

THE PSYCHOLOGY OF WOMEN - AN INCLUSIVE APPROACH



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About This Book

About This Book

This is an introduction to the psychology of women and gender, written for community college students.

The twelve chapters move from the categories of sex and gender themselves outward to the institutions that benefit from them, and to the consequences of a binary sex and gender system. Chapters 1 through 4 lay the foundation: how cultures sort people by sex and gender, how feminist and LGBTIQ+ movements have contested that sorting, how psychological research on gender has been done well and badly, what biology does and does not determine, and which developmental theories have held up. Chapter 5 analyzes gender as a social construct that works to maintain existing power hierarchies. Chapters 6 through 10 examine the impact of those constructs on research and on human psychology across several domains, including cognition, communication and emotion, the workplace, sexuality and relationships, and masculinity, aggression, and violence. Chapters 11 and 12 turn to physical and mental health, where those consequences are explored.

Two priorities shape the content throughout. Trans and nonbinary experience is analyzed inside every chapter. And race, class, and sexuality are pulled through each topic as part of the analysis to highlight intersectionality, and to identify the limits of generalizability when research is conducted on limited samples.

A note on AI tools

The author acknowledges the use of AI tools, Claude (Anthropic) and NotebookLM (Google), during the development of this book, from 2025 to 2026. These tools were used for outlining, structural organization, editing, and reference formatting. All AI-assisted content was critically reviewed and substantially revised by the author, and all citations were verified against original sources. Final responsibility for all content, including accuracy, tone, and pedagogical framing, rests with the author.

About the Author

Rochelle Burnaford is a professor of psychology at Diablo Valley College, where she has taught the Psychology of Women, Lifespan Development, and Introductory Psychology for thirteen years. She earned her PhD in Cognition, Neuroscience, and Social Psychology from the University of South Florida, and it was in graduate school that she found the passion for teaching that led to her current role as tenured community college faculty. Her teaching interests center on equity-focused pedagogy, both online and in classrooms. She wrote this book because the available psychology of women texts treat trans and nonbinary people as a special case rather than as part of the subject, and because a community college course needs a text students can actually afford.

1: SEX, GENDER, AND SOCIAL MOVEMENTS

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1.1: Introduction

Every known human society has developed systems for categorizing people by sex and gender, but those systems have varied dramatically. Many Indigenous cultures, for example, have long recognized gender identities beyond the categories of male and female, such as Two-Spirit identities among some Indigenous Nations (Roscoe, 1998), Hijra identity in South Asia (Nanda, 1999), and the five gender identities recognized by the Bugis of Indonesia (Davies, 2007). This variability demonstrates that the relationship between sex and gender is not straightforward. In Western societies, there is a long history of assuming sex and gender are the same thing, and the formal distinction between sex and gender is relatively recent, emerging primarily through feminist scholarship (e.g., Oakley, 1972; Rubin, 1975; Stoller, 1968).



Intersex rights activist Esan Regmi at the first Nepal Pride Parade. By [CREATOR NAME], [CC BY-SA 4.0], via [Wikimedia Commons](#)

conform to male or female sex categories. This practice has been challenged by intersex advocates and human rights organizations as unethical (Amnesty International, 2017).

Understanding this history matters because the categories we use to describe sex and gender, and the language we use to discuss them, are not neutral. They shape who is recognized, who is marginalized, and who has access to power (Crenshaw, 1989; hooks, 1984). This chapter introduces the foundational concepts that will be necessary for studying the psychology of women. We will cover how sex and gender are currently defined, as well as common terms for gender spectrum identities. Then we will discuss the components of gender bias, and how they contribute to the power of hegemonic masculinity. Finally, we will cover the sociopolitical movements and theoretical frameworks that have challenged (and sometimes reinforced) these categories. Concepts introduced here will serve as the framework for the rest of this textbook.



While the

A calalai, one of the five genders recognized in Bugis society, at a festival parade in Indonesia (2018). By [CREATOR NAME], [CC BY-SA 4.0], via [Wikimedia Commons](#)

distinction between sex and gender is now foundational in fields like psychology and sociology, it continues to meet resistance in broader cultural and political contexts. Part of that resistance rests on the assumption that biomedical sex falls neatly into two categories ("male" and "female"), yet even those have been defined and redefined in response to shifting scientific, legal, and political contexts. What is more, they do not account for the full range of human sex development, including intersex variations (Fausto-Sterling, 2000). Throughout the twentieth century, for instance, physicians routinely performed surgeries on intersex infants when their anatomy did not

1.2: What are Sex and Gender?

Sex and gender are some of the most familiar and confounding concepts in popular culture. They are also some of the most impactful on our individual and group psychology. Most people still grow up hearing the terms sex and gender used interchangeably. By the time we are adults it is understandable that many might think that sex and gender are basically the same thing. However, modern psychology presents a much more complex and nuanced picture (Hyde et al., 2019).

Sex, which refers to anatomical structures, chromosomes, and hormonal patterns had long been culturally assumed as a **binary** system of male vs female. However, a full understanding of biology recognizes that humans (and other animals!) can also be intersex (Fausto-Sterling, 2000). Someone who is **intersex** has variation(s) in their **primary** (anatomy, chromosomes, or hormones) and/or **secondary** (hair patterns, voice pitch, breasts) **sex characteristics** that do not fit neatly into binary categories of “female” or “male.” For example, a person who is intersex might have an extra sex chromosome (Klinefelter’s pattern – XXY) or cannot receive testosterone messages (Androgen Insensitivity Syndrome) leading to an XY person that has more female pattern external anatomy. Note that intersex identity is *not* the same as transgender identity. Section 1.2 will provide a brief introduction to transgender identity. We will also go into more detail about what it means to be intersex and what it means to be transgender in chapter 3.

Gender, unlike sex, is *not* based on reproductive anatomy. Instead, it encompasses three distinct elements. The American Psychological Association (2015) defines them as:

1. **gender identity:** an individual’s internal sense of their own gender.
2. **gender expression:** the ways they outwardly present and behave in a gendered way.
3. **gender roles and norms:** societal expectations about gender.

Research has tried to identify ways in which gender identity may be tied to brain biology. Neuroscience research on cisgender people demonstrates that most have “mosaics” of brain structures, with a mixture of features typically associated with male and female patterns. Because of this mixture, sex cannot be reliably predicted from brain structure alone (Joel et al., 2015). Some researchers have suggested that prenatal hormonal differences during fetal development might influence gender identity, but findings remain inconclusive (Sánchez & Vilain, 2013; Sanbonmatsu, 2018).

Research Highlight!: Brain Mosaics (Joel et al., 2015)

Are there distinctly “male” and “female” brains? Joel and colleagues analyzed MRI scans of over 1,400 brains and found that while some individual brain features showed average differences between men and women, very few people had brains that were consistently “male” or consistently “female” across all features. Instead, most brains were mosaics: unique combinations of features, some more common in men, some more common in women, and many that showed no sex difference at all. Less than 9% of the brains studied were internally consistent in one direction. If brains themselves do not sort neatly into two categories, the assumption that people should either is worth questioning.

These examples, along with other research on the psychology of gender identity, are providing strong evidence that gender and sex are not interchangeable, and they both exist on a spectrum. Subsequent sections will provide more detail about various identities in the gender spectrum, and additional discussion of how binaries for sex and gender are problematic.

Section Key Terms

Binary | a system of classification with only two mutually exclusive categories. Binary distinctions are common in many areas (e.g., true/false, on/off, guilty/not guilty). When used in gender studies it refers specifically to the distinctions of male/female and man/woman.

Gender expression | how someone presents publicly according to norms of behavior, presentation, and interaction that we associate with gender. While traditionally thought of as masculine or feminine, one’s expression could also incorporate elements of both or neither.

Gender identity | a person’s internal sense of their own gender. Common self-identifiers include male, female, nonbinary, and

gender fluid. Terminology continues to evolve and individuals may use other terms.

Gender roles/norms | societal expectations for how one should behave as a man or woman. Roles are still very binary, though as acceptance of gender diversity increases new roles/norms may arise for nonbinary, fluid, and agender identities.

Intersex | someone whose chromosomes, anatomy, and/or hormones do not fit into the binary “male” or “female” pattern.

Primary Sex Characteristics | anatomical structures present at birth related to reproduction (genitals, gonads, chromosomes).

Secondary Sex Characteristics | Physical changes related to reproductive anatomy that occur during puberty.

Sex | body pattern classification as: (1) female – typical patterns include ovaries, vulva, XX chromosomes, and higher use of estrogens, (2) intersex – chromosomal, structural and hormonal presentations that are not strictly male or female, (3) male – typical patterns include testes, penis, and higher use of testosterone

1.3: The Gender Spectrum, Cisnormativity, and Gender Hierarchies

Gender binary assumptions dictate that a person's gender identity should "match" their **sex assigned at birth**. Sex assigned at birth is a label (male, female, or intersex) typically given by doctors at birth, based solely on visible anatomy. When someone's gender identity aligns with their sex assigned at birth, they are considered **cisgender**. There is increasing recognition in both science and popular culture that gender is a wide spectrum of identities and forms of expression, and that sex does not dictate gender identity (Hyde et al., 2019), therefore people are not automatically cisgender. **Transgender** is often used as an umbrella term for anyone whose gender identity differs from their sex assigned at birth. However, terms for identities change over time, and any one individual may have terminology they feel most accurately represents them. The following terms are those that you may commonly see today.

- **Trans man** – a man and assigned female at birth
- **Trans woman** – a woman assigned male at birth
- **Nonbinary** – a gender identity that is not exclusively masculine or feminine
- **Genderqueer** – similar to nonbinary, sometimes used interchangeably, but tends to be more of an umbrella term for anyone who does not identify with conventional understandings of sex and gender identities, roles, or expression
- **Agender** – not identifying with any gender
- **Genderfluid** – a gender identity that changes over time

Broader terms like **transfeminine** and **transmasculine** are also used within transgender and medical communities to describe a general direction of gender identity (Simmons & White, 2014), though their precise meanings vary across individuals and contexts.

"It's not as simple as saying that 'while the terminology is new, the experiences are not.' The advent of new terminology can genuinely shift how we think about gender, as well as what names we give to our experiences."

- Kit Heyam, *Before We Were Trans: A New History of Gender* (2022)

Cisnormativity

Even as scientific research highlights the variability of gender, and LGBTQIA+ activism has grown more visible, cultural expectations about gender have remained relatively slow to change. One concept that helps explore this resistance to change is **cisnormativity**: the assumption that people's gender identity can and should conform to the gendered norms of their sex assigned at birth, and that cisgender identities are the norm (Bauer, 2009). As defined here, cisnormativity does not dictate what a culture's specific gender expectations should be. There can be some cross-cultural variability in the norms associated with males versus females. For example, norms around physical affection between male friends vary across cultures. In Western contexts, physical affection between men is often restricted by masculine norms (Granderson et al., 2025), but in parts of South Asia, for example, close physical affection between male friends is a common expression of friendship (Osella & Osella, 2006). Even within Western cultures, norms have shifted over time. In the United States, platonic physical closeness between men was commonplace in the 19th century but became stigmatized by the mid-20th century due to homophobia (Ibson, 2002). Thus, it is important to examine both a given culture's gender categories and the expectations associated with those categories to understand the effects of cisnormativity in that cultural context.

Norms in mainstream Western cultures assume a gender binary (man/woman) and associate women with communal traits such as warmth, emotionality, and nurturance, while men are associated with agentic traits like dominance, assertiveness, and independence (Eagly & Wood, 2012). More nuanced understandings of gender norms will be explored in later chapters, particularly how gender norms can interact, or *intersect*, with other social identities such as race, socioeconomic status, and religious affiliation. For now, ask yourself: which set of gendered traits does Western culture tend to value more highly? When gender norms associate more highly valued traits with one gender category over another, those norms begin to organize social value and power (Ridgeway, 2011).

Gender Hierarchies

Together, cisnormativity and gender norms may help maintain social hierarchies by assigning greater social value to certain gendered traits and enforcing conformity to them. Research covered in greater depth throughout this book provides evidence that gendered expectations begin to form before birth, with expectant parents (fathers especially) forming sex-typed expectations for the baby once its sex is known (Imhoff et al., 2023) and gendering the child's material environment through prenatal purchases (Barnes, 2015). In turn, gendered social hierarchies influence how people understand themselves and others (Martin & Ruble, 2004), and structure institutional practices (schools, workplaces, healthcare, law) that reflect the hierarchy (Acker, 1990; Risman, 2004).

“At its heart, discrimination against gender non-conforming people happens because of a system that rewards conformity and not creativity. Rather than celebrating people who express themselves on their own terms, we repress them. This repression is something we first did to ourselves. We know how to do it so well to other people because we were the first testing grounds. We silenced our own differences, subdued our creativity, and toned down our own gender non-conformity in order to fit in. We thought fitting in would give us security—but is it security when someone else living their life differently unsettles us to our very core?”

—Alok Vaid-Menon, *Beyond the Gender Binary* (2020)

Gender categories and hierarchies may persist in part because of how our brains process information. Cognitive neural networks rely on categorization to manage vast amounts of information that we take in every day. When you look at a table or a chair, unless its design is unusual, you don't have to spend time thinking about what it is. Our cognitive networks allow us to sort recognizable things into categories easily. Such categorization allows for faster processing, though it is prone to errors. We tend to see everyone within a group as more similar than they really are, and people in different groups as more different than they really are (Tajfel & Wilkes, 1963). Because gender is one of the earliest categories children learn (Martin & Ruble, 2004), this means that we tend to see boys/men as more similar to each other than they are to girls/women, and vice versa.

We also tend to see more individuality within our own groups than we recognize in other groups, known as the **out-group homogeneity effect** (Quattrone & Jones, 1980). Applied to gender, this means that men may easily see the diversity among men but perceive women as more alike, and vice versa. None of this would matter if we were only sorting tables and chairs. But when social categories like binary gender are used as rigid rules to be enforced, the consequences are harmful. When people engage in behavior that violates norms for their gender, they risk social and even physical consequences for the violation (Vandello & Bosson, 2013), regardless of their gender identity. Newer research is pointing to how a binary structure in particular makes out-groups seem more homogenous. When social markers are more complex, even just adding one additional category, people form more diverse and idiosyncratic categories, which reduces the strength of intergroup bias (Hertz, 2025).

Consequences of binary gender role violations are not just social judgement and discomfort. For those whose gender identity does not align with cultural expectations, the enforcement of gender norms can have serious psychological and physical consequences. Research on minority stress shows that being repeatedly misgendered is associated with negative affect and a diminished sense of authenticity (McLemore, 2015), and that having one's gender identity repeatedly not recognized by others correlates with higher depressive symptoms and social anxiety (Testa et al., 2015). Beyond psychological harm, transgender people face disproportionate rates of physical violence. Many report experiencing discrimination from the very services designed to protect survivors of violence, including police, healthcare providers, and domestic violence services (Wirtz et al., 2020). And particularly relevant to the current text, trans women are disproportionately targeted by transphobic violence, with Black trans women at particular risk (Human Rights Watch, 2021). The intersections of gender, race, and class that shape this pattern of violence will be explored in greater depth in Chapter 10.

Section Key Terms

Agender | someone who doesn't identify with a gender.

Cisgender | someone whose gender identity “matches” or aligns with their sex assigned at birth. Born female, and identifies as a girl/woman, or born male and identifies as a boy/man.

Cisnormativity | the assumption that everyone identifies with the sex they were assigned at birth and that this alignment is natural or expected.

Genderfluid | someone whose gender identity changes over time.

Genderqueer or queer | umbrella term for anyone who doesn't identify in strict binary terms. Some people use "queer" as an umbrella term for any non-cisgender/non-heterosexual identity while others think of it a political stance that rejects conventional labels.

Nonbinary | someone whose gender identity is not exclusively male or female.

Sex assigned at birth | label (male, female) given at birth. Usually assumed based on visible sexual anatomy. See chapter 3 for ways that this has been complicated by non-consensual gender reassignment surgeries on babies born intersex.

Trans man | a man who was assigned female at birth.

Trans woman | a woman who was assigned male at birth.

Transfeminine | someone assigned male at birth whose gender identity leans more feminine.

Transgender | someone whose gender identity differs from their sex assigned at birth.

Transmasculine | someone assigned female at birth whose gender identity leans more masculine.

