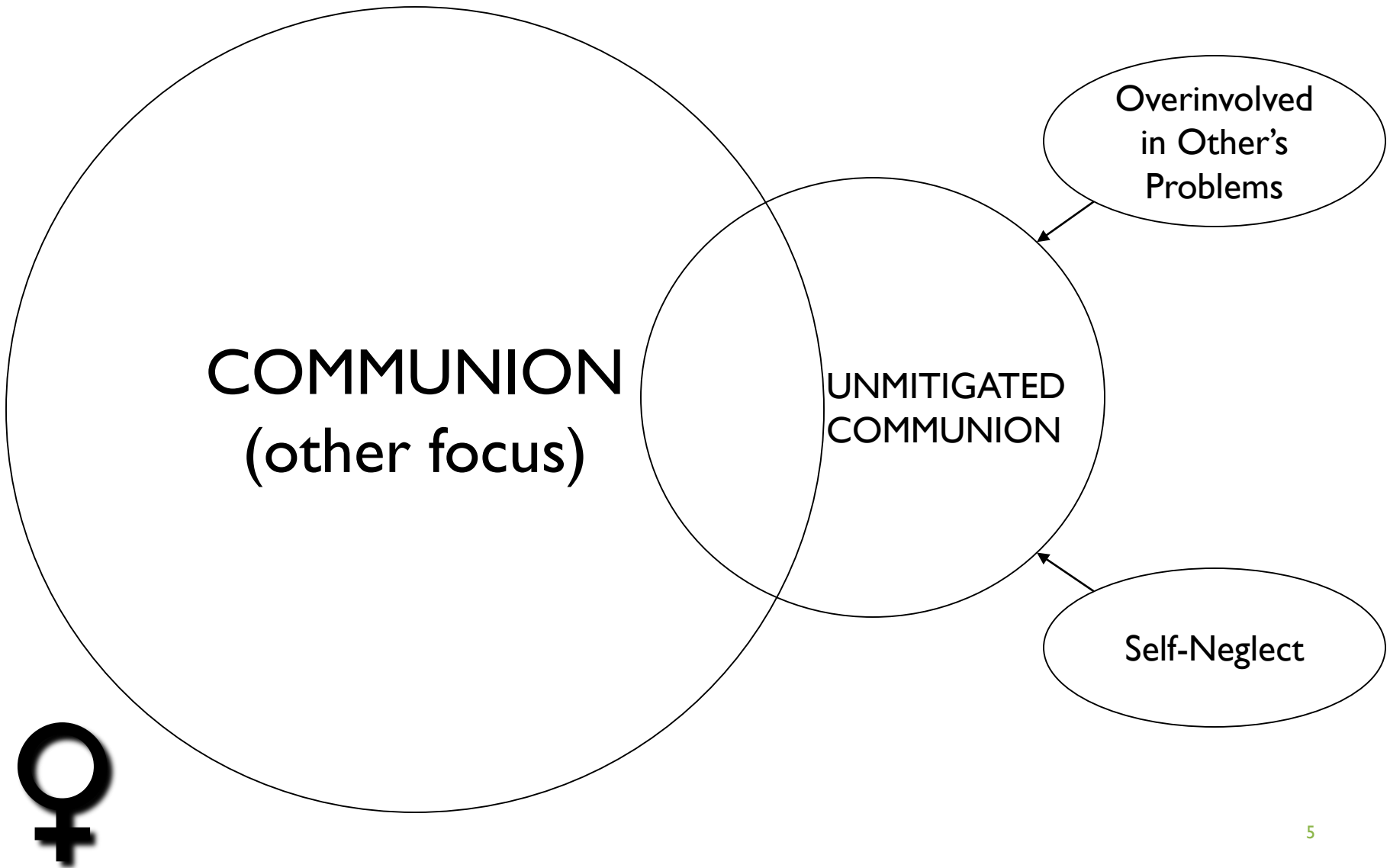
Gender-Related Traits

Agency

- ❖ **A focus on self**
- ❖ Self-protection
- ❖ Self-assertion
- ❖ Form separations
- ❖ Individual actions
- ❖ Individual initiative
- ❖ Self-control
- ❖ Self-direction
- ❖ Competence
- ❖ Mastery

Communion

- ❖ **Focus on other**
- ❖ Contact
- ❖ Openness
- ❖ Relationships
- ❖ Connections
- ❖ Collective actions
- ❖ Supportive environment
- ❖ Group activities
- ❖ Attachment