1.4: Gender Bias, Systems of Power, and the Importance of Equity

The violence and institutional failures described above do not occur in isolation. Where someone falls on the gender spectrum, and how much they conform to or deviate from culturally prescribed gender expectations, can influence how they are treated. These patterns of treatment reflect **gender bias**, which refers to the ways in which **stereotypes** (what we think and believe about gender groups), **prejudice** (how we feel about gender groups), and **discrimination** (how we treat people differently based on gender) function together to produce and sustain unequal gendered outcomes. Because the gender binary is deeply embedded in Western cultures, gender biases tend to operate in binary terms, rewarding conformity to gendered expectations and punishing deviations from them.

These three components can also operate independently. A hiring manager who genuinely believes in gender equality can still unconsciously favor male applicants for leadership roles (Moss-Racusin et al., 2012), and a teacher who holds no explicit bias may still call on boys more frequently in math and science classrooms (Sadker & Sadker, 1994). Together, these components of gender bias are part of larger systems of gendered power that influence which behaviors are valued the most and which are punished.

Systems of Gendered Power

R.W. Connell (1995) introduced the concept of **hegemonic masculinity** to describe how masculinity maintains dominance over subordinate groups. In Western contexts, hegemonic masculinity is associated with traits such as physical toughness, competitiveness, and heterosexuality, as well as behavioral expectations like suppressing vulnerability, and avoiding anything coded as feminine (Pascoe, 2007). This form of masculinity helps legitimize **patriarchy**, a social system in which men hold primary power and authority.

Importantly, hegemonic masculinity is not a description of how most men behave. It is a cultural ideal that few men live up to, and yet it is the standard by which all other expressions of gender, both masculine and feminine, are measured. Those who fail to conform to this ideal are subordinated, including women as a group, but also gay men, men of color (Collins, 2004; R.W. Connell & Messerschmidt, 2005), and men who display traits coded as feminine (R.W. Connell, 1995). Because it operates as a system of social recognition and power, access to privilege shifts depending on how one is perceived within the gender hierarchy. Research on trans masculinities, for example, suggests that trans men may gain access to certain forms of male privilege when they are socially recognized as men (Schilt, 2010). Conversely, trans women may lose access to such privilege or face increased scrutiny for engaging in femininity (C. Connell, 2010), whereas cis women may be criticized if they choose to violate gender norms and behave in ways associated with men, such as seeking leadership roles or being assertive (Heilman et al. 2004; Rudman, 1998). As a result, patriarchy and hegemonic masculinity mean that women, both cis and trans, are blocked from avenues of power.

If patriarchy is the system, and hegemonic masculinity is the standard for comparison, then misogyny is how they are upheld and enforced. Philosopher Kate Manne (2018) differentiates misogyny from sexism. **Sexism** refers to the beliefs and assumptions that make male dominance seem justifiable. Sexist beliefs can take overtly hostile forms or seemingly positive ones, a distinction we return to in Chapter 5. On the other hand, Manne describes **misogyny** as the “law enforcement branch” of patriarchy. It is the set of social mechanisms, such as harassment and backlash against women who step outside their prescribed roles, that police and punish those who violate its gendered expectations while rewarding those who comply.

Equality versus Equity

Seeing gender bias as part of these larger systems of power, and not just as individual attitudes, also changes how we think about solutions. An assumed logical starting point when only considering individual attitudes might be **equality**, treating everyone the same regardless of gender. Equality is essential in contexts like equal pay for equal work or equal protection under law. But identical treatment that ignores wider systems of power simply preserves the advantage of those who were already ahead. Consider access to education. What happens when a school district provides every student with the same resources regardless of neighborhood? Students in wealthier areas still have access to things like private tutoring, college-educated parents, and technology in their home. The “equal” solution does nothing to address the systemic barriers creating inequality.

Equity, by contrast, involves recognizing differences in circumstances and adjusting support accordingly. For example, women

in male-dominated fields are less likely to receive the informal mentorship that facilitates career advancement (Ramaswami et al., 2010). Providing mentorship programs specifically for women in male-dominated fields addresses a structural disadvantage that already exists. An equity-based approach like this recognizes that systemic gender bias and the systems of power described above have produced unequal environments before an intervention begins. The analysis of these systems owes its existence to decades of feminist activism and scholarship that identified and challenged such systems.

Section Key Terms

Equality | treating/supporting everyone the same.

Equity | tailoring treatment or support to individual or group needs to achieve fair outcomes.

Gender bias | patterns of stereotypes (cognition), prejudice (affect), and discrimination (behavior) that function to create gender inequality.

Gender Discrimination | the behavioral component of bias where we treat people differently based on gender.

Gender Prejudice | the emotional or affective component of bias, ranging from overt hostility to subtler emotional responses like discomfort when someone violates gender norms.

Gender Stereotypes | Widely shared cultural beliefs about what people should and should not be like based on their gender.

Hegemonic Masculinity | The version of manhood a culture treats as ideal and uses to rank people against one another (introduced in Chapter 1).

Misogyny | following Manne (2018), the enforcement branch of patriarchy; the social mechanisms that police and punish those who violate gendered expectations while rewarding those who comply. Distinct from individual hatred of women, it functions as a system that maintains male dominance.

Patriarchy | a social system in which men hold primary power and authority.

Sexism | the beliefs and assumptions that make male dominance seem justified.

1.5: Feminism- History, Goals, and Ongoing Debates

Equity-based thinking did not emerge on its own. It grew out of decades of organized resistance to the very systems of bias and power we have been describing. **Feminism** emerged as an effort to challenge systems (legal, political, and cultural) that limited women's rights and opportunities. Feminists have compelled changes in professional fields by calling attention to biased practices and pushing for more equitable approaches. In law, feminist scholars reframed sexual harassment as a form of sex discrimination rather than a personal matter (MacKinnon, 1979). In medicine, activists challenged the routine exclusion of women from clinical trials, a practice that was not formally addressed until the NIH Revitalization Act of 1993. In psychological science, feminist scholars have questioned research that treats male experience as the default (Crawford & Marecek, 1989).

We will explore these research biases further across later chapters. More broadly, feminist scholarship has transformed not only what we study but how we study it, challenging the assumption that any research can be neutral when conducted within systems of inequality. Understanding feminism, then, is not only about learning political history. It is about recognizing how social movements reshape research questions and the categories we use to understand human psychology.

Although feminism has never been a single, unified movement, its central aim has been to question systems of gender inequality. Its history is often organized using a wave metaphor.



Indian suffragettes in the 1911 Women's Coronation Procession in London. Women of color have always been part of the movement for the vote, even where the historical record has tended to foreground White suffragettes. Via [Woman and her Sphere](#), public domain, through [Wikimedia Commons](#).

suffrage while failing to fully support, and at times actively discounting and opposing, the humanity and rights of Black women (Davis, 1981; Giddings, 1984). During the second wave, much of the public narrative in the United States, both media coverage and among feminists themselves, centered on the concerns of White, middle-class women. The experiences of working-class women and women of color who had long been engaged in labor struggles and community activism were sidelined or ignored (hooks, 1984; Thompson, 2002). Second-wave feminists also marginalized lesbians within the movement. Betty Friedan, a major figure in second wave feminism, famously referred to feminist lesbians as “the lavender menace,” a phrase that lesbian activists later reclaimed and put on t-shirts to call attention to homophobia within feminist spaces (Jay, 1999).

Third-wave feminists criticized the reproduction of societal biases within the movement by focusing on **intersectionality**. Feminist legal scholar Kimberlé Crenshaw introduced the term to describe the ways in which experiences of oppression can combine and compound (Crenshaw, 1989). For example, Black women face oppression both as women and as people of color. Intersectionality can help us recognize how Black

- **First Wave** – late 1700s to early 1900s – suffrage and legal rights.
- **Second Wave** – 1960s to 1970s – workplace equality, and reproductive rights.
- **Third Wave** – 1980s to 1990s – intersectionality, critiques of earlier exclusion and marginalization among feminists.
- **Fourth Wave** – 2000s to present – digital activism, global movements against sexual harassment and gender-based violence.

The wave framework can be helpful for an easy frame of reference, but it has limits. The framework oversimplifies activism by suggesting it happens in separate but internally cohesive stages. It also centers White Western narratives while overlooking feminists of color and feminist movements in other parts of the world (Mohanty, 2003). For example, first-wave feminism is usually pictured through White women in the United States and United Kingdom, even though women like the Indian suffragettes (pictured left) were part of these movements too.

For example, some first-wave White feminists prioritized White women's



A "Lavender Menace" T-shirt, the kind worn by lesbian activists who reclaimed Betty Friedan's insult as

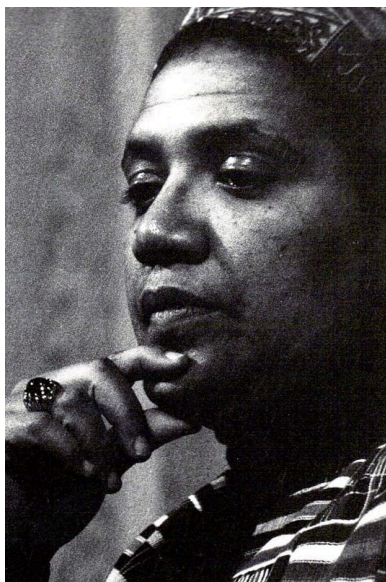
women's experiences differ from White women or Black men as a result. The concept of intersectionality has been fundamental in shifting how we understand the value of each person's combination of identities.

a badge of pride. Photo by [Edenaviv5](#), CC BY-SA 4.0, via Wikimedia Commons.

Beyond the Waves: Differing Approaches

Despite what the wave model suggests, multiple different perspectives and approaches to feminism and feminist activism have been present across the waves.

Liberal feminists (e.g., Gloria Steinem, Betty Friedan) tend to focus on enacting change *within* our current systems. Strategies often involve peaceful protest and legislative reform which has sometimes put them at odds with **radical feminists** (e.g., Catharine MacKinnon, Andrea Dworkin), who have historically sought to demolish patriarchal systems they view as irreformable (MacKinnon, 1989). Radical feminists have even argued that performing femininity itself reproduces patriarchal roles (Dworkin, 1974). While radical feminism centers patriarchy as the primary system of oppression, **socialist feminists** (e.g., Angela Davis, Silvia Federici, Heidi Hartmann) have explored capitalism's role in women's oppression, arguing that gender and class exploitation are intertwined. For example, both individual men and capitalist systems in general benefit from women's unpaid labor (Federici, 1975). Notably, the work of figures like Angela Davis bridged both socialist feminism and women of color feminism by arguing that race, gender, and class, must be considered in combination to be fully understood.



Audre Lorde in April 1980, the year she and Barbara Smith founded Kitchen Table: Women of Color Press. Photo by [K. Kendall](#), CC BY 2.0, via Flickr.

Building on this tradition, **Black feminists** and **women of color feminists** (e.g., Audre Lorde, Gloria Anzaldúa) pushed for attention to the overlapping oppressions of race and class with gender. Among the most influential works on Black feminism, The Combahee River Collective Statement, led by Barbara Smith, Beverly Smith, and Demita Frazier, outlined the ways in which Black women experienced interlocking oppression as both women and people of color that were not addressed by feminist, Black civil rights, and socialist movements (Combahee River Collective, 1977/1983). Barbara Smith and Audre Lorde went on to found Kitchen Table: Women of Color Press in 1980, the first US publisher run by and for women of color, because Black feminist and lesbian writers had no route into print that did not depend on White-dominated houses (Smith, 1989). Drawing on the ideas expressed in the statement, scholars like bell hooks (1981) and Kimberlé Crenshaw (1989), whose concept of intersectionality was discussed above, worked within feminist theory to focus on race intertwined with gender. Others moved beyond feminism towards **womanism** (Walker, 1983), drawing from Black women's culture to center survival and community for all, not in terms of gender alone. While feminism, even in its most inclusive forms, focuses on gender as its organizing category, womanism treats gender as inseparable from race, class, spirituality, and community wellbeing.

"If Black women were free, it would mean that everyone else would have to be free since our freedom would necessitate the destruction of all the systems of oppression."

- Combahee River Collective Statement (1977/1983)

Just as women of color feminists challenge mainstream feminism for universalizing White women's experiences, **transnational feminists** argue that Western feminism has imposed the experiences of women in Europe and North America while ignoring

the particular conditions facing women in the Global South (Mohanty, 1988). These critiques have pushed feminist movements toward greater attention to intersectionality and global perspective, but the work of inclusion remains unfinished.

Ongoing Struggles with Inclusion

Despite years of criticism, prominent feminist priorities often still center White women's experiences in everything from the Women's March of 2017 to digital activism like #MeToo (Brewer & Dundes, 2018; Moni, 2019). Writer Mikki Kendall (2020) has argued that mainstream feminism continues to marginalize women of color by failing to adequately consider basic needs as feminist issues. Additionally, critics of "girlboss" feminism, epitomized in Facebook COO Sheryl Sandberg's (2013) *Lean In*, point out that this 'brand' of feminism focuses almost exclusively on individual achievement rather than structural inequalities that

marginalize women of color (Rottenberg, 2018).

Recent debates over the inclusion of trans women in feminist spaces have drawn significant public attention. Lewis (2025) documents the origins of trans-exclusionary advocacy, tracing how a relatively small but vocal group has shaped public discourse on gender identity. In these discussions, the term **TERF** (*Trans-Exclusionary Radical Feminist*) sometimes appears. The term TERF originated in 2008 within online activist communities (Smythe, 2018) and is used to criticize those who oppose the inclusion of trans women in women-only spaces, and even within the feminist movement itself and argue that womanhood should be defined strictly by biological sex assigned at birth. To be clear, many people labeled as TERFs reject the term as a slur and instead call themselves “gender critical,” indicating their view that biological sex should outweigh gender identity (Pearce et al., 2020). The term is particularly contested in the United Kingdom, where debates over gender identity have become prominent in media and legal discourse.

The exclusionary position rests on two main assumptions. First, they argue that womanhood should be defined by being born female and socialized as a girl, so that trans women, whom they assume were socialized as boys in childhood, do not share the experience of sex-based subordination that grounds feminist solidarity. However, this not only assumes a single shared experience of girlhood that then defines womanhood, but also that boyhood and male socialization are the same regardless of felt gender identity. This contradicts arguments from Black feminist and intersectional scholars who have argued that race, class, and sexuality can all produce drastically different socialization experiences (Combahee River Collective, 1977/1983; see Pearce et al., 2020 as applied to trans-exclusion). Therefore, defining womanhood by a common socialization history runs the risk of excluding any cis woman whose experiences do not fit the assumed norm. Others point out that trans women are subject to the very gender-based discrimination and violence feminism opposes, in the compounded form Serano (2007) calls **transmisogyny**, where misogyny and transphobia reinforce each other.

The second assumption is that including trans women in women-only spaces endangers cis women. This second argument has been especially visible in public debate, but the claim at its center is not supported by the evidence. Studies of jurisdictions with trans-inclusive access policies have found no increased safety risks for cis women (e.g., Hasenbush et al., 2019).

The *inclusion* of trans women is broadly supported within feminist scholarship and by major feminist organizations, including the National Organization for Women (NOW), the Feminist Majority Foundation, as well as most LGBTQ+ advocacy organizations. Trans-exclusionary positions, while vocal in public discourse, represent a minority view within feminist spaces. Scholars documenting the movement note that its public prominence outstrips its actual support among feminists (Hines, 2020; Lewis, 2025). Those who support the inclusion of trans women argue that excluding trans women undermines core feminist principles. From this perspective, trans-exclusionary positions are not just an internal debate but a contradiction of feminist ethics. These disagreements point to broader questions about how gender is defined and put exclusionary positions in direct conflict with feminism’s commitments to combating gender-based oppression.

“What woman here is so enamored of her own oppression that she cannot see her heelprint upon another woman’s face? What woman’s terms of oppression have become precious and necessary to her as a ticket into the fold of the righteous, away from the cold winds of self-scrutiny?”

- Audre Lorde (1981)

Section Key Terms

Feminism | a sociopolitical movement that fights against gender oppression by challenging the systems that maintain gender inequality.

Intersectionality | a framework describing how multiple social identities (e.g., race, gender, class, sexuality) combine to shape experiences of oppression and privilege.

Liberal feminism | an approach to feminist activism and organizing that seeks equality through legal reform and policy change.

Radical feminism | an approach to feminism that points to patriarchy as a system of power that must be dismantled instead of reformed.

Socialist feminism | a feminist approach that recognizes how gender oppression is bolstered by capitalist economic exploitation.

TERF (Trans-Exclusionary Radical Feminist) | a term to describe feminists who believe that trans women should be excluded from women-only spaces and feminist organizing.

The Combahee River Collective | a Black feminist lesbian organization that articulated how Black women experience simultaneous discrimination through overlapping oppressed identities.

Transmisogyny | the specific form of discrimination trans women face at the intersection of transphobia and misogyny, intensified because their existence challenges the gender hierarchy that treats masculinity as superior to femininity.

Womanism | drawing from Black women's culture to center survival and community for all, not in terms of gender alone. Womanism treats gender as inseparable from race, class, spirituality, and community well-being.

Women-of-color feminism | a feminist tradition developed by Black, Latina, Asian American, and Indigenous women who criticized mainstream feminism for centering the experiences of White, middle-class women.

1.6: Connecting Activism and Academic Theories

Like feminist activists, lesbian, gay, bisexual, transgender, intersex, queer/questioning, and asexual (LGBTIQA+) communities, sometimes referred to in earlier historical accounts as LGBT or LGBTQ, have long resisted marginalization and oppression, while also at times reproducing societal biases within their own communities. In the United States, there is a long history of police violence towards LGBTIQA+ community that continues today (Jones, 2021). During the 1950s through to the 1970s, LGBT communities of the time were frequently subjected to surveillance and raids on establishments that were known social venues for the community. In 1966, trans women and drag queens at **Compton's Cafeteria** in San Francisco's Tenderloin district fought back against police harassment, sparking one of the first known LGBTIQA+ riots in the United States (Stryker, 2008). Three years later, patrons at the Stonewall Inn (a known LGBT bar frequently targeted by police) fought back during a raid, leading to days of violent protests, now known as the **Stonewall Riots**. These and similar events in San Francisco and Los Angeles led to the formation of the **Gay Liberation Front** and inspired the first gay pride marches.



A marcher carries a Stonewall 50 poster of Marsha P. Johnson at West Hollywood Pride, 2019. Johnson co-founded STAR with Sylvia Rivera in 1970. Few photographs from her lifetime are openly licensed, so she is most often seen, as here, in images other people carry. Photo by [DVSROSS](#), CC BY 2.0, via Wikimedia Commons. Cropped from the original.

Notably, trans women were central participants and organizers in the protests, riots, and post-Stonewall movement. Marsha P. Johnson and Sylvia Rivera, both trans women and activists, were involved during the Stonewall Riots and went on to co-found **STAR** (Street Transvestite Action Revolutionaries) to provide housing and mutual aid for homeless trans youth and to push for inclusion in emerging gay rights campaigns. Much like the “lavender menace” lesbians within the feminist movement, trans activists like Johnson and Rivera often faced marginalization inside gay and lesbian organizations even as they were doing frontline organizing.



Sylvia Rivera at a STAR rally. Photo by [Roseleechs](#), CC BY-SA 4.0, via Wikimedia Commons.

As the movement continued to grow and evolve, the AIDS crisis of the 1980s and 1990s brought an urgency to LGBT activism. The Reagan administration's delayed response to HIV/AIDS reflected how hegemonic masculinity can shape public policy. Gay men were treated as expendable, blamed for their own “deviance” (Shilts, 1987; Schulman, 2021). Groups like **ACT UP** (AIDS Coalition to Unleash Power) mobilized through direct action and political protest to demand government response. It was during this time as well that groups like **Queer Nation** began to reclaim the term “queer” as a positive self-identifier, (“We’re here, we’re queer, get used to it”). From this period came increased organizing and new academic frameworks.

Queer theory emerged from such LGBTQ activism, as well as feminist critiques of gender. It explores how social categories of gender and sexuality are constructed. The theory also examines how societies define what counts as “normal” and police those who deviate from it. Queer theory texts like Judith Butler's *Gender Trouble* (1990) and Eve Kosofsky Sedgwick's *Epistemology of the Closet* (1990) were central

to its early development, challenging binary assumptions about gender and sexuality. From this work, queer theorists introduced two important concepts to describe how some identities are normalized and privileged over others. **Heteronormativity** refers to the ways in which heterosexual relationships are assumed to be natural and superior (Warner, 1991). Similarly, **cisnormativity** (as discussed in section 1.3) assumes that everyone is, or should be, cisgender. Both concepts shed light on how homosexuality, transgender identity, and other sexual and gender-diverse identities are marginalized as abnormal or unnatural. This text will explore how these normative assumptions shape the psychology of women.

Section Key Terms

ACT UP | (AIDS Coalition to Unleash Power) - Formed in 1987 as a political action group devoted to ending the AIDS pandemic.

Cisnormativity | The assumption that everyone identifies with the sex they were assigned at birth and that this alignment is natural or expected.

Compton's Cafeteria Riot | In 1966 trans women and drag queens resisted police harassment at Compton's Cafeteria in San Francisco's Tenderloin district and rioted against repeated mistreatment.

Gay Liberation Front | An activist group formed in New York City shortly after the Stonewall Uprising that took a more radical approach than previous groups, connecting LGBTQ+ oppression to capitalism, racism, and sexism.

Heteronormativity | The assumption that heterosexuality is the default, natural, or preferred sexual orientation and sets same-sex attraction as unusual or requiring explanation.

LGBTIQA+ | Current acronym that stands for Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual. The plus is meant to acknowledge that there are many other diverse sexualities and gender identities (e.g., pansexual, non-binary, aromantic). In talking about historical events, or specific subsets of the community, a shortened acronym will be used reflecting either the accepted acronym of the time or the relevant groups (e.g., LGB or LGBT).

Queer Nation | An activist group that used direct action and provocative tactics to fight homophobia and increase LGBTQ+ visibility. Known for the slogan "We're here, we're queer, get used to it." They also reappropriated "queer" as a term of pride rather than a slur.

Queer theory | An academic field emerging in the early 1990s that explores how societies construct and enforce categories of sexuality and gender. Queer theorists have questioned what counts as "normal" and examined how norms around gender and sexuality are maintained.

STAR | (Street Transvestite Action Revolutionaries) - An organization founded in 1970 by Marsha P. Johnson and Sylvia Rivera to support homeless transgender youth and drag queens in New York City.

Stonewall Riots of 1969 | A series of clashes and protests between police and people in New York's LGBTQ+ community. The uprising began on June 28, 1969, after a police raid of the Stonewall Inn, and continued for several nights.

1.7: Conclusion- Why This All Matters for the Psychology of Women

This chapter introduced a set of ideas that will help us examine theory and research on the psychology of women. We have reviewed how sex and gender are more than a simple binary, that gender bias operates through larger systems, and that activist movements have not only moved the needle in politics and societal understandings, but also in terms of theory and research. These are the tools you will use to critically evaluate research on topics like body image, workplace discrimination, relationships, and mental health.

The movements covered here also serve as an important reminder that theory and research should not develop in isolation. They must include diverse perspectives and learn from lived experience. What we study, how we study it, and who gets to participate in research have all been shaped by the activism described here. Psychology as a scientific field looks different today because people who had been left out demanded to be seen. The work of challenging our scientific assumptions is ongoing, and the frameworks introduced here will help you engage in that critique.

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2: SEX AND GENDER IN PSYCHOLOGICAL RESEARCH

2.1: Studying Sex and Gender

2.2: The Scientific Method and WEIRD Science

2.3: Diversity Issues in Psychological Research

2.4: Types of Research Designs

Thumbnail source: A.J.N. Tremearne, "A New Head-Measurer", *Man* 15 (1914): 87-88. via [WikiMedia Commons](#)

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2.1: Studying Sex and Gender

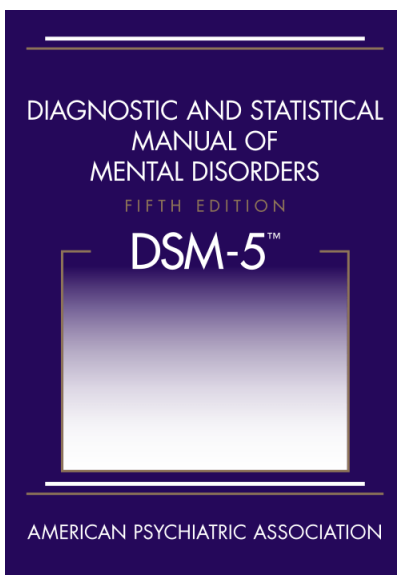
2.1: Studying Sex and Gender

Psychology is the scientific study of behavior and mental processes. Because we largely focus on humans, our research questions, methods, and conclusions, and even who is most likely to be studied, are all shaped by the sociocultural and political contexts of their time. For example, during the late nineteenth and early twentieth centuries, positivist ideas about how science could find objective truth through scientific methodology dominated the field. Researchers measured skull sizes, administered early mental tests, and compared traits across the sexes, treating "male" and "female" as fixed, natural categories and interpreting their findings as evidence of women's innate intellectual inferiority (Shields, 1975).



A. J. N. Tremearne, "A New Head-Measurer," *Man* 15 (1914), public domain, via [Wikimedia Commons](#)

However, by the early 1960s some scientists and philosophers (e.g., Kuhn, 1962; Popper, 1963) began pushing back against the assumption that science was objective and free of bias. **Postpositivists**, as they came to be known, did not believe science could find absolute truth, only approximate it. As a result, they added the requirement of falsifiability to the scientific method, both of which we will discuss in the next section. But paramount for feminist scholars, and those studying the psychology of women, were postpositivist views that research could not be free of bias, and that all we can do is limit its impact. That willingness to confront biases meant that everything from choice of methodology to populations of study to the questions being asked in research, was now subject to scrutiny for bias. So, feminist scholars began to criticize research practices by challenging unfounded assumptions about sex differences (Maccoby & Jacklin, 1974), questioning the way masculinity and femininity were constructed as opposite ends of a spectrum (Constantinople, 1973; Bem, 1974), and calling for the reexamination of the language used to study sex and gender (Crawford & Marecek, 1989; Morawski, 1994; Unger, 1979).



Yet some of the problems these scholars identified persist today. We still often rely on binary measures of sex and gender that pit maleness and femaleness against each other as "opposites" and have historically ignored, or even pathologized, members of the LGBTQIA+ community. Homosexuality was only removed from the **DSM (Diagnostic and Statistical Manual of Mental Disorders)** in 1973 in response to activist arguments, and decades of research from scholars like Alfred Kinsey (Drescher, 2015). These efforts successfully convinced the American Psychiatric Association (APA) that homosexuality did not meet the criteria for a mental disorder and that the diagnosis created stigma. The current version, the DSM-5, no longer treats gender nonconformity itself as a mental disorder and instead focuses on gender dysphoria, the distress a person may experience when their sex assigned at birth does not align with their gender identity. Intersex people remain subject to medical frameworks that often still treat their bodies as problems to be fixed rather than as part of natural human variation (Davis, 2015; Fausto-Sterling, 2000). This chapter examines how knowledge about sex and gender is produced in psychology. We will also explore key methodological and ethical challenges in gender research.

By the [American Psychiatric Association](#), public domain, via Wikimedia Commons

Section Key Terms

DSM | The guidebook to identify symptoms and diagnose mental disorders. Published by the American Psychiatric Association (APA), it gets updated periodically. The previous version was 2013. (DSM-5; 2022)

Postpositivist | A scholar who questions the ability of scientific inquiry to find objective truth.

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2.2: The Scientific Method and WEIRD Science

When we study the psychology of women today, we rely on the **scientific method**. This systematic process typically begins when a researcher makes an **observation** and asks a question about what they notice. The observation could happen in the course of daily life (e.g., noticing that your friends who are women seem more stressed than your friends who are men), or it could be an observation about existing research, like realizing a study only included cisgender heterosexual women but wrote conclusions as if generalizing to all women. The question arising from such observations could be anything from “What might happen if this study included a more representative sample of women?” to “Why do women seem to experience more stress on average?”

With their question in mind, the researcher then conducts **background research** to understand what is already known about the topic, and forms a **hypothesis**, which is a specific, testable prediction about what they expect to find. For example, a researcher might observe in the literature that women experience workplace discrimination more often than men do. They might then question what the effects of those experiences are and predict that “women who experience workplace discrimination will report higher levels of daily stress than women who do not.”

Sidebar Note: Why Scientists Don’t ‘Prove’ Things

We never use the terms “prove” or “proven” in science. Think of the scientific process like an investigation. An investigator gathers evidence that either supports or contradicts a theory, but the case is never fully closed. New evidence can always emerge that changes our understanding.

A good hypothesis *must* be **falsifiable**, meaning that it must be possible, in principle, to find evidence that would refute the hypothesis. For example, an unfalsifiable hypothesis would be the claim that “women are naturally more nurturing than men because of maternal instinct, and any woman who does not display nurturing behavior is simply suppressing her true nature.” Because there is no way to disprove this statement, it falls outside the bounds of science. Note here that the issue is not in the study of “natural instincts” but in the built-in escape clause. A good hypothesis must allow for the fact that it might be wrong, instead of explaining away a lack of evidence as further support for the hypothesis.

From their testable hypothesis the researcher then designs a study to collect and analyze data. The data must be able either to support or refute their hypothesis (otherwise the hypothesis is unfalsifiable). Findings are then shared with the scientific community for peer review and, ideally, **replication**. Replication is the process of repeating a study to test if the same results can be achieved again. Think of researchers like investigators looking for evidence, and replication is required to find the evidence needed to support a hypothesis or theory (see Figure 2.1).

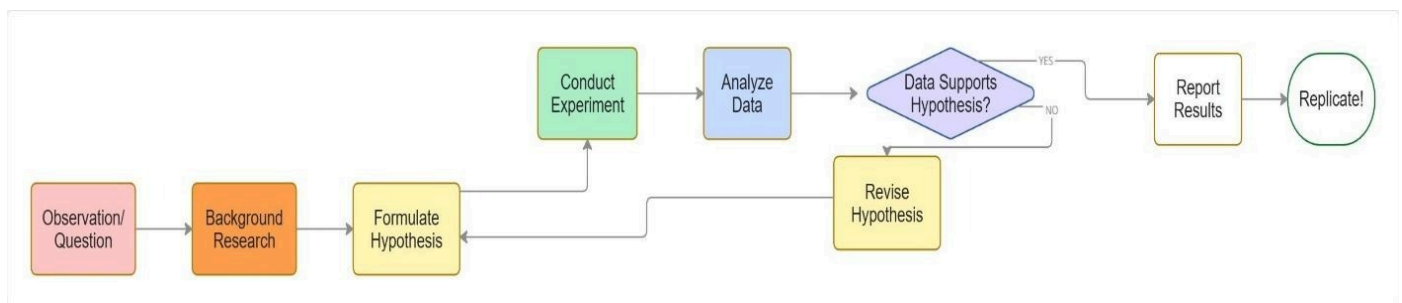


Figure 2.1. The scientific method. Figure by Rochelle Burnaford, CC BY-NC-SA 4.0.

The scientific method might sound relatively straightforward in that there are sequential steps that must be followed, even if there are a lot of them. But remember that the psychology of women has a complicated history with scientific methodology. Postpositivist and feminist critics rightly challenged psychological science in two ways. First, for much of its history, psychology has treated the experiences of White, middle-class, Western men as representative of all humans. Researchers built theories of “normal” development, cognition, and behavior almost entirely from male samples, known as **the normative male problem** (Crawford & Marecek, 1989). Second, when researchers did study women, they frequently treated the experiences of White, middle-class, heterosexual, non-disabled women as representative of all women (Morawski, 1994; Reid & Kelly, 1994). This meant that the ways variables like race, ethnicity, socioeconomic status, sexual orientation, disability, immigration status, and culture

shaped women's experiences were routinely left out. Yet scientific findings from such narrow samples were presented as if they reflected universal human experience.