Women's Social Role

- Social network double-edged sword:
 - ❖ Provides support and potential to reduce stress
 - ❖ Provides people to take care of
- “Nurturant Role Hypothesis” (*Gove & Hughes, 1979*)
 - ❖ caretaking → fatigue & illness
 - ❖ exposure to communicable disease
 - ❖ when sick, prevents taking care of self



Unmitigated Communion Scale

1. I always place the needs of others above my own
- 2.* I never find myself getting overly involved in others' problems
3. I can't say no when someone asks me for help
4. Even when exhausted, I will always help other people
5. I often worry about others' problems

* = reverse score

Implications for Relationships & Health

	Communion	UC
Provides support	X	X
Receives support	X	
Social skills	X	
Psychological distress		X
Noncompliance		X
Poor adjustment to disease		X



Mechanisms

1. Relationship stressors
2. Responsive to relationship stressors

Differential exposure vs. vulnerability

3. Self-neglect
4. Low self-esteem/poor body image
5. Reliance on others for self-worth and control

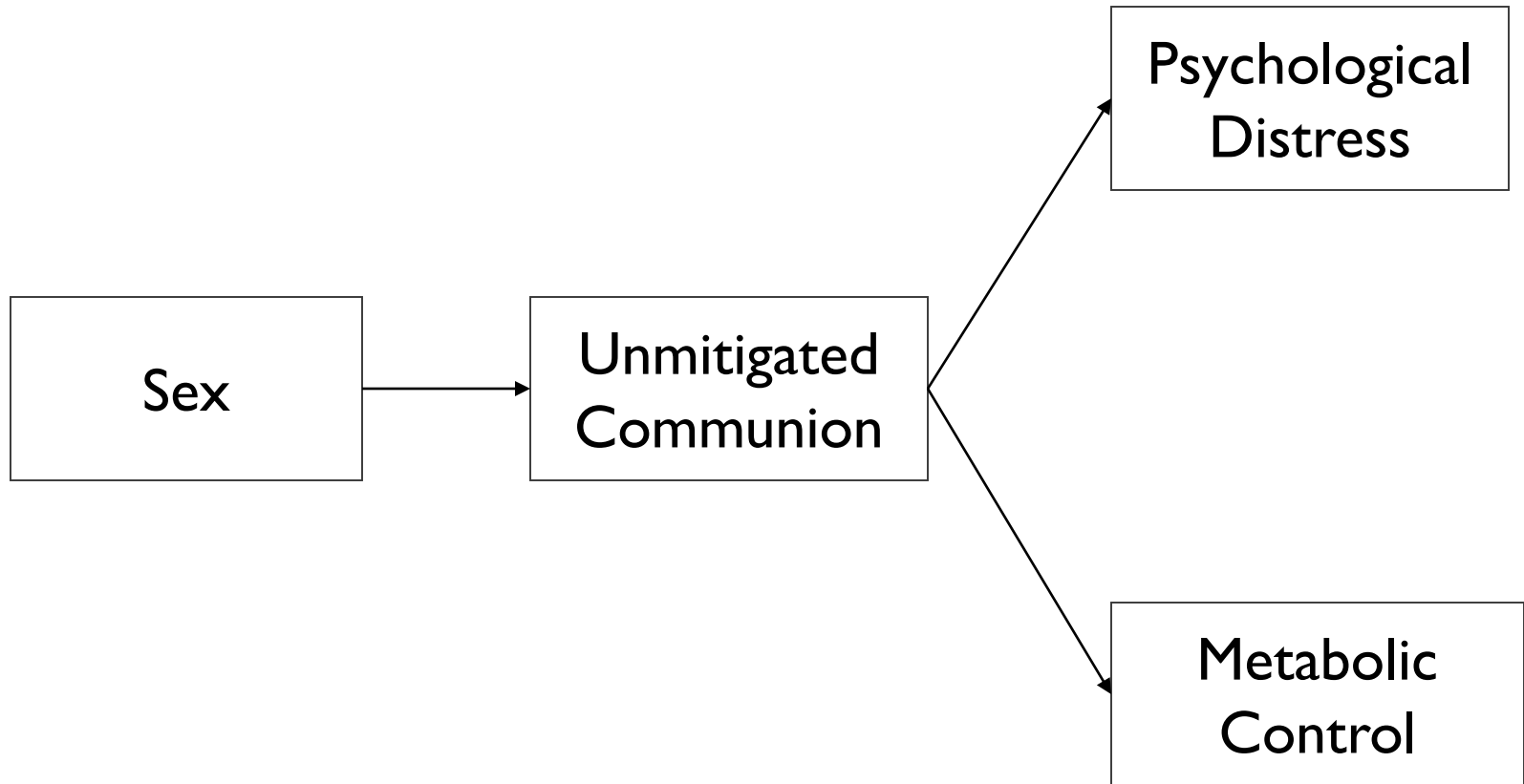
Adolescents with Type I Diabetes

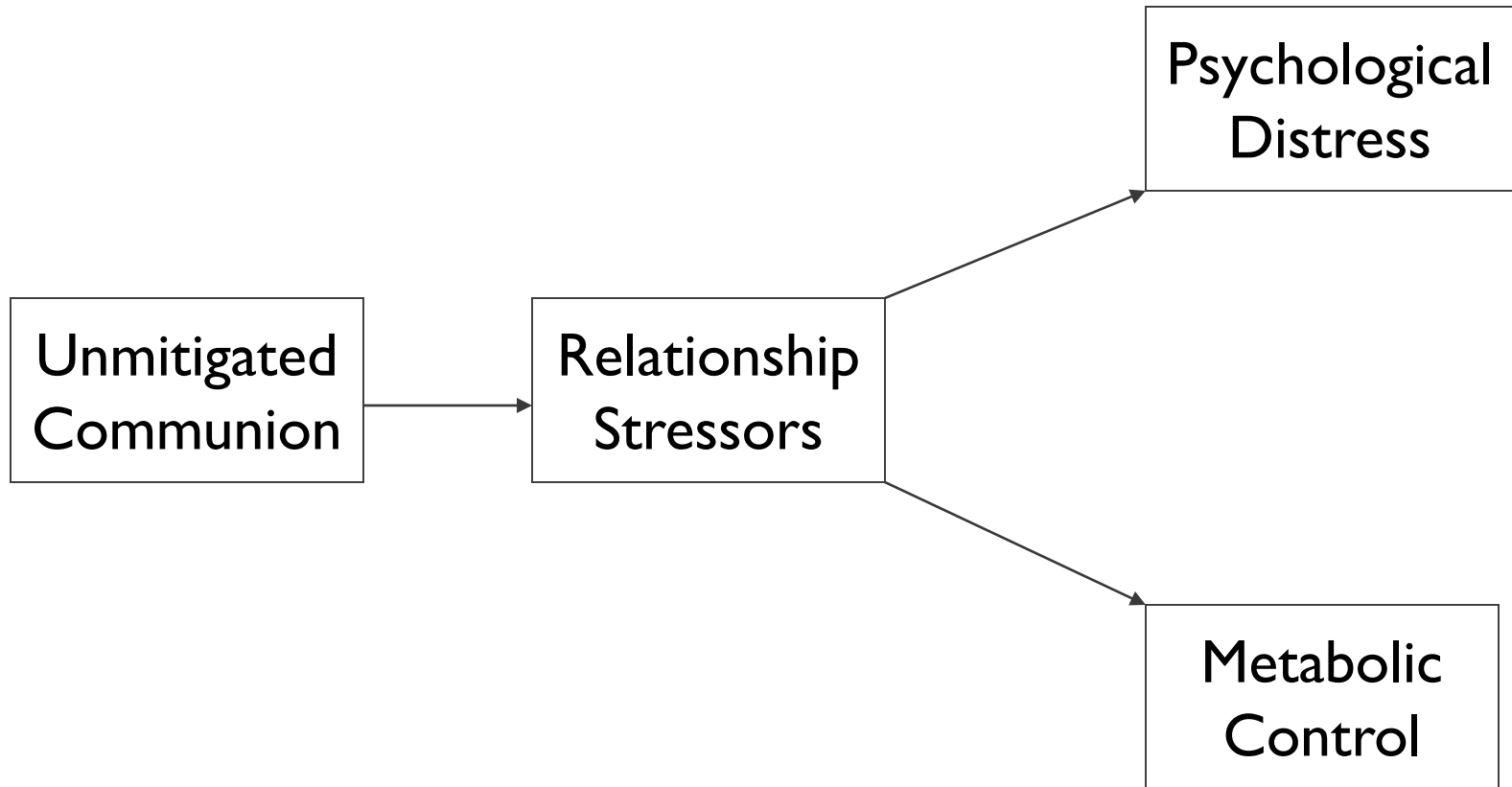
- $n = 43$
- ages 13-17
- T1 interview
- T2 interview (4 months later)