Reliance on sampling from such demographics has been labeled the **WEIRD problem** (**W**estern, **E**ducated, **I**ndustrialized, **R**ich, and **D**emocratic). The term was coined by Joseph Henrich and colleagues (2010), who demonstrated that most participants in psychological research came from WEIRD societies, despite these populations representing a small fraction of the global population. Scientific research in multiple fields has received push back since then for the continued reliance on WEIRD samples (Rad et al., 2018). Psychology, for example, frequently relies on introductory psychology students at major research universities as participants. A study conducted exclusively with college women at a wealthy, predominantly white university may tell us very little about the experiences of a Black single mother working two jobs, a Latina immigrant navigating a new country, a transgender woman facing barriers to healthcare, or a deaf woman advocating for accessibility in her workplace.

Good science requires that we constantly ask who was included in this research and who was left out. By applying the lessons of history detailed here and in Chapter One to the rigors of the scientific method we build scientific practices that are inclusive and representative.

Section Key Terms

Falsifiable | Capable of being refuted by evidence. A hypothesis must be falsifiable to be capable of scientific study. It must be structured in a way that allows for the possibility that it could be refuted with evidence.

Hypothesis | A specific testable prediction about what a researcher expects to find in a study.

Replication | The process of repeating a study to demonstrate that the same results can be achieved again. This builds evidence for and confidence in a hypothesis or theory.

Scientific method | A systematic process of research in which a scientist makes an observation, asks questions, conducts background research, forms a testable hypothesis, designs a study to collect and analyze data, and shares their findings for review and replication.

The WEIRD problem | The tendency to draw samples from Western, Educated, Industrialized, Rich, and Democratic societies, which represent a small fraction of the global population and limit generalizability.

2.3: Diversity Issues in Psychological Research

Identifying the WEIRD problem helped name diversity issues in psychological research. However, acknowledgement of the problem does not suddenly ensure all samples are diverse and representative. We must now do the important work to move towards a scientific process that is not only representative of human diversity but also shaped by diverse scientists, instead of primarily the perspectives of White, Western, predominantly male researchers who have historically dominated the field (Medin et al., 2017). The problems are structural, built into how research is designed, who conducts it, and whose experiences are centered in our findings.

Building on the sampling and representation concerns raised by the WEIRD problem, this section will discuss measurement and categorization problems that may marginalize or ignore gender and sexual diversity. We will also examine how power and ethics have shaped what psychology claims to know about women and gender.

Generalizability: Sampling and Representation Problems

The WEIRD problem describes who psychology primarily studies, and even within the psychology of women and gender, **samples**, the groups of people we recruit for our studies, remain narrow and minimally representative (Reid & Kelly, 1994). A majority of studies that include women are conducted using primarily White, middle-class, cisgender, heterosexual women. This practice narrows our samples on several important variables for intersectionality including race, sexuality, socioeconomic status and gender identity. If we narrow our samples as such, it limits **generalizability**, the extent to which our findings apply to people beyond our sample, the results may not fit.

In Kimberlé Crenshaw's (1989) original work on intersectionality, she argued that Black women's experiences of discrimination could not be captured by looking at race and gender separately because the legal system treated "race discrimination" as something that happened to Black men and "sex discrimination" as something that happened to White women. While Crenshaw was working within a legal framework, the same problem applies to psychological research on discrimination. Black women's experiences are not confined to just race or to just gender, but often research focuses solely on racial discrimination or solely on gender discrimination. Research that separates race and gender discrimination as if they were separate phenomena fails to capture the distinct experience of someone living at the intersection of both. To adequately study the psychology of women we *must* consider intersectionality as a fundamental principle. It requires not just diverse samples but also attention to how we measure and categorize our variables.

Validity: Measurement and Categorization Problems

Even when samples are diverse, the tools we use to measure psychological constructs introduce their own problems for **validity**, the accuracy with which a study measures what it claims to measure. When we measure sex or gender, we often still use binary categories of male and female, unless the study is specifically aimed at studying gender diversity. If we claim to be studying gender but only offer two categories, we are not accurately capturing the full range of gender identities, and our measure lacks validity. This also means that findings are not necessarily generalizable to transgender and non-binary people.

Additionally, how our variables are defined in our studies can influence the outcome. For example, Eagly and Crowley (1986) reviewed a large number of studies of helping behavior, and found that, across studies, men were shown to engage in helping behavior far more than women did. However, they also noted that most studies defined helping behavior in heroic terms (e.g., intervening in an emergency, helping a stranger change a tire), which aligns with male gender role expectations. Fewer studies measured nurturing forms of helping (e.g., caretaking, emotional support), which align with female gender role expectations. When looking at studies that did include helping behavior that aligned with female gender roles, they found that women engaged in helping behaviors more. So, when we measure a variable, we need to be aware of how much it aligns, or doesn't align, with gendered role expectations.

Finally, cultural context can affect the generalizability of our measures. Here again we see the importance of intersectionality. For example, when we study gender development but ignore race, we ignore the ways in which gender development may be different for women and men of color. Previously, racial identity development (e.g., Cross, 1991) and gender identity development (e.g., Moradi, 2005) had been studied independently, and it is only somewhat recently that researchers have begun to address the impact of intersecting race and gender identity on identity development (e.g., Williams & Lewis, 2021). Intersectionality helps us

recognize and study processes that have been ignored or marginalized in research. And yet, someone has to decide what gets studied, how it gets measured, and whose experiences are seen. Those decisions ultimately shape the state of psychology as a field.

Power, Ethics, and Historical Context

Across science and medicine, the people making those decisions have historically been predominantly White, male, and Western, and this has had lasting consequences. For example, during the Tuskegee Syphilis Study (1932 to 1972), Black men with syphilis were deliberately left untreated by U.S. Public Health Service researchers, even after effective treatment became available, so that doctors could study the disease's progression (Reverby, 2009). Additionally, women of color, Indigenous women, and disabled women were subjected to forced sterilization under eugenic programs that sought to control the reproduction of people deemed genetically inferior (Stern, 2005).

In psychology, women could be institutionalized for behaviors that violated gender role expectations, such as disobedience or disagreeing with a husband (Chesler, 1972). And while homosexuality is no longer classified as a disorder, its prior inclusion in the DSM for decades fueled clinical stigma and was used to justify harmful practices such as conversion therapy (Drescher, 2015). Transgender identities have only recently been reframed in the DSM, with gender identity disorder replaced by gender dysphoria in 2013, shifting the focus from the identity itself to the distress that may accompany it.

Looking Forward

We know that who a researcher is shapes the research they produce. It does so through what questions they think to ask, the problems they think merit study, who they have access to as participants, and how they interpret their findings. This may seem like a lot of bias to tackle, but there are signs of progress. Scientific journals that publish findings are increasingly expecting sample demographics to be reported and sample generalizability to be addressed (Levitt et al., 2018). The National Institutes of Health (NIH) now requires researchers to justify their sampling strategies in terms of biological sex, and if a researcher is planning to only study one sex, there must be strong justification to do so (NIH, 2015). And researchers are thinking critically about best practices for cross-culturally validating measures that were developed with White American samples (Flake et al., 2017).

These shifts matter because, as this chapter has argued throughout, science does not happen in a vacuum. And here we have seen how the power to choose has shaped scientific discovery and trajectory. We have also seen how power is shifting in response to criticisms by feminists and people of color. Today, the study of psychology is more diverse, more self-critical than it has ever been, but there is still work to do. With these considerations in mind, the next section turns to the specific research designs psychologists use to study sex and gender, and the strengths and limitations of each.

Section Key Terms

Generalizability | The ability of a study to be applicable to a wide range of people outside of the study sample.

Samples | Groups of people recruited for a study. Meant to be a selection from the wider population you want to generalize to.

Validity | The accuracy with which a study measures what it claims to measure.

2.4: Types of Research Designs

Understanding the scientific method, while important, is just the first step. Choice of research design is neither automatic nor necessarily straightforward. Instead, research psychologists choose from a range of designs depending on the question they want to answer, the resources available to them, and the population they want to study. In most psychology research, we use quantitative methods to design our studies. **Quantitative methods** allow us to turn variables into numbers that can then be statistically analyzed. What follows is a very brief introduction to the most common quantitative methods of psychology.

Some quantitative designs allow us to test cause and effect by changing something about one variable (manipulating it) to observe whether it produces changes in another variable. Sometimes we cannot manipulate a variable of interest, so other methods allow us to use participant variables. Then sometimes it is not causation we want to study and instead want to focus on strengths and patterns of relationships between variables. As you read about each approach, keep the scientific method in mind. Every design choice a researcher makes, from who participates in a study to what questions are asked, shapes the conclusions they can draw and the people the research might affect.

Experimental Design

Experimental design is the only way we can study cause and effect. In an experiment, the researcher manipulates one variable (the **independent variable**), to observe whether it produces changes in another variable (the **dependent variable**). For example, a researcher wants to test whether social climate in a college classroom affects how often women participate. The researcher could set up a mock classroom in a laboratory and randomly assign women to one of two classroom conditions. One could be a supportive classroom environment where other students respond encouragingly to comments, the other a harsh classroom environment where other students respond dismissively. In this study, the classroom climate is the independent variable that the researcher manipulates by creating two conditions (supportive vs. harsh), and the number of times each participant speaks during the class session is the dependent variable that the researcher measures.

Notice that in assigning students to type of classroom condition, we make sure to do so randomly. Each person who participates in a study must have an equal chance of being in each condition. In our classroom example, each woman who participates would be equally likely to be in the supportive condition or the harsh condition. This process, called **random assignment**, ensures that groups are roughly equivalent to begin with. If assignments are truly random, we would expect, for example, an even distribution of generally talkative people in each group. That way, if we find an effect of classroom environment on participation, we can assume that it is not due to talkative people always being assigned to the supportive condition.

Sometimes, a variable can end up affecting our data when we do not want it to. A **confounding variable** is any variable other than the independent variable that could explain the observed results. In the classroom environment example, the researcher might find after the fact that participants in the supportive condition were more likely to self-report as talkative people. Even when we randomly assign participants, chance can sometimes produce uneven groups, especially in small samples. As we discussed previously, sample size and composition matter for the conclusions we can draw (see Section 2.3). So, researchers often build checks for likely confounds into their study. If we ask participants about how talkative they are naturally, we can test whether they ended up more often in one condition over another.

Researchers can also use control groups. A **control group** is a condition in which participants are not exposed to the manipulation. This provides a baseline for comparison. In our classroom study, there might be a third condition where other students neither encourage nor discourage participation. That way, a researcher can also establish where the change is happening. Are harsh environments making participants engage less than baseline? Or are supportive environments making participants engage more than baseline, or both?

When experiments are designed well, we can draw conclusions about cause and effect. If our randomly assigned students participated more in the supportive condition than the control group, and less in the harsh condition than the control group, we have found evidence that classroom environment affects participation. However, true experiments are not always possible, especially when studying sex and gender.

Ex Post Facto Design

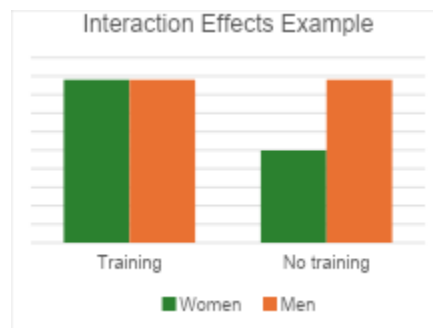
When something we want to use as an independent variable cannot be ethically or practically manipulated, we can use an **ex post**

facto (“after the fact”) design. Ex post facto designs can use **participant variables**, which are pre-existing characteristics about the participant like their sex or gender, in place of a true independent (manipulated) variable. The researcher can test whether participants differ by a characteristic on a measured (dependent) variable. And as we discussed in the previous section, how sex and gender are categorized in these designs matters for the validity and generalizability of the findings.

For example, if a researcher were interested in sex differences in video gaming, they could ask participants to indicate their sex (male, female, intersex) and ask about video gaming habits. If the researcher found that men are more likely to play video games than either intersex people or women, this might be an interesting finding, but they cannot claim that men innately like video games more. Any differences in such a study *might* be about men’s natural preference. Alternatively, the differences might reflect cultural influences that encourage men to engage with video gaming more than women. So, while ex post facto variables can be interesting to study, the absence of a manipulated variable and the limited control over confounds are significant shortcomings.

Quasi-Experimental Design

Quasi-experiments combine a manipulated independent variable with a participant variable to assess how the two might interact. For example, if we wanted to test the effects of participant sex and math training on math ability, we could bring participants into the lab, give them a short training on a math concept, and then give them a test on that concept. If we found sex differences in ability without the training, but then no differences in ability when participants *did* have the training, this would be called an interaction effect. Sex and training condition are interacting to produce differences in ability on the test (See Figure 1). Importantly, the findings could then support the idea that math ability is not tied to one’s sex but to one’s environment. This example demonstrates the kinds of findings feminist scholars have used to challenge previous assumptions about innate sex differences that early positivist researchers took for granted (see Section 2.1).



Correlational Design

In correlational research, we test the strength and direction of a relationship between variables. Correlational design *cannot* establish cause and effect. However, it can still be useful in examining how variables are related to one another (positively or negatively) and how strongly they are related to one another. The use of “positive” and “negative” in correlation is not a value judgement on the benefit or cost of the relationship but on the way the variables change: *together* (positive) or *apart* (negative).

Positive correlations mean that the variables rise and fall *together*: if one is high, so is the other, and if one is low, so is the other. For example, we might find a correlation between social media use and body dissatisfaction. The more time someone spends on social media, the higher their body dissatisfaction. So, note that this is not a *good* thing, but we call it positive because when one variable is high, so is the other.

On the other hand, a negative correlation means the variables move in opposite directions. We might find a negative correlation between sexism and self-esteem, indicating that the more sexism someone experiences, the lower their self-esteem. This would also mean that the less sexism someone experiences, the higher their self-esteem. Note that experiencing less sexism and having more self-esteem *are* good things, but we call this a negative correlation because when one variable is high the other is low. The variables move in opposite directions instead of together.

The Reverse Causation Problem

Part of the reason that correlation cannot produce cause and effect conclusions is because it cannot tell us the direction of a relationship, referred to as the **reverse causation problem**. Take our previous example of a negative correlation between

experiences of sexism and level of self-esteem. It might feel logical to believe that experiences of sexism are *causing* low self-esteem, however we did not manipulate experiences of sexism, so we cannot conclude causation. It could also be that those who already have low self-esteem tend to be the targets of sexism more frequently, or perhaps those with low self-esteem tend to notice sexism more often and would therefore report it more often. We must be careful that correlational findings with a logical assumed cause and effect are not described as if cause and effect had already been established.

The Third Variable Problem

Another reason why correlation cannot be causation is the inability to control confounds. The **third variable problem** refers to situations where a third (unmeasured) variable might actually be the root cause of the relationship between variables in our study. In our social media use and body dissatisfaction example, not only is reverse causation potentially a problem, but a third variable, like tendency to engage in social comparison, might drive both social media use and body dissatisfaction. For example, people who are more likely to engage in social comparison might use social media as part of their comparison process, and social comparison even without social media use, might influence body dissatisfaction.

Why Use Correlational Design?

Issues like reverse causation, the third variable problem, and the inability to establish cause and effect might leave you wondering why anyone would use correlational design. Correlational designs can have their benefits. They tend to be simpler to design and test, so they might be a good first step in testing a hypothesis. They can also be a good alternative when variable manipulation is not possible for ethical or practical reasons. Sometimes, when correlations are measured over a long period of time this can help minimize the reverse causation problem, because establishing that one variable changed before the other did can make one causal direction more plausible than the other. Of course, the generalizability of any correlational finding still depends on who was included in the sample, (see Section 2.3). Which method a researcher chooses is going to depend on multiple factors.

Meta-Analysis

A meta-analysis is a statistical method that allows researchers to combine data from multiple studies on the same topic. In this way, meta-analysis allows us to get a broader sense of how our variables operate. This can be especially interesting for the psychology of women because when different studies produce different results, meta-analysis can study the differences between the studies to establish what is driving those differences. Remember the Eagly and Crowley (1986) study we discussed earlier, where the definition of helping behavior changed whether men or women appeared more helpful? That was a meta-analysis. By combining results from many individual studies, the researchers were able to show that the overall pattern of findings depended on how helping was defined.

Even more broadly, Hyde (2005) conducted a series of meta-analyses on studies of gender differences across areas like cognitive ability, communication styles, and personality traits. From this work, she developed the **Gender Similarities Hypothesis**, which suggests that males and females are far more similar than they are different, and where they are different, those differences are small. We will cover gender differences and the gender similarities hypothesis later in Chapters 7 and 8. But this use of meta-analysis highlights how it is beneficial because it compares not just the existence of significant effects but also the size of those effects using the *d* statistic. The ***d* statistic** is a measure of effect size that quantifies the differences between two groups in standardized units. We will discuss how to interpret the *d* statistic in more detail in Chapters 7 and 8 when we examine specific findings on gender differences. For now, the important takeaway is that meta-analysis gives us a way to reassess differences across studies, to examine how big those differences actually are, and to identify what might be driving the bigger picture about those differences.

Key Terms

Confounding variable | Any variable other than those being studied that could explain the results of a study.

Control group | A condition in an experiment in which participants are not exposed to the manipulation, providing a baseline against which the effects of the independent variable can be compared.

Correlational design | A research design that measures the strength and direction of the relationship between two or more variables without manipulating any of them, and which cannot establish cause and effect.

Dependent variable | The variable that a researcher measures in an experiment to determine whether it is affected by changes in the independent variable.

Ex post facto design | A research design in which a pre-existing participant variable (such as sex or gender) is used in place of a manipulated independent variable to examine group differences on a measured outcome.

Experimental design | A research design in which the researcher manipulates an independent variable and measures its effect on a dependent variable, allowing cause-and-effect conclusions.

Gender similarities hypothesis | The claim, supported by meta-analytic evidence (Hyde, 2005), that males and females are similar on most psychological variables and that most observed sex differences are small in magnitude.

Independent variable | The variable that a researcher manipulates or changes in an experiment to observe its effect on the dependent variable.

Interaction effect | A finding in which the effect of one variable on the dependent variable depends on the level of another variable, such that the combined influence of the two variables differs from what either would produce alone.

Meta-analysis | A statistical method that combines data from multiple studies on the same topic to provide a more comprehensive and reliable estimate of findings than any single study can offer.

Negative correlation | A relationship between two variables in which they change in opposite directions: as one increases, the other decreases.

Participant variable | A pre-existing characteristic of a participant, such as sex, gender, race, or age, that cannot be manipulated by the researcher and is used as a grouping variable in ex post facto and quasi-experimental designs.

Positive correlation | A relationship between two variables in which they change in the same direction: as one increases, the other increases, and as one decreases, the other decreases.

Quantitative methods | Collecting numerical data and using statistical analysis to draw conclusions about variables and relationships.

Quasi-experimental design | A research design that combines a manipulated independent variable with a participant variable to examine how the two might interact in producing effects on a dependent variable.

Random assignment | The process of assigning participants to conditions in an experiment so that each participant has an equal chance of being placed in any condition, helping to ensure that groups are roughly equivalent before the manipulation.

Reverse causation problem | The difficulty in correlational research of determining which variable is influencing the other.

The d statistic | A measure of effect size that quantifies the differences between two groups in standardized units

Third variable problem | The possibility in correlational research that an unmeasured variable is actually responsible for the observed relationship between the two measured variables.

3: THE BIOLOGY OF SEX AND GENDER

3.1: Introduction

3.2: Genes and Chromosomes

3.3: Sex Hormones

3.4: Biological Differentiation- From Binary to Spectrum

3.5: Puberty

3.6: Conclusion

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3.1: Introduction

Inaccurate assumptions about biology are frequently used to settle debates about sex and gender, as though the categories are clear. In reality, the biology of sex across animal species (including humans!) is far more interesting and variable than most people realize. Clownfish, for instance, are all born male, and if the breeding female is lost, the dominant male converts to female to maintain the group's reproductive pair (Casas et al., 2016). Fans of *Finding Nemo* may be interested to learn that Marlin would have become Nemo's mother! While humans don't change sex the way clownfish do, human biology is far less binary than most of us were taught. Chapter 1 briefly mentioned Androgen Insensitivity Syndrome (AIS) in which a person born with XY chromosomes develops typically female external anatomy. This chapter will cover the biology behind cases like this in greater detail. We will examine how chromosomes, hormones, and prenatal development interact to make a spectrum of sex characteristics rather than the assumed binary.

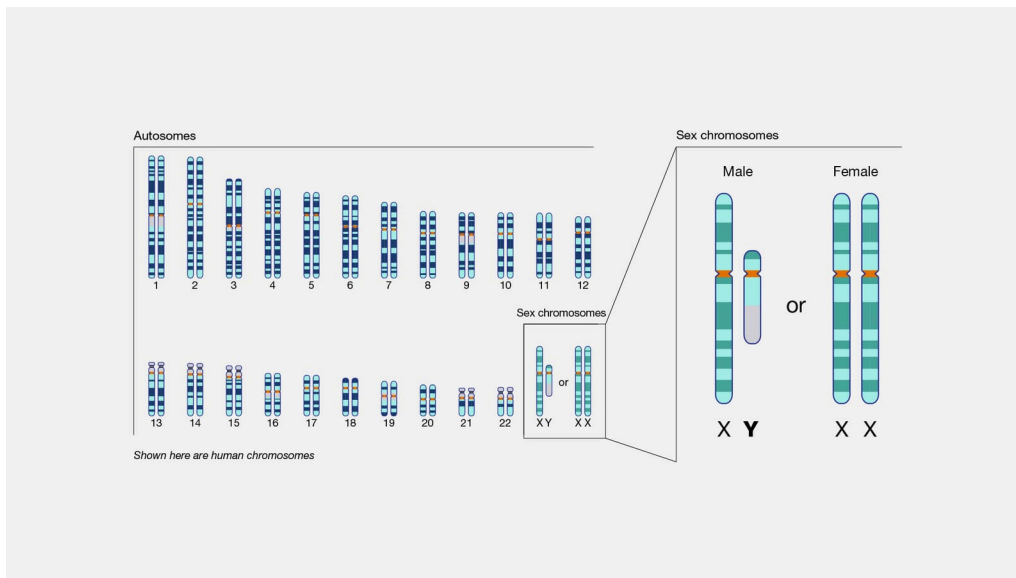


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3.2: Genes and Chromosomes

Some of you may have been taught the traditional XX vs XY binary model of sex, while others may have had more comprehensive instruction on how sex is more complicated than the binary model suggests. Either way, this section will build on what you already know by examining how chromosomes actually work, and where the binary model is inadequate.

Humans typically have 23 pairs of chromosomes, for a total of 46. Twenty-two pairs are called **autosomes** and hold instructions for general body development. The 23rd pair are the **sex chromosomes**, which play a key role in **sexual differentiation**, traditionally described as the process by which male-typical or female-typical anatomy develops. In the most common pattern, a person with two X chromosomes (XX) develops female-typical anatomy, and a person with one X and one Y chromosome (XY) develops male-typical anatomy. But really, the development of male-typical anatomy comes down to a *single gene* on the Y chromosome called the **SRY gene (Sex-determining Region Y)**. When the SRY gene is present *and* active, it signals the embryo to develop testes, which then guide further male-typical development. We will cover this process, including when SRY is inactive, in section 3.3. Without the SRY gene, the developmental pathway leads to female-typical anatomy. Notably, the SRY gene is just one gene on one chromosome. It does not "make someone male" all by itself. It initiates a cascade of hormonal and developmental events, and variation can occur at *any* point along the way.



National Human Genome Research Institute (NHGRI), Public domain, via Wikimedia Commons

Beyond XX and XY – Chromosomal Intersex Variations

The XX/XY model pictured above only accounts for the most common chromosomal patterns. Chromosomal variations are more common than many people realize, and their very existence demonstrates that sex is not a strict binary, even in our most basic genes. Here we will cover intersex variations, often referred to as Differences of Sex Development (DSD) in the medical community, that reflect chromosomal differences. Later in section 3.3 we will cover intersex variations based in hormonal differences.

Klinefelter pattern (XXY) is one of the most common variations, roughly 1 in 500 to 1 in 1,000 births assigned male (Bojesen et al., 2003). Physical characteristics can include being taller, having less body and facial hair, with broader hips, some breast tissue development, and small testes. Because these features are not prominent at birth, and may be more subtle, many people with XXY are never diagnosed (Gravholt et al., 2018). Importantly, not everyone with an XXY pattern identifies as male. Recent research has found that those with Klinefelter's can have diverse gender identities, which adds to our evidence that sex and gender are distinct (Harkin, 2025; Hertlhy & Gillam, 2011).

Turner pattern (X or XO), occurs in approximately 1 in 2,000 to 1 in 2,500 births assigned female (Fudge, 2024). In this pattern,

one of the two X chromosomes is missing, and there is no Y chromosome, so the person has 45 chromosomes in total instead of the typical 46. Those with a Turner pattern tend to have shorter stature and ovarian insufficiency, as well as heart and kidney differences. In terms of gender, most people with Turner pattern identify as female, though a few case reports have documented gender diversity (Eitel et al., 2024).

Triple X (XXX), or Trisomy X, occurs in approximately 1 in 1,000 female births. They tend to be taller than average, and may experience delays in speech and language development, as well as learning differences, while others have no noticeable effects at all. Fertility is typically unaffected, and as a result, many of those with Triple X are never diagnosed because they do not have obvious features at birth, nor difficulties conceiving that would prompt genetic testing (Tartaglia et al., 2010).

XYY, or Jacob's pattern, occurs in approximately 1 in 1,000 male births. Like Triple X, it often goes undiagnosed because many individuals have no obvious physical differences. With Jacob's pattern, people tend to be taller in stature and at a somewhat increased risk of learning difficulties. During the 1960s and 1970s, there was a theory linking XYY to criminal aggression, but was later debunked by larger studies that did not find a connection (Re & Birkoff, 2015). This is a great reminder of the point from Chapter 2 about how biased assumptions can drive research questions. Researchers assumed that an extra 'male' chromosome must mean more aggression and designed their studies accordingly.

Terminology

Note here that for many of these, you may also have seen different terminology in older texts and medical settings that included the label “syndrome” (e.g., Klinefelter Syndrome, Turner's Syndrome, Jacob's Syndrome), as well as the term Disorders of Sex Development (DSD). However, because “syndrome” and “disorder” can stigmatize intersex people, many researchers and advocates now prefer “pattern” instead of “syndrome” and “differences” instead of “disorders”, as more accurate and less pathologizing terms (Harkin, 2025). Note that in medicine, the term Differences of Sex Development (DSD) is preferred for precision over the term intersex. We will return to intersex identity later in Section 3.3 after covering hormones and development of internal and external genitalia.

Section Key Terms

Autosomes | Non-sex chromosomes that hold instructions for general body development.

Jacob's Pattern (XYY) | Occurs in about 1 in 1,000 male births. Characteristics: taller in stature and at a somewhat increased risk of learning difficulties.

Klinefelter's pattern (XXY) | Occurs in about 1 in 500 to 1 in 1,000 births assigned male. Characteristics: taller stature, less body and facial hair, broader hips, breast tissue development, and small testes.

Sex Chromosomes | Twenty-third pair of chromosomes that hold instructions for sexual anatomy.

Sexual differentiation | Process by which male-typical or female-typical anatomy develops.

SRY gene (Sex-determining Region Y) | Gene that sends a signal to develop testes. Usually found on the Y chromosome.

Triple X or Trisomy X (XXX) | Occurs in about 1 in 1,000 female births. Characteristics: taller than average, and may experience delays in speech and language development, and learning differences.

Turner's pattern (X) | Occurs in about 1 in 2,000 to 1 in 2,500 births assigned female. Characteristics: shorter stature, ovarian insufficiency, heart and kidney differences.

3.3: Sex Hormones

When you hear the phrase "sex hormones," you might assume that boys have testosterone and girls have estrogen. This characterization ignores biology. Everyone's body produces *both* testosterone and estrogen, but bodies differ in both the relative levels and how the body responds to hormone messages. Estrogen is actually the term for a group of hormones, the most common of which is estradiol. Testosterone, on the other hand, is one hormone in a group referred to as androgens. **Estrogens** are typically higher in people with ovaries, and **androgens** are typically higher in people with testes, but both are circulating in everyone (Hines, 2020). The idea that these hormones belong to one sex contributes to the misconception that male and female bodies are fundamentally different and erases the way everyone's body comes from a largely shared biological foundation. Recall that humans have 46 chromosomes, only two of those determine biological sex, the other 44 are autosomes. And even within the sex chromosomes, sexual differentiation begins with just one gene, SRY, which sets the rest of the process in motion.

The way that gender-affirming hormone therapy works illustrates this point really well. Transmasculine people who take testosterone develop deeper voices, increased body hair, and a typically male redistribution of body fat, while transfeminine people who take estrogen develop breast tissue, softer skin, and a typically female redistribution of body fat (Coleman et al., 2022). The same hormones produce the same effects regardless of the person's sex assigned at birth because our underlying biology responds to hormone signals, not chromosomes.

Organizing vs. Activating Effects

One of the most important distinctions in understanding how sex hormones shape development is between organizing effects and activating effects (Phoenix et al., 1959). **Organizing effects** occur during prenatal development and produce lasting structural changes to the body and brain. For example, prenatal testosterone exposure triggers the development of male-typical reproductive anatomy (which we will cover in detail in Section 3.3). These changes are largely permanent.

Activating effects, by contrast, occur throughout life and depend on the current presence of hormones. For example, the increase in testosterone during puberty increases muscle mass and triggers sperm production, but both decrease if testosterone levels drop. Additionally, estrogens and other hormones can initiate and direct the menstrual cycle in puberty, which responds to cyclical hormone levels and will cease during pregnancy and at menopause.

The distinction between organizing and activating effects is useful, but it is not as straightforward as it first appears. Puberty, for instance, involves both. The structural changes of puberty (voice deepening in people with testes, changes in bone structure) are organizing effects, while things like sex drive and mood fluctuations tied to menstrual cycles are activating effects. In Section 3.4 we will discuss how puberty is increasingly recognized as a second organizing period, not just an activating one (Schulz et al., 2009). This means the developing adolescent brain is being shaped by hormones in lasting ways, not just temporarily activated by them. In section 3.5 we will discuss the importance of this for gender diverse youth.

Section Key Terms

Activating effects | Changes produced by hormone messaging that depend on the continued presence of the hormone messenger.

Androgens | A class of hormones including testosterone, and dihydrotestosterone (DHT)

Estrogens | A class of hormones including estradiol, estriol, and estrone. Typically found at higher levels in people with ovaries.

Organizing effects | Structural changes in the body and brain produced by hormone messaging in prenatal development.

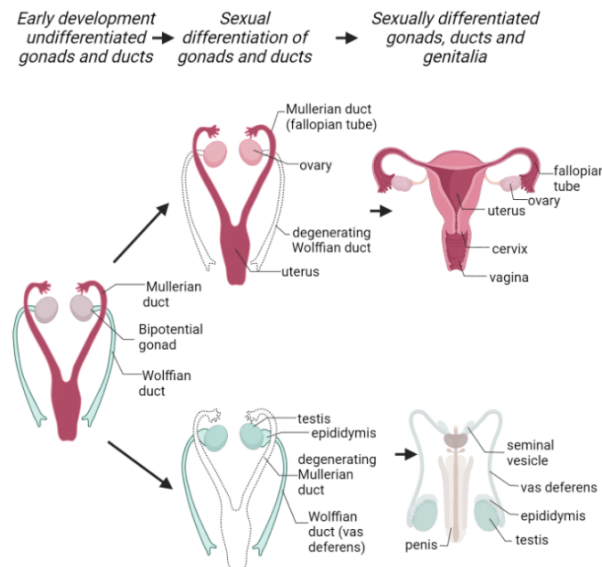
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3.4: Biological Differentiation- From Binary to Spectrum

By week six of a pregnancy, the developing human already has the same set of precursor structures for both internal and external reproductive anatomy. These structures can then develop along male-typical, female-typical, or any number of intersex pathways. So, for approximately the first six weeks of pregnancy, all human embryos are anatomically the same. This shared starting point shows again that male and female bodies are not opposites but simply the two most common developmental outcomes on a spectrum.