Helgeson & Fritz (1996)







Adolescents with and without Type I diabetes

- 132 diabetes; 131 controls
- Average age 12 at enrollment
- Followed for 5 years



Helgeson & Palladino (2012)

Concurrent Multi-Level Models: Coefficients and Standard Errors

	Parent Relationship	Friend Support	Friend Conflict
Intercept	4.04 (.21)***	2.66 (.21)***	.87 (.20)***
Age	-.02 (.01)	.07 (.01)***	.04 (.01)**
Social Status	.00 (.00)	.00 (.00)	.00 (.00)
BMI	-.01 (.00)+	-.00 (.00)	-.01 (.00)*
Puberty	-.02 (.02)	-.03 (.02)	-.01 (.02)
Sex	.11 (.06)*	-.50 (.06)***	.12 (.05)*
UC	-.08 (.03)*	.12 (.03)***	.09 (.03)**
UA	-.10 (.03)**	-.01 (.03)	.27 (.03)***
Agency	.08 (.03)*	.05 (.03)	-.00 (.03)
Communion	.11 (.03)**	.20 (.03)***	-.07 (.03)*

Note: UC = unmitigated communion; UA = unmitigated agency; + $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$

Concurrent Multi-Level Models: Coefficients and Standard Errors

Depression	Anger	Self-care
1.16 (.08)***	1.08 (.23)***	4.30 (.31)***
.01 (.00)	.08 (.01)***	-.10 (.01)***
.00 (.00)	-.00 (.00)	.00 (.00)
.00 (.00)*	-.00 (.00)	-.01 (.01)
-.00 (.01)	.03 (.02)	.03 (.02)
-.10 (.02)***	-.16 (.05)**	-.04 (.07)
.08 (.01)***	.15 (.04)***	.03 (.04)
.02 (.01)	.21 (.03)***	-.10 (.04)**
-.03 (.01)*	.07 (.04)	.07 (.05)
-.07 (.01)***	-.12 (.04)**	-.00 (.06)

Note: UC = unmitigated communion; UA = unmitigated agency; + $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$

Longitudinal (lagged) Multi-Level Models: Coefficients and Standard Errors

	Parent Relationship	Friend Support	Friend Conflict
Intercept	1.42 (.18)***	1.20 (.16)***	1.09 (.17)***
Baseline outcome	.62 (.03)***	.60 (.03)***	.41 (.03)***
Age	-.01 (.01)	.04 (.01)***	.02 (.01)
Social status	.00 (.00)	.00 (.00)	.00 (.00)
Puberty	-.02 (.02)	.00 (.02)	.02 (.02)
Sex	.06 (.03)+	-.24 (.04)***	.11 (.04)***
UC	-.06 (.03)*	.02 (.03)	.06 (.03)*
UA	-.03 (.03)	-.07 (.03)**	-.01 (.03)
Agency	.02 (.03)	.09 (.03)**	.06 (.03)
Communion	.08 (.03)*	.02 (.03)	-.14 (.03)***

Note: UC = unmitigated communion; UA = unmitigated agency; + $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$

Longitudinal (lagged) Multi-Level Models: Coefficients and Standard Errors

	Depression	Anger	Self-care	HbA1c
Intercept	.77 (.08)***	1.50 (.21)***	1.52 (.28)	2.40 (.65)***
Baseline outcome	.34 (.03)***	.22 (.03)***	.63 (.04)***	.71 (.04)***
Age	.00 (.01)	.05 (.02)**	-.04 (.01)**	-.06 (.04)
Social status	.00 (.00)	-.00 (.00)	.00 (.00)	-.01 (.01)*
Puberty	.01 (.01)	-.01 (.02)	-	-
Sex	-.07 (.02)***	-.18 (.05)***	.01 (.04)	-.01 (.11)
UC	.03 (.01)*	.05 (.04)	-.11 (.03)**	.25 (.10)*
UA	.03 (.01)+	.09 (.04)*	-.02 (.03)	-.03 (.10)
Agency	-.03 (.01)*	.03 (.04)	-.02 (.04)	.10 (.12)
Communion	-.02 (.01)	-.09 (.04)*	.09 (.04)*	-.23 (.11)*

Note: UC = unmitigated communion; UA = unmitigated agency; + $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$



Are UC individuals more
affected by relationships?