Internal Genitalia

Around week six, if the SRY gene is present and active (as discussed in Section 3.1), it triggers the development of the testicles from the previously undifferentiated gonads. The testes then produce two key hormones: **Anti-Müllerian Hormone (AMH)**, which causes the **Müllerian ducts** (the precursors to the uterus, fallopian tubes, and upper vagina) to break down, and **testosterone**, which promotes the development of the **Wolffian ducts** into the epididymis, vas deferens, and seminal vesicles. Without SRY activation, the gonads develop into ovaries, the Müllerian ducts develop into the uterus and fallopian tubes, and the Wolffian ducts break down (see Figure 3.1).



External Genitalia

Around week eight, the hormone **dihydrotestosterone (DHT)** promotes the development of typically male external anatomy (the penis and scrotum). Without DHT, or with a system that is not sensitive to it, typically female external anatomy develops (the clitoris and labia). Importantly, all external genital anatomy develops from the same tissue, male, female or intersex. Therefore, the external genitals develop along a continuum rather than as a binary switch (see Figure 3.2).

Figure 3.1. Sexual differentiation of the internal reproductive structures. Adapted from *Introduction to Behavioral Neuroscience* (Figure 11.11), by OpenStax, 2024. CC BY-NC-SA 4.0. Cropped to show duct differentiation only.

This is also where hormone based intersex variations are important to consider because of their impact on external genital structures. Recall that Section 3.1 introduced chromosomal intersex variations. Now that we have covered hormones and prenatal development, we can look at intersex variations that arise from differences in hormone levels, exposure, and/or reception.

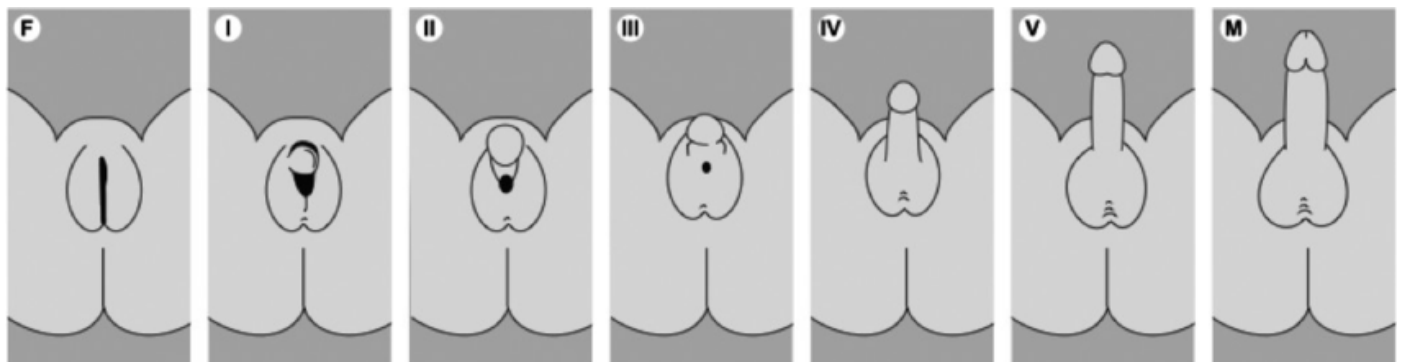


Figure 3.2. The Prader scale, used to describe degrees of virilization. Figure by [Heland, Hewitt, McGillivray, and Walker](#), CC BY-SA 2.5, via Wikimedia Commons.

Hormone Based Intersex Variations

Though we have previously covered chromosome based intersex variations, we return to intersex variations here to cover those that involve hormone pathways behaving differently than expected.

Androgen Insensitivity Syndrome (AIS), approximately 1 in 20,000 to 1 in 64,000 XY births (Hughes et al., 2006), is when a person with XY chromosomes has cells that cannot respond to androgens (including testosterone). In complete AIS, the person develops typically female external anatomy (clitoris and vulva) despite having XY chromosomes and internal testes. In partial AIS, the body has some response to androgens, but not as much as a typical person with XY chromosomes. There can be a wide range of anatomical presentations with some appearing feminized similar to complete AIS while others may have a slightly more masculinized anatomy.

Congenital Adrenal Hyperplasia (CAH), approximately 1 in 15,000 births for the classic form, is characterized by adrenal glands that produce less cortisol (which regulates the stress response) and aldosterone (which regulates electrolytes) than typical. Those with CAH often produce excess androgens as the body's way of compensating for low cortisol and aldosterone. This leads to the development of more male-typical external genitalia in those with XX chromosomes, while internal reproductive anatomy (uterus, ovaries) develops along female-typical lines. For those with XY chromosomes CAH does not really alter their typical sex development, so is not considered a difference in sexual development for them. Because CAH affects the body's ability to regulate electrolyte levels, classic-CAH will typically be noticed at birth even in XY babies because low cortisol or aldosterone levels will cause vomiting, dehydration, and shock. Nonclassic-CAH is more common, approximately 1 in 1,000 births (Speiser et al., 2018), but mild enough that it may not be diagnosed until later in childhood or even adulthood.

DHT Deficiency (5-alpha reductase deficiency), is rather rare so the exact prevalence is unknown, though there are specific communities with higher rates (Dominican Republic, Papua New Guinea, and Turkey; Mendonca et al., 2016). This is characterized by a person with XY chromosomes developing female-typical external anatomy at birth because the body lacks the enzyme (5-alpha reductase) that converts testosterone into DHT. At puberty, when testosterone levels rise dramatically, these children develop more male-typical characteristics like a deeper voice and increased muscle mass. In the Dominican Republic and Papua New Guinea, where rates are high enough for a third sex to be recognized, the communities there have terms specifically for such children. "Guevedoche," meaning "penis at twelve" in the Dominican Republic, and "kwolu-aatmwol," meaning "into a male thing" in Papua New Guinea. The guevedoche and kwolu-aatmwol children apparently experience ambivalent sex-role socialization. In spite of this, these communities still only recognize binary (male/female) gender roles, and when the child undergoes male puberty they most frequently begin identifying as male (Fausto-Sterling, 2000).

Intersex Surgeries

When an infant's anatomy does not conform to binary expectations, physicians have historically performed cosmetic surgeries to 'normalize' genital appearance, sometimes without fully informing parents about the nature of the variation or the option to wait (Amnesty International, 2017). These decisions were often made under pressure, with parents told that surgery was medically necessary when it was simply cosmetic. Intersex advocacy organizations, including **interACT** (Advocates for Intersex Youth), have pushed for greater awareness, and an end to non-consensual cosmetic surgeries on intersex infants. Also keep in mind that intersex is not a gender identity. People who are intersex hold the full range of gender identities, just like people who are not intersex. The intersex variations covered here and in section 3.1 are not a complete list. For more education about the intersex community and Intersex activism, please check out the [InterACT advocacy website](#).

Case Study: David Reimer

Content note: This case involves discussion of non-consensual medical intervention, psychological distress, and suicide.

One case that had a profound impact on how scientists think about sex and gender is the story of David Reimer. Born in 1965 as an identical twin, David's penis was severely damaged during a failed circumcision. Psychologist John Money believed that gender identity was entirely shaped by socialization, as a result he recommended that David be surgically reassigned and raised as a girl. Money built his research around David and reported the case as a success for years, even well after there was evidence that it was not (Diamond & Sigmundson, 1997; Colapinto, 2000). The Reimer Case became one of the most cited

cases in psychology, used to support Dr. John Money's theory that gender identity could be shaped entirely through nurture. Even though David was not intersex, his case was used to justify surgical "normalization" of intersex infants on the logic that if gender could be assigned through socialization, early surgery carried no psychological risk.

However, David never identified as female. He experienced severe psychological distress throughout childhood. Upon learning the truth as a teenager, David transitioned back to living as male. The case demonstrates that gender identity cannot be reduced to socialization alone, a finding consistent with the biological complexity covered throughout this chapter. It also exposed how a single, poorly conducted case study was used for decades to justify medical practices that caused real harm. The impact on David himself was tragic, after decades of psychological distress, David Reimer died by suicide in 2004.

The Reimer case remains relevant for several reasons. First, it illustrates how scientific authority can be misused when researchers present conclusions that serve their theories rather than their patients. Second, it contributed directly to the intersex rights movement discussed above. Intersex advocates pointed to David's suffering as evidence against non-consensual genital surgeries on infants. And third, it is a reminder that decisions about a person's body and identity should center that person's experience, not the assumptions of the medical professionals or parents making decisions on their behalf.

Prenatal Hormones and Brain Development

So far we have discussed how hormones shape anatomy. But do prenatal hormones also shape the brain? The question of whether prenatal hormones can shape the brain has been the subject of debate. Some studies suggest that prenatal androgen exposure may influence brain organization, potentially contributing to later differences in behavior (Hines et al., 2015). Research with individuals who have CAH (who are exposed to higher-than-typical levels of prenatal androgens) has found some shifts in play behavior and interests that are typically associated with the other sex (Berenbaum & Hines, 1992), but subsequent studies have found only small gender effects (Dessens et al., 2005). However, some studies have reported that brain patterns in transgender individuals align more closely with their gender identity than with their sex assigned at birth (Sánchez & Vilain, 2013).

Recall in Chapter 1 the work of Joel and colleagues (2015) on cisgender brain patterns, suggesting that human brains are better described as "mosaics" of features rather than as distinctly "male" or "female." Differences between cis- male and female brain patterns tend to be small, with high overlap between sexes, and they cannot reliably predict any individual's gender identity. If there is so much overlap even in cisgender brains that gender identity cannot be predicted, this highlights the importance of being wary of **neurosexism**, the use of brain research to reinforce gender stereotypes or to suggest that gender identity must be validated by a brain scan (Fine, 2010). No one should need neurological evidence to have their gender identity respected. The brain research is interesting and ongoing, but must be understood among coexisting developmental, social and cultural processes.

Section Key Terms

Androgen Insensitivity Syndrome (AIS) | When a person with XY chromosomes has cells that cannot respond to androgens.

Anti-Müllerian Hormone | Causes the Müllerian ducts to break down.

Congenital Adrenal Hyperplasia (CAH) | When the adrenal glands do not produce enough cortisol (that regulates the stress response) or aldosterone (which regulates electrolytes), and may produce elevated levels of androgens.

DHT Deficiency (5-alpha reductase deficiency) | When a person with XY chromosomes develops a female-typical external anatomy at birth because the body lacks the enzyme (5-alpha reductase) that converts testosterone into DHT.

Dihydrotestosterone (DHT) | Androgen hormone that promotes the development of typically male external anatomy.

interACT | Advocacy group for intersex youth that provides educational resources and supports.

Müllerian ducts | The precursors to the uterus, fallopian tubes, and upper vagina.

Wolffian ducts | The precursors to the epididymis, vas deferens, and seminal vesicles.

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3.5: Puberty

Secondary Sex Characteristics and the Tanner Stages

Puberty is the period during which the body develops **secondary sex characteristics**. These are physical features that begin to emerge around 10 years old for girls and 12 years old for boys, and complete by mid to late teens. For intersex children, age of pubertal onset will depend on many factors including specific intersex pattern, as well as surgical and hormone replacement status. Female pattern changes include breast development, hip widening, and **menarche** (onset of menstrual cycle). Male pattern changes include voice deepening, testicle growth, and **spermarche** (onset of sperm production). Both will experience body hair growth, and changes in fat distribution, though each in different patterns.

The progression of *some* of these changes is often described using the **Tanner stages** (see Table 3.1), a set of three, five-stage scales developed to track pubertal development (Marshall & Tanner, 1969, 1970). Each scale tracks a different characteristic: breast development, pubic hair, and testicular and penile growth.

Charts found online and in other textbooks usually compress all of this into a single two-column figure, one column labeled female and one male, with pubic hair folded into each, largely because Tanner's findings were published as two separate studies, one on girls and one on boys. The merged chart sorts every body into binary sex columns, and it implies that the characteristics within a column advance together when they are in fact staged independently. Additionally, note that while breast development is included, vulvar development is not. Research on vulvar development remains limited, and no comparable staging scale has been developed from it (Casalino et al., 2025).

Table 3.1. The Tanner stages of pubertal development, listed by the characteristic being staged rather than by sex.

Stage	Breast development	Pubic hair	Penis, testes, and scrotum
1	Prepubertal. The nipple is slightly raised, and no breast tissue can be felt.	Prepubertal. No coarse pubic hair. Any hair present is fine and pale, like the hair on the abdomen.	Prepubertal. Testes, scrotum, and penis are the size and proportion seen in early childhood.
2	Breast buds appear. Breast tissue and nipple form a small mound, and the areola widens.	A small amount of long, downy, lightly pigmented hair appears, straight or slightly curled, at the base of the penis or along the labia.	Testes and scrotum enlarge. Scrotal skin reddens, thins, and changes texture. The penis has not yet grown noticeably.
3	Breast and areola enlarge further. The two form a single contour, with no separation between them.	Hair becomes darker, coarser, and curlier, and spreads thinly across the pubic area.	The penis grows in length, with little increase in width. Testes and scrotum continue to enlarge.

4	The areola and nipple rise above the contour of the breast, forming a second mound on top of the first.	Hair is adult in texture but covers a smaller area than in most adults, and has not spread to the inner thighs.	The penis grows in both length and width, and the glans develops. Testes and scrotum enlarge further, and scrotal skin darkens.
5	Mature. The areola settles back into the contour of the breast, and only the nipple projects.	Adult in amount and texture, spread in an inverse triangle and onto the inner thighs, but not up the midline of the abdomen.	Adult in size and shape.

The three scales are staged independently, and a person can be at different stages on different scales at the same time. Pubic hair is driven largely by adrenal androgens rather than gonadal hormones, which is why it can progress on its own timetable.

Table by the author, [CC BY-NC 4.0](#). Staging criteria adapted from Marshall and Tanner (1969, 1970).

It is important to note here that not all girls and women menstruate. There are several health conditions, as well as intersex patterns like Turner pattern, that may affect whether someone has a menstrual cycle. Additionally, not everyone who does menstruate identifies as a girl or woman. Transgender boys and nonbinary people assigned female at birth may menstruate. Using inclusive language alongside anatomical terms helps reflect the actual diversity of everyone's experiences, instead of marginalizing or stigmatizing differences.

Psychological Effects of Pubertal Timing

When puberty arrives it matters both biologically and psychologically. Research has consistently found that **precocious (early) puberty** in girls is associated with higher rates of negative body image, depression, anxiety, disordered eating, and engagement in risky behaviors (Graber, 2013). These rates are influenced by early-maturing girls receiving unwanted sexualized attention, like sexual harassment and objectification, at an age when they are not developmentally ready to navigate them (Lindberg et al., 2007).

The picture for boys is more mixed (Mendle & Ferrero, 2012). Early-maturing boys may gain social status and popularity due to their larger size and more "adult" appearance, but they also show elevated rates of antisocial behavior and substance use. At the opposite end, *late*-maturing boys tend to have more negative effects including lower self-esteem and bullying experiences than late-maturing girls. Critically though, there has been much less interest in studying the effects of pubertal timing in boys as compared to girls, therefore findings are not as robust (Huddleston & Ge, 2003).

These effects are not uniform across all groups. Research on pubertal timing has been conducted primarily with white samples, and the limited work that includes racial and ethnic diversity suggests that the psychological effects of early puberty may differ across racial and cultural contexts (Seaton & Carter, 2018). Cultural context also shapes the experience of puberty as a transition to adulthood. Many cultures mark the transition with rites of passage, such as quinceañeras, bar/bat mitzvahs, or coming-of-age ceremonies in Indigenous communities. These rituals can provide social support and a sense of belonging during a period that is often confusing and stressful. In fact the lack of rituals for manhood in dominant U.S. culture is part of the argument for the Precarious Manhood Hypothesis (Vandello & Bosson, 2013), that we will cover in more detail in Chapter 10.

Puberty and Gender Dysphoria

For transgender and gender-diverse kids, puberty can be a difficult time. The development of secondary sex characteristics can intensify gender dysphoria, the distress a person may experience when their gender identity does not align with their sex assigned at birth (Testa et al., 2015). Experience of gender dysphoria is linked to anxiety, depression, and in some cases, suicidal ideation (Turban et al., 2020). The use of **puberty blockers** (GnRH agonists) pauses the progression of puberty by suppressing

the production of sex hormones, giving young people and their families time to explore gender identity without the distress of unwanted physical changes (Coleman et al., 2022). Use of such medications in gender diverse kids led to lower rates of suicidal ideation (Turban et al., 2020). This is a well-established standard of care for gender-diverse kids. This topic has become politically contentious, with a lot of misinformation and scare tactics floating around. The information presented here will be grounded in the scientific and medical consensus of medical organizations and practitioners with expertise in child and adolescent development.

Puberty blockers have been used for decades to treat precocious (early) puberty in cisgender children. Their safety profile is well established in pediatric medicine (Carel et al., 2009). Importantly for gender diverse kids and their families, the effects of blockers are reversible: if the medication is stopped, puberty resumes (Coleman et al., 2022). This can allow for the time that gender diverse kids need to socially explore their gender identity to figure out what is best for them: medical and social transition, social transition alone, or neither. Social transition involves changes in name, pronouns, clothing, or hairstyle. Medical transition may include puberty blockers, hormone therapy, and in some cases surgery. Some go on blockers for a short period and decide against medical transition but choose to just socially transition instead. Some will choose to medically transition, and others may learn in that time that a more androgynous or nonbinary identity is who they are.

More than a dozen major medical organizations, including the American Medical Association, the American Academy of Pediatrics, and the Endocrine Society, support the use of puberty blockers for transgender youth as part of a comprehensive approach to gender-affirming care.

Section Key Terms

Menarche | Onset of first menstruation

Precocious puberty | Puberty that begins significantly younger than average (before age 8 in girls and before age 9 in boys).

Puberty blockers | Medications that pause the progression of puberty by suppressing the production of sex hormones.

Secondary Sex Characteristics | Physical changes related to reproductive anatomy that occur during puberty.

Spermarche | Onset of sperm production

Tanner stages | A five-stage scale developed to track pubertal development. Ranges from prepubescent to postpubescent.

3.6: Conclusion

This chapter has covered a lot of biology. Evidence in each section has reinforced the same core understanding that sex is not a single binary variable. It is a cluster of independently varying characteristics, including chromosomes, hormones, internal anatomy, external anatomy, and secondary sex characteristics. Variations in each of these can combine in many different ways (Fausto-Sterling, 2000; Hyde et al., 2019). As Chapter 2 discussed, how we measure and categorize variables influences what research can find. When we treat sex as a simple binary, we not only miss the variation that actually exists, we marginalize and stigmatize diversity.

The assumption of a sex binary, reinforced by cisnormativity, provides a seemingly 'natural' foundation for the gender binary, which in turn supports gender hierarchy, hegemonic masculinity, and patriarchy that organize social power. But as this chapter has shown, biology does not provide that foundation. The variations we have discussed, from chromosomal diversity to the mosaic nature of the brain, show that the rigid binary these systems depend on does not hold up to scientific scrutiny. Understanding this is essential not only for studying the psychology of women in an inclusive way, but for recognizing how claims about biology can be weaponized to maintain inequality.

4: THEORIES OF GENDER DEVELOPMENT

- 4.1: Introduction
- 4.2: Evolutionary Psychology and Gender
- 4.3: Biosocial Constructionist Theory
- 4.4: Social Learning Theory
- 4.5: Cognitive and Developmental Theories
- 4.6: Additional Considerations for Gender Diversity
- 4.7: Conclusion

Thumbnail credit: Composition., 1945, France, by Albert Gleizes, Atelier Arcay. Bequest of Judge Julius Isaacs, New York, 1983. Te Papa (1983-0032-251/5-16).

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4.1: Introduction

By now you know that sex and gender are more complex than the binary categories most of us grew up with. Here we will build on that to cover how people come to experience themselves as gendered. How does a child come to think of themselves as a boy, a girl, both, or neither? Why do some children develop a gender identity that differs from their sex assigned at birth?

This chapter covers several major frameworks for answering these questions, ranging from biologically oriented theories to social learning theory to cognitive and developmental approaches. As you read, keep two things in mind. First, most of these theories were developed without considering gender diversity, so we will evaluate how well each theory accounts for the full range of gender experiences. Second, even when a theory does account for gender diversity, no single theory explains everything. Gender development is best understood as the result of biological, social, and cognitive processes working concurrently.

4.2: Evolutionary Psychology and Gender

You have probably heard claims that men are "hardwired" to be competitive or that women are "naturally" more nurturing. These ideas often draw to some extent on ideas from evolutionary psychology. Here we will examine the theory and then evaluate whether it holds up to some of the scientific standards from Chapter 2.

Evolutionary psychology (EP) applies principles of natural selection to human behavior and psychology. The core argument is that behavioral sex differences evolved because males and females faced different adaptive problems in evolutionary history and purportedly developed different adaptive traits as a result (Geary, 2010). Because females "invest" more in reproduction (pregnancy, nursing), they should be more selective in choosing mates who can provide resources and protection. Because males cannot be certain that offspring are genetically theirs, EP argues they should be more competitive with other males for access to mates and more attuned to signs of fertility in potential partners. These ideas are based in part on **parental investment theory** (Trivers, 1972), which predicts that the higher-investing sex will be choosier in mate selection.

EP researchers point to a large cross-cultural study of 37 societies showing that men tend to prioritize youth and physical attractiveness in partners while women tend to prioritize resources and status (Buss et al., 1990). EP interprets these patterns as evidence of evolved mate selection strategies, though the logic requires assumptions that are difficult to test. For example, the claim that men's preferences reflect evolved fertility detection is weakened by the fact that women can remain fertile into their 40s and that standards of attractiveness vary across cultures. Additionally, the same data show that the most valued traits across cultures and across sexes are kindness, intelligence, and humor. These shared preferences receive far less attention from EP researchers and popular culture than the sex-differentiated ones do.

Criticisms of Evolutionary Psychology

Recall from Chapter 2 that a good hypothesis must be falsifiable: it must be possible to find evidence that would refute it, to demonstrate that its assumptions are false. Theoretical frameworks make assumptions that must be falsifiable too. Critics of evolutionary psychology argue that the theory's core assumptions are protected from falsification by its misuse of evolutionary biology and reliance on historical narrative (Moore, 2026; Richardson, 2007). For example, Moore (2026) points out that when the hypothesis that male homosexuality evolved through kin selection lacked empirical support, EP researchers did not conclude that the behavior might not require an evolutionary explanation. Instead, they continued searching for alternative evolutionary accounts, revealing an assumption that behaviors must be 'evolved' even when the evidence does not support it. When a framework can absorb any finding by generating new evolutionary stories, it is not functioning as falsifiable science.

Beyond falsifiability, there is also the question of whether the data EP cites could be explained more parsimoniously (that is, with fewer assumptions). Eagly and Wood (1999) reanalyzed one of the same cross-cultural data sets cited by EP researchers (Buss, 1989) and found that sex differences in mate preferences shrank in societies with greater gender equality. This suggests that mate preferences may reflect social roles and access to resources rather than evolved instincts, a theory we will return to in Section 4.3.

EP has also been criticized more broadly for producing explanations that conveniently fit with existing gender hierarchies, making those hierarchies seem more natural than the evidence supports. If male dominance-seeking and resource accumulation are framed as evolved and adaptive, this can provide scientific-sounding justification for the patriarchal gender hierarchy we discussed in Chapter 1. EP frameworks also assume heterosexual mating as the default, largely ignoring same-sex attraction, bisexuality, and asexuality. Additionally, because EP ties gendered behavior to binary sex, it also ignores the experiences of trans and nonbinary people. This is a substantial blind spot given that same-sex behavior has been documented across hundreds of animal species (Bagemihl, 1999).

Section Key Terms

Evolutionary Psychology | The study of human behavior and mental processes using principles of natural selection to argue that males and females have evolved different traits.

Parental Investment Theory | Predicts that the higher-investing sex (females in humans due to pregnancy and nursing) will be choosier in mate selection.

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4.3: Biosocial Constructionist Theory

While EP emphasizes biology and physical sex differences, **Biosocial Constructionist Theory** argues that psychological and behavioral differences between men and women are primarily products of the social roles each society assigns to them (Eagly & Wood 1999; Wood & Eagly, 2012). The theory still includes reference to physical sex differences but only as a basis for initial role division. Because of physical realities like the capacity for pregnancy and nursing, and sex differences in upper body strength, societies historically divided labor along sex lines. Women tended to be assigned to domestic and caregiving roles, men to roles involving physical labor and defense. Over time, these role assignments shaped the traits each sex was *expected* to develop. Women were expected to be **communal** (warm, nurturing, oriented toward others) and men were expected to be **agentic** (assertive, competitive, independent). So from this perspective, biological differences shape current traits only indirectly, by influencing the social roles that societies built around them.

The strongest evidence for this theory comes from cross-cultural comparison. Recall from Section 4.1 that Eagly and Wood (1999) reanalyzed the Buss (1989) data to assess the impact of cultural roles and found that sex differences in mate preferences were not universal and changed depending on the level of gender equality. Their key finding was that as women gained more economic power and independence in a given society, their preference for wealth and status in partners decreased. So much for the 'gold-digger' stereotype! When women have the freedom to seek their own wealth, their preference for wealthy partners decreases.

The theory accounts for cross-cultural variation in gender roles better than evolutionary psychology (EP) does and can explain how quickly gendered behavior changes with increased gender equality. However, like EP, it conceptualizes sex and gender in binary terms. The biosocial constructionist framework explains why we have role divisions using only male versus female identities but ignores, and consequently marginalizes, people who do not fit those divisions. Nonetheless, the experiences of transgender individuals navigating shifting social expectations may provide some support for biosocial constructionist theory. Research on trans men, for example, has found that those who are socially recognized as men gain access to certain forms of male privilege (Schilt, 2010), which is consistent with the theory's emphasis on social roles shaping gendered experience. But the theory does not address why some people develop a gender identity that does not align with their assigned roles, nor does it account for nonbinary and agender identities that may draw from, blend, or entirely reject traditional role expectations. Thus, it cannot explain the internal experience of gender identity itself. These are questions that cognitive and developmental theories, covered in Section 4.5, attempt to address.

Section Key Terms

Agentic traits | Characteristics associated with assertiveness, competitiveness, and independence. Culturally expected of men through role assignment.

Biosocial Constructionist Theory | Theory of how gendered sex roles developed. It argues that psychological and behavioral differences between men and women are primarily products of the social roles each society assigns to them.

Communal traits | Characteristics associated with warmth, nurturance, and orientation toward others. Culturally expected of women through role assignment.

4.4: Social Learning Theory

Social learning theory argues that children learn gendered behavior the same way they learn other behaviors: by watching others and experiencing consequences for their own actions. Through **observational learning**, children notice how the people around them behave and which behaviors are associated with which gender. For example, a child may notice that the adults in their life who cook and clean *tend* to be women, while those who mow the lawn or fix things *tend* to be men, and thus begin to associate those tasks with gender. Through **operant conditioning**, they learn which behaviors are rewarded and which are punished. For example, a young boy who picks up a doll at a social gathering may be told to put it down or be redirected toward a truck. Together these processes produce **sex typing**, the process by which children acquire behaviors, attitudes, and preferences that their culture considers appropriate for their sex (Mischel, 1966).

Primary Caregivers

A child's primary caregivers, the adults most responsible for their daily care, are their first models of gendered behavior. Primary caregivers may include parents, grandparents, foster parents, or other guardians. However, the research discussed here has focused almost exclusively on parents, and biological parents in particular, so the findings may not generalize to all caregiving arrangements. Like much of psychology, focus has also previously been on white middle-class families.

One of the most consistent findings in this literature is that parents, especially fathers, are more restrictive of cross-sex behavior in boys than in girls (Kane, 2006). A girl in a superhero cape barely raises an eyebrow. A boy in a princess dress raises alarms. This asymmetry reflects the gender hierarchy discussed in Chapter 1. Femininity is devalued, so a boy who embraces it is seen as losing something. A girl who embraces masculinity may actually gain social standing in some respects, though Chapter 5 will cover some consequences for women engaging in masculine behaviors. For transgender and gender-nonconforming children, this pattern can be especially harmful. Parental rejection of gender nonconformity is one of the strongest predictors of depression, anxiety, and suicidality in LGBTQ+ youth, while parental acceptance is the single strongest protective factor (Ryan et al., 2010). Even for cisgender children, the message is alarmingly simple: acting like a girl is something to be ashamed of.

Parental acceptance, on the other hand, makes a real difference. When fathers in heterosexual households spend more time on housework, their children develop more egalitarian gender attitudes (Cano & Hofmeister, 2023). Interestingly, this effect of modeling was a stronger contributor to children's gender attitudes than were fathers' stated beliefs suggesting that it's not enough for fathers to talk the talk, they have to walk the walk. Children of same-sex parents, who inherently witness less rigid gender role modeling, also tended to endorse fewer gender stereotypes (Goldberg, Kashy, et al., 2012), suggesting that parental modeling of less rigid gender roles may influence how flexibly children think about gender.

Gender socialization also operates differently across cultural contexts. In U.S. Mexican families, for example, mothers socialize daughters toward caregiving and household responsibility (*marianismo*) and sons toward family protection and self-reliance (*machismo*). However, core cultural values like familism (strong loyalty and responsibility to family) and respect are conveyed equally to both (Cruz et al., 2025). These patterns illustrate how gender socialization intersects with cultural values in ways that research focused exclusively on white families would miss.

Teachers and Peers

Beyond the home, teachers and peers reinforce gender in influential ways. Teachers may use gendered language that strengthens binary categories ("boys line up here, girls line up here"), and research shows that such labeling increases children's gender stereotyping (Bigler, 1995). Peers become increasingly influential starting around age three, when children begin to sort themselves into sex-segregated play groups. Within these groups, children reinforce sex-typical behavior and sanction deviations from it. As with parents, gender-nonconforming boys tend to face the harshest peer rejection (Blakemore, 2003). For gender-diverse students, school climate matters beyond individual teacher behavior. Research has found that schools with Gender and Sexuality Alliances (GSAs) report better mental health outcomes not just for LGBTQ+ students but for all students in the school (Poteat et al., 2013).

As with much of the research discussed in Chapter 2, studies on peer gender socialization have been conducted primarily with white samples, and how peer enforcement of gender norms operates across racial and cultural contexts remains understudied.

Media

Media is yet another gender socializing force. Studies consistently show that girls and women are underrepresented in children's media and, when present, are more likely to be portrayed in sexualized or domestic roles (Smith et al., 2010). Children's toy marketing remains heavily sex-typed, and sex-typed toy preferences are one of the strongest and earliest appearing sex differences in childhood (Davis & Hines, 2020). These patterns both reflect and reinforce the gender norms children are learning from parents and peers.

LGBTQ+ representation in film has grown over the past decade but recent trends show a decline, with transgender characters appearing in less than 1% of major studio releases in 2024 (GLAAD, 2025). For children of color, these representation gaps compound, as they are even less likely to see characters reflecting both their gender and racial or ethnic identity. Research tracking representation in film and television has consistently found that women of color are the most underrepresented group on screen (Smith et al., 2010). The broader psychological impact of media representation on identity development will be explored in Chapter 5.

Strengths and Limitations

Social learning theory has clear strengths in explaining how environments shape gendered behavior. It also can account well for cultural variation, though more diversity in study samples is needed. Social learning theory has also been criticized for framing children as relatively passive recipients of socialization (Martin et al., 2002). It can explain how gendered behavior is maintained and reinforced, but it struggles to explain why some children resist socialization pressure, or why some develop a gender identity that contradicts everything their environment is teaching them. For gender-diverse children, social learning theory can explain how family acceptance or rejection shapes mental health outcomes (Ryan et al., 2010), but not why the child's gender identity diverged from expectations in the first place.

Section Key Terms

Observational learning | When someone learns through noticing how the people around them behave.

Operant conditioning | Process by which someone learns what behaviors are rewarded and punished, thus shaping behavior such that rewarded behaviors increase and punished behaviors decrease.

4.5: Cognitive and Developmental Theories

The theories covered so far emphasize how gender has come to be from evolutionary and biosocial perspectives, as well as how children learn about gendered expectations. Cognitive and developmental theories shift the focus to what happens *within* children. These approaches argue that children are not just shaped by their environments but are actively constructing their own understanding of gender and using that to guide their behavior. Other cognitive approaches, such as developmental intergroup theory (Bigler & Liben, 2007), have examined how adult-imposed salience of gender categories fuels children's intergroup bias. Because these processes were covered in Chapter 1, we focus here on theories that address individual identity development.