Laboratory Studies

- Exposed to person who self-discloses problem
 - ❖ Study 1: Friend
 - ❖ Study 2: Stranger

Intrusive thoughts about problem

	Study 1	Study 2
Unmitigated Communion	.46 **	.35 *
Communion	.24	.08



Daily Diary Study (EMA) of College Students

- 41 college students
- phone interviews nightly for 2 weeks
- measured on a daily basis:
 - Interpersonal conflict
 - Mood (anxiety, depression)
 - Self-esteem

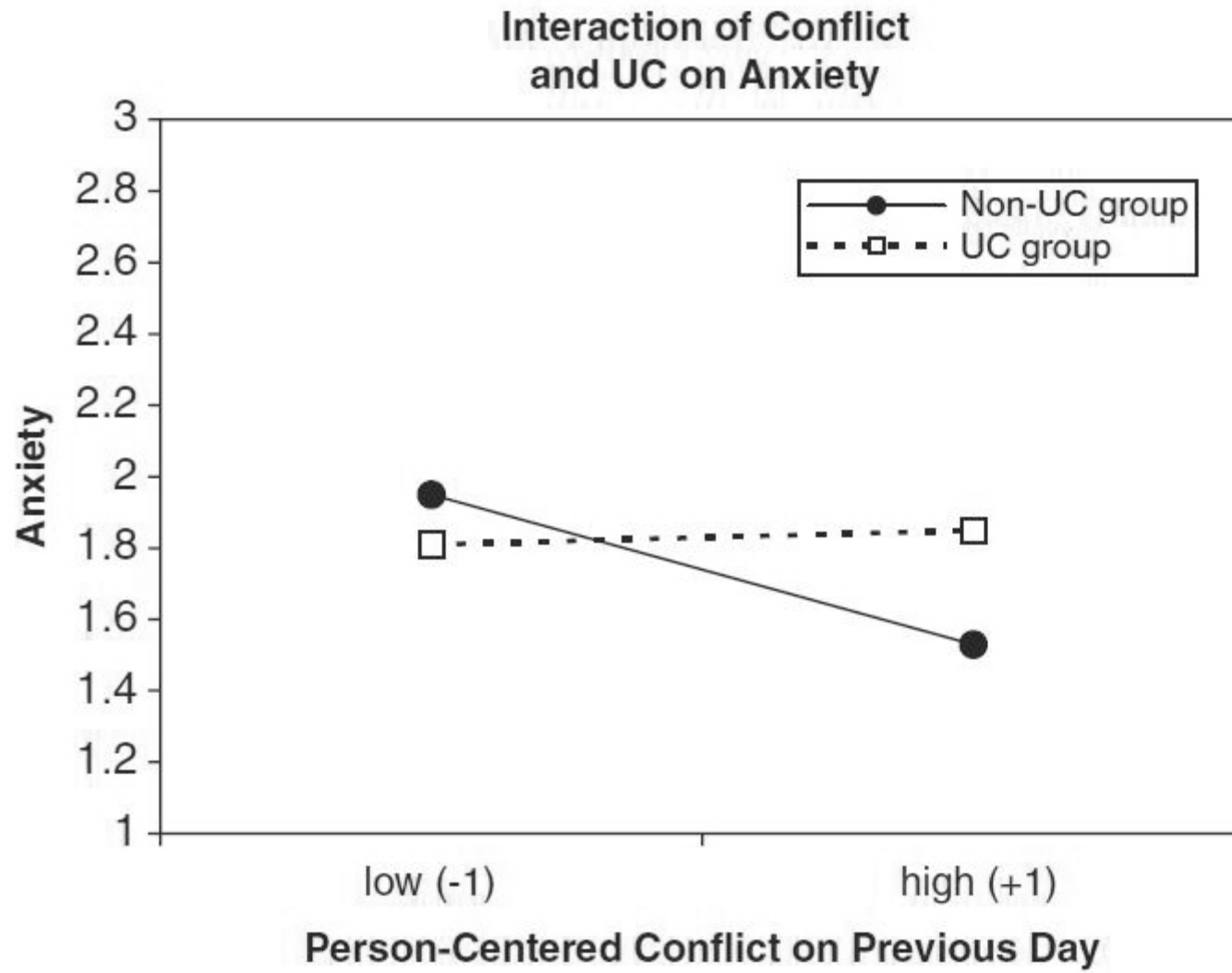


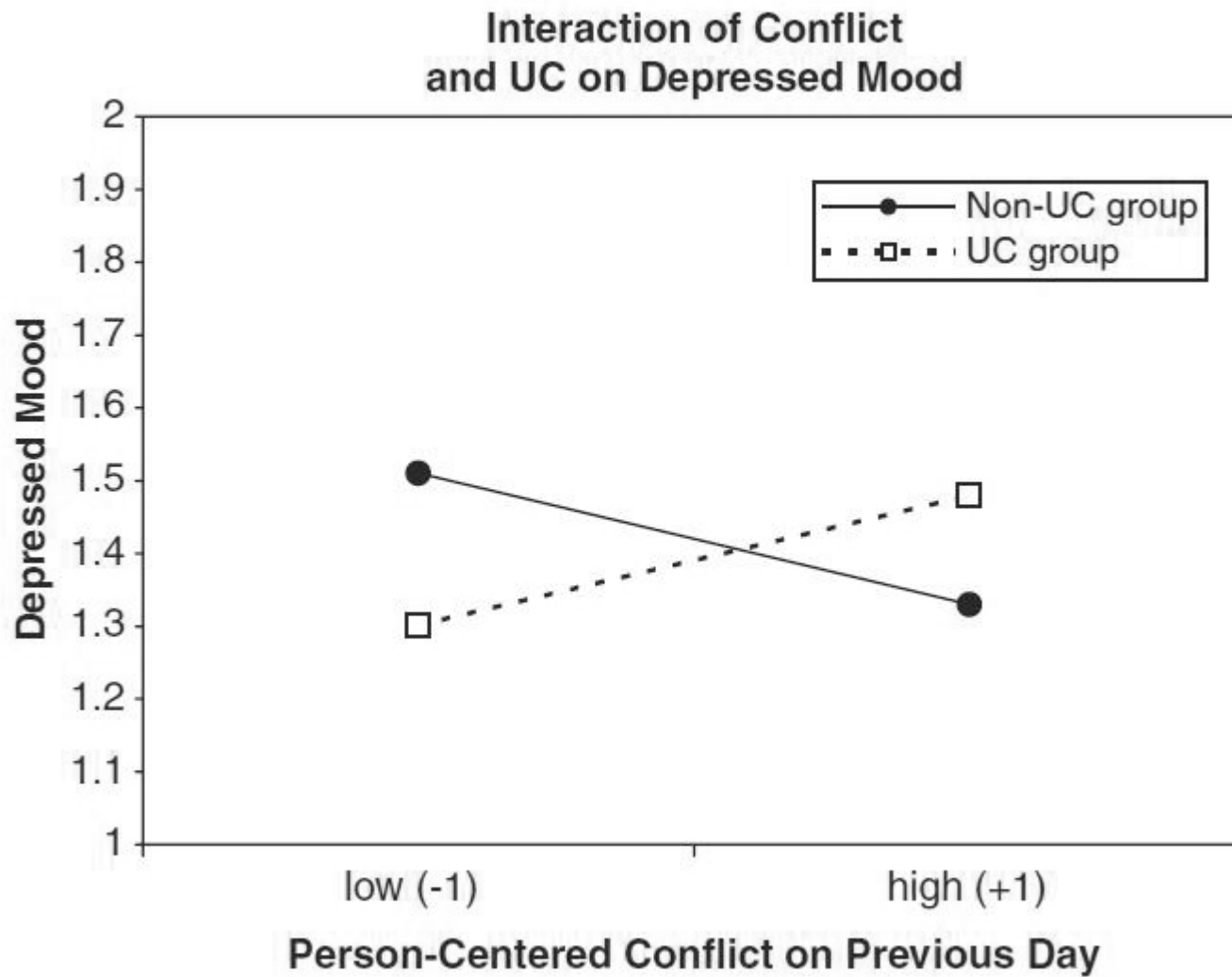
Hypothesis 1:

interpersonal conflict related to increased anxiety and depression and decreased self-esteem

Hypothesis 2:

relations stronger for UC than non-UC individuals

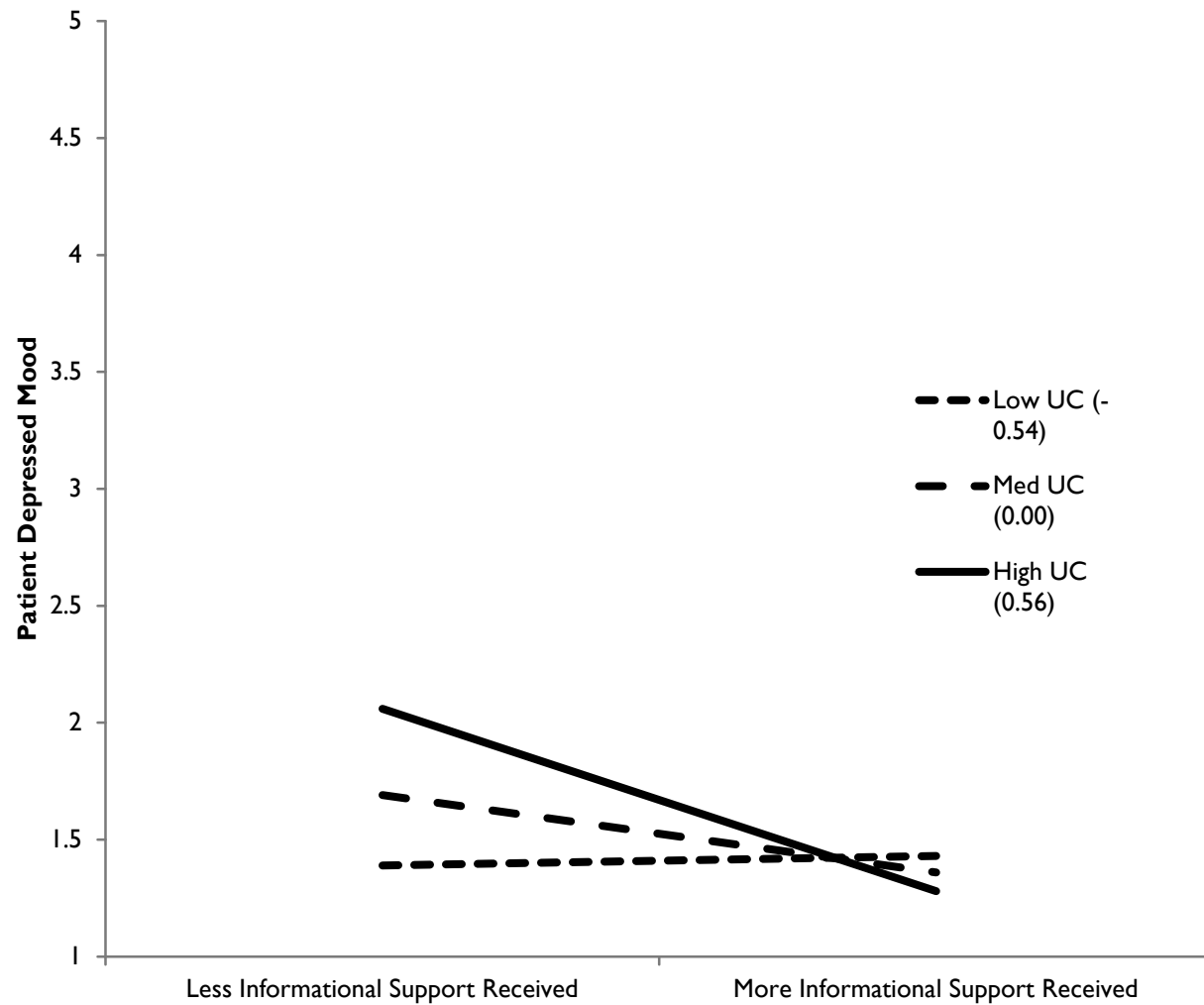


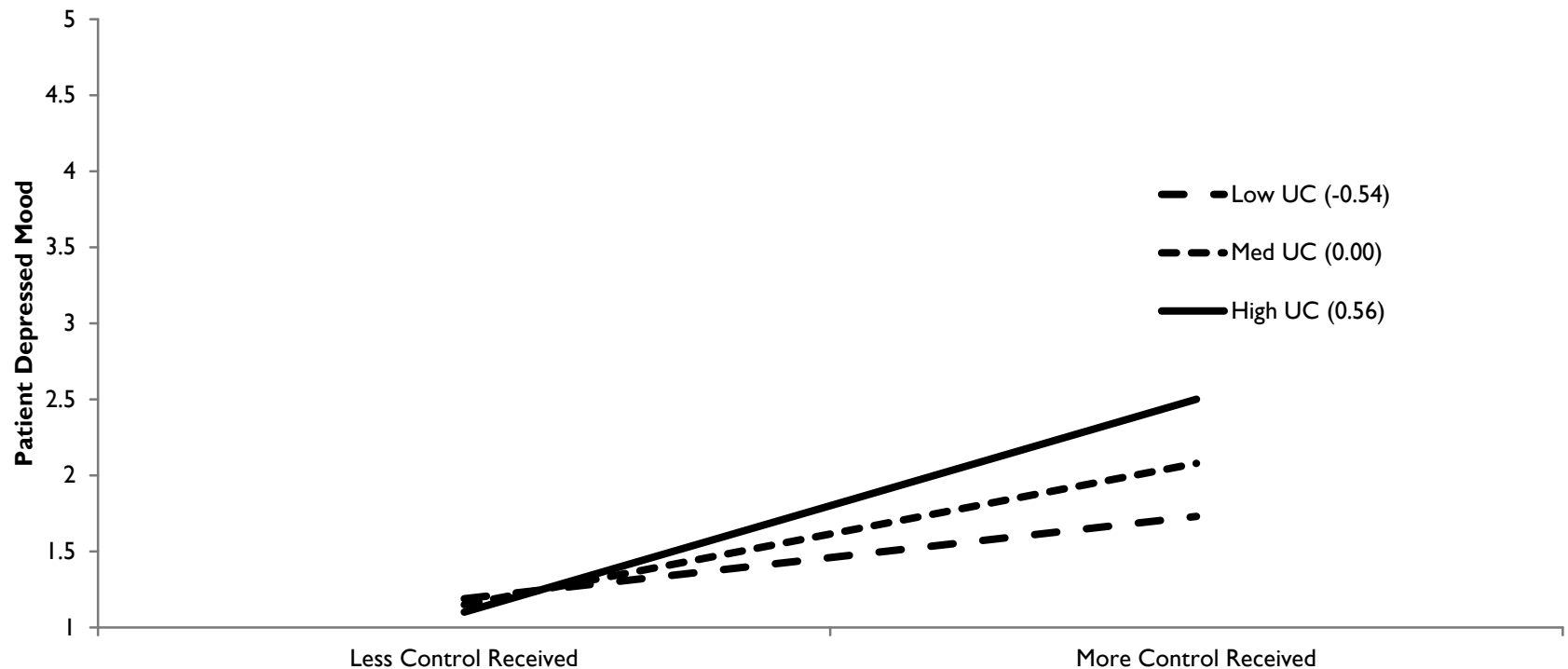


Adults with Type 2 Diabetes and Partners

- one person was recently (last 5 years) diagnosed with type 2 diabetes
- Partnered (married or living together)
- half Caucasian; half African American
- EMA: daily diary study for 14 days
- $n = 70$







Perceiving partners as controlling was related to poor mood for all-
but especially patients who scored high on UC

Communal Motivations: A Meta-Analysis

Communal Motivation:

“motivation to care for the welfare of others and desire that others will be similarly caring for one’s own welfare”

- Focused on maximizing joint outcomes

Unmitigated Communion Motivation:

- Maximizing partner’s outcomes without consideration of one’s own outcomes

Personal Well-Being

	<i>k</i>	N	<i>r</i>	Q
Communal motivation	16	6181	.12***	25.81*
UC motivation	26	4901	-.06***	28.27 n.s.

Understanding Self-Neglect:

Why People Don't Ask For Help When They Need It

	Communion	UC
Asking is a sign of weakness	-.15+	.00
Burden to others	.21*	.36***
Others can't help anyway	-.13	-.09
Others don't want to help	.13	.25**
Asking annoys people	.24**	.46***

+ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

UC over the lifespan

Little attention to lifespan:

Followed gender-related traits from ages 12-16

- ❖ UC: increased in girls and decreased in boys
- ❖ Communion: no change (F > M)
- ❖ Agency: sex differences decreased with age
 - females increased
 - males same

Culture and UC

Little attention to culture, race/ethnicity

- ❖ Are there cultural differences in the value of orientations toward others vs self?
- ❖ Are there cultural differences in the way an other-orientation is construed?

MANY MANY THANKS!!!

Grant Support:

R01 CA61303 breast cancer

R01 DK60586 children, adolescents, young adults
with and without type 1 diabetes

R01 DK095780 couples in which one person has type 2 diabetes

Many students and staff at CMU