Kohlberg's Cognitive Developmental Theory

Lawrence Kohlberg (1966) proposed **Cognitive Developmental Theory**, in which children's understanding of gender develops in three stages:

1. **gender identity** - recognizing oneself as a boy or girl (by age 2 to 3)
2. **gender stability** - understanding that gender stays the same over time (by age 3 to 5)
3. **gender consistency** - understanding that gender does not change based on appearance or activities (by age 5 to 7)

Once children achieve full gender constancy, Kohlberg argued, they become motivated to seek out and conform to gender norms. His theory was notable for recognizing children as active participants in their own gender development rather than simply observing and imitating others. However, research has shown that children engage in gender-typed behavior well before they achieve gender constancy (Martin et al., 2002). Additionally, the model assumes that constancy means accepting alignment between one's assigned sex and gender identity. More recent cognitive approaches can account for transgender children's consistent cross-gender identification, and some were specifically developed to include diverse gender pathways.

Bem's Gender Schema Theory

Sandra Bem (1981) built on Kohlberg's idea that children actively process gender information but proposed a schema-based model of how that processing develops. A **schema** is a cognitive framework that organizes information and guides how we process new experiences. Bem argued that gender becomes one of the most powerful schemas children develop. Rather than fixed stages, children form **gender schemas** that organize information about what it means to be male or female in a given culture. Once formed, a schema acts as a filter. The child notices, remembers, and seeks out schema-consistent information while ignoring or distorting what does not fit. For example, a child whose gender schema links 'sports' with 'boys' may easily recall boys playing soccer at recess but not remember that girls were playing too.

Gender schemas develop early. Research shows that children can categorize by gender and form gender-related associations even before they can verbally label the sexes (Leinbach & Fagot, 1993). Once schemas are in place, they shape both memory and motivation. When novel toys are labeled as being "for boys" or "for girls," children prefer the toys labeled for their own gender, even with no prior experience with them (Martin et al., 1995). This demonstrates that the cognitive label itself can motivate gendered behavior.

Schemas also help explain why gender-typed behavior is so resistant to change. They filter incoming information in a way that confirms what children already believe. However, Bem herself later argued that the theory did not address why gender becomes such a powerful category in the first place. She contended that cultural institutions, from gender-segregated sports leagues to gendered dress codes to 'reveal parties' for unborn babies, saturate children's environments with gendered distinctions making the binary almost impossible to escape (Bem, 1993).

Research on socially transitioned transgender children has found that their gender cognition, including implicit (unconscious) associations and preferences, aligns with their gender identity rather than their sex assigned at birth (Olson et al., 2015). Nonbinary individuals may develop what Bem called "aschematic" processing, where gender is a less central organizing framework. However, schema theory explains how children process and maintain gender information better than it explains why some children develop an identity that diverges from their assigned sex. That question is addressed by biased-interaction theory.

Diamond's Biased-Interaction Theory

Milton Diamond (2006) proposed biased-interaction theory to explain both cisgender and transgender identity development within a single framework. The theory argues that gender identity emerges from an interaction between a biological predisposition toward a particular gender identity and the social environment in which the child develops. For most children, the predisposition aligns with their sex assigned at birth, and social feedback reinforces that alignment. For some children, the predisposition does not align, and social feedback creates conflict rather than reinforcement, consistent with what we know about gender dysphoria (see Chapter 3, Section 3.4).

What makes this theory distinctive is that it does not treat transgender identity as a deviation from a "normal" process. All gender identity development results from the same interaction, with different outcomes depending on whether biological predisposition and social context align or conflict. Research finding that transgender children's gender-typed preferences and identity are similar to those of cisgender children of the same gender (Gülgöz et al., 2019) is consistent with this framework. The theory has not yet accumulated the same depth of empirical testing as gender schema theory, but it is also consistent with neuroscience research suggesting that brain patterns in transgender individuals may align more closely with their gender identity than with their sex assigned at birth (Sánchez & Vilain, 2013), as well as the broader evidence from Chapter 3 that biological sex development occurs along a spectrum.

Gender Self-Socialization Model

The gender self-socialization model (Tobin et al., 2010) focuses on what happens after a child has developed a gender identity, regardless of whether it matches their assigned sex. The model proposes that once children identify with a gender category, they actively seek out information, behaviors, and social connections consistent with that identity and avoid those associated with other genders. In this sense, children become agents of their own gender socialization. Critically, the model positions identity as the starting point. Children figure out their gender and then seek out the preferences, behaviors, and social connections that match.

The model's limitation is that it doesn't explain *how* gender identity develops. It describes what happens after identity is established but not the process of establishment itself. In this way, it complements biased-interaction theory: Diamond's framework addresses how identity forms, while the self-socialization model addresses what identity does once it is in place.

Section Key Terms

Biased-Interaction Theory | Milton Diamond's theory that gender identity emerges from an interaction between two factors: a biological predisposition toward a particular gender identity (which Diamond calls a "bias") and the social environment in which the child develops.

Cognitive Developmental Theory | Kohlberg's (1966) three-stage model: gender identity (recognizing one's own gender), gender stability (gender is consistent over time), and gender consistency (gender does not change with appearance or activities). Kohlberg's use of "gender identity" here is specific to his theory, not the broader concept from Chapter 1.

Gender schemas | Cognitive frameworks that organize information about what it means to be male or female in a given culture.

Schemas | A cognitive framework that organizes information and guides how we process new experiences.

4.6: Additional Considerations for Gender Diversity

The theories covered to this point offer some limited understanding, mentioned throughout, of how transgender identities might develop. Biased-interaction theory (Diamond, 2006) points to the conflict between predisposition and the child's social environment interacting to produce transgender identity. Gender schema theory (Bem, 1981) helps explain how a transgender child's gender schemas organizes around their identity. And the gender self-socialization model (Tobin et al., 2010) suggests that *all* children actively seek out information and social connections consistent with their identity once it is established. However, due to marginalization and stigmatization, there are additional developmental considerations when thinking about how identity develops in gender diverse youth.

Milestones and the Trouble with Straight Lines

One framework that researchers have used to describe this development is **gender identity milestones**, a set of experiences that many transgender people report reaching in a roughly similar order. The four most commonly studied are first feeling that one's gender differs from what was expected, coming to think of oneself as transgender, telling another person, and living full time in one's affirmed gender. Some studies add accessing gender-affirming medical care. The approach grew out of earlier stage models of transgender identity formation, the most detailed of which was Devor's (2004) fourteen-stage account tracing a path from early unease through discovery, tolerance, acceptance, transition, and eventually pride. However, Devor's (2004) and other earlier models were proposed but they have accumulated little empirical verification since (Brumbaugh-Johnson & Hull, 2018).

The milestone framework has been useful because it gives researchers something they can count and compare. When Puckett and colleagues (2022) surveyed 695 transgender and gender diverse people aged 16 to 73, they found that the ages at which people reached these milestones varied sharply by generation. Participants in the oldest cohort reached each milestone considerably later than younger participants did, and the youngest participants reported far more varied identities than the older groups, which were composed largely of trans women. Scandurra and colleagues (2021) found the same compression among 197 Italian participants, where younger cohorts self-labeled and came out earlier than older ones.

Now ask yourself what you would predict about mental health from that pattern. A more accepting culture should mean better outcomes for the people reaching milestones earlier. The data do not cooperate. Puckett and colleagues found that the younger cohorts reported *higher* levels of internalized stigma, anxiety, and depression than the older ones, and Scandurra and colleagues found the same in Italy. Reaching a milestone sooner does not appear to protect anyone by itself.

Campbell and colleagues (2024) help explain why. Drawing on 18,303 transgender adults from the 2015 U.S. Transgender Survey who had reached at least one milestone between the ages of 4 and 18, they compared youth who reached a given milestone with youth who reached the same milestone a year later, and they stratified the comparison by how supportive the family was. Reaching a milestone was associated with higher risk of attempting suicide and of running away from home. That association was driven almost entirely by youth in unsupportive families. Coming to think of oneself as transgender raised the overall probability of a suicide attempt by 1.75 percentage points among youth in adverse families and by 1.39 percentage points among youth in neutral families. Among youth in supportive families, there was no statistically significant association with either outcome. What carries the risk is the environment the young person has to take that step in front of. Think of a child learning to ride a bike. The wobble is the same wherever they learn, and what changes the outcome is whether someone is running alongside.

These milestone timings also vary by more than generation. Restar and colleagues (2019), studying 298 young transgender women in Chicago and Boston, found that younger Black, Latina, Asian, and multiracial participants reported earlier ages for disclosing their identity to others, expressing their gender in public, and beginning hormone use than older and White participants did. Note also that the Campbell sample was 80.7% White, which is a limitation the milestone literature shares with most of the research in this chapter.

The framework has a deeper problem than its timings. Naming four milestones and reporting average ages for them makes a highly variable process look like a schedule, and it quietly treats one particular sequence as the standard one. Warton and colleagues (2026) interviewed 51 Australian LGBTQ+ young people aged 16 to 26 about their identity development and found that these experiences were repeatedly revisited, deferred, reinterpreted, or resisted rather than completed in order. Whether an event counted as a milestone at all depended on who was present and how they responded. Speechley and colleagues (2024), synthesizing 72 qualitative studies with a combined 1,758 participants, argue that traditional models built medical transition in as the normative endpoint and treated nonbinary identification as rare, which makes them a poor fit for the range of identities young

people report today. They propose an alternative framework designed from the start to include binary and nonbinary trajectories.

The milestone research is most useful when it is read as a description of common experiences. It does not lay out stages anyone is supposed to pass through. What it offers is a sense of what tends to happen and roughly when, along with clear evidence that family support changes what those experiences cost.

Far less is known about the developmental pathways of nonbinary, genderfluid, and agender youth, in part because these identities have only recently gained visibility in research and clinical settings. What limited research exists suggests that nonbinary youth often describe a more gradual process of identity discovery than binary transgender youth, frequently developing language for their experience in adolescence rather than early childhood (Pullen Sansfaçon et al., 2020). This does not mean nonbinary identity is less deeply held, only that the cultural frameworks and language available to them have been slower to develop.

The lack of research on nonbinary identity development is itself a reflection of the binary assumptions embedded in the theories covered throughout this chapter. Evolutionary psychology, biosocial constructionist theory, social learning theory, and even biased-interaction theory all operate within frameworks that assume two gender categories. Gender schema theory comes closest to accommodating nonbinary experience through Bem's concept of aschematic processing, but even that was originally framed as an individual difference in how strongly one uses the binary, not as a distinct identity category. Future research will need to move beyond binary frameworks to adequately capture nonbinary development.

Support and Developmental Outcomes

Regardless of the specific developmental pathway, research consistently shows that social support is the most important factor in the wellbeing of gender-diverse youth. Family acceptance is associated with lower rates of depression, anxiety, and suicidality, while family rejection is one of the strongest predictors of negative outcomes (Ryan et al., 2010). At the medical level, access to gender-affirming care, including the puberty blockers discussed in Chapter 3, is associated with lower rates of suicidal ideation (Turban et al., 2020). At the school level, institutions with Gender and Sexuality Alliances report better outcomes for all students, not just LGBTQ+ youth (Poteat et al., 2013).

These findings reinforce a point that runs through this entire chapter: the harm gender-diverse children experience is not inevitable. It comes from the social systems, rigid gender norms, cisnormativity, and the enforcement mechanisms described in Chapter 1, that treat gender diversity as an error to be corrected.

Section Key Terms

4.7: Conclusion

This chapter has covered theories ranging from evolutionary psychology to cognitive and developmental approaches. No single theory explains gender development on its own. Evolutionary psychology and biosocial constructionist theory address broad patterns but struggle with individual variation and gender diversity. Social learning theory explains how environments shape gendered behavior but not why some children resist that shaping. Cognitive and developmental theories capture the active role children play in constructing gender but are still catching up to the full range of gender identities.

What the strongest theories share is a recognition that gender development involves multiple processes working simultaneously: biological predispositions, social environments, and the child's own cognitive construction of what gender means. The theories that account for the widest range of human experience are those that allow these processes to interact rather than privileging one over the others.

Throughout this chapter we have also evaluated each theory's ability to account for transgender, nonbinary, and gender-nonconforming experience. This is not a secondary concern. A theory of gender development that cannot account for gender diversity is incomplete, just as a theory of sex development that cannot account for intersex variation would be incomplete (see Chapter 3). As research continues to include more diverse samples and move beyond binary frameworks, our theories will need to evolve as well.

5: THE POWER OF SOCIAL CONSTRUCTS

Tellingly there is not a single word for people who don't fit gender norms that is positive, affirming, and complimentary. There is not even a word that is neutral."

- Riki Wilchins, *Queer Theory, Gender Theory* (2004)

5.1: Introduction

5.2: Gender Stereotypes- Content and Structure

5.3: Why Stereotypes Exist- Cognitive Foundations

5.4: Explicit vs. Implicit Stereotypes

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5.6: Power, Privilege and Gender Hierarchy

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5.1: Introduction

Wilchins's observation highlights how deeply gender division and norm adherence are embedded in our language. Since 2004, some communities have reclaimed terms like "queen," "butch," and "queer" as positive identifiers. But having to reclaim demonstrates that nothing affirming existed in the default language of gender.

In Chapter 4 we examined how children come to understand themselves as gendered. That gendered development happens within a much wider social context of cultural expectations. Some of our theories do address that but are still focused on individual understanding of the gendered (or not) self. In this chapter we turn to that cultural context of what gender categories mean, what traits belong to whom, and what happens when someone does not fit.

This chapter examines the stereotypes, biases, and power structures that shape what it means to live in a gendered society. We begin with the content and structure of gender stereotypes, including how they intersect with other social categories. We then examine the cognitive processes that create and maintain stereotypes, the consequences they carry, and the broader systems of power they serve. As with much of psychology, most of the research covered here was conducted using binary gender categories and predominantly cisgender, heterosexual, white samples.

One theme that connects this entire chapter is the power social constructs have over our lives. The way that gender, and the gender binary in particular, is constructed is among the most powerful forces shaping human experience because, much like race, the construction is baked into the institutions and belief systems that organize social life.

5.2: Gender Stereotypes- Content and Structure

Gender stereotypes are widely shared cultural beliefs about what everyone should and should not be like, based on their gender. As introduced in Chapter 1, stereotypes are the cognitive component of gender bias. They operate alongside prejudice (the emotional component) and discrimination (the behavioral component) to produce and maintain inequality. In this section we look more closely at how gender stereotypes are structured and what they contain.

Prescriptions and Proscriptions

Gender stereotypes operate in part on trait expectations, split in binary ways. **Gender prescriptions** dictate traits people *should* have: women should be nurturing, modest, and physically attractive in feminine ways; men should be assertive, stoic, and physically strong. **Gender proscriptions** dictate traits someone *should not* have: women should not be aggressive or sexually forward; men should not be emotional or physically delicate. Together, prescriptive and proscriptive traits function as a set of rules. These rules extend to physical appearance as well. Expectations for body size, grooming, clothing, and self-presentation are all tied to gender, and violations of appearance norms can trigger the same social consequences as violations of behavioral norms. When exceptions emerge, they tend to be repackaged in ways that preserve the gender hierarchy rather than challenge it. For example, the growth of men's grooming and skincare has been marketed through masculinized language like "performance" products and "manscaping," framing self-care as compatible with masculinity only by stripping it of any association with femininity. We will examine those consequences in Section 5.6.

Communion and Agency

The content of gender stereotypes tends to cluster around two broad trait dimensions. **Communion** refers to traits associated with warmth, nurturance, and orientation toward others, including gentleness, emotionality, and cooperation. **Agency** refers to traits associated with competence, assertiveness, and individual achievement, including dominance, independence, and self-confidence. Women are stereotypically associated with communion, and men with agency (Eagly & Wood, 2012). As we discussed in Chapter 4, biosocial constructionist theory argues that these associations developed from historical divisions of labor and are maintained through the social roles each society assigns to men and women. Importantly, both men and women display both communal and agentic traits. The stereotype is not that one group has these traits and the other does not, but that each group *should* have them, and *should not* display too much of the other set.

Benevolent Sexism

Research has found that people generally rate women more favorably than men on communion, a pattern known as the women-are-wonderful effect (Eagly & Mladinic, 1994). However, this favorable view applies primarily to women who conform to traditional feminine roles (Anderson, 2014). Women who violate prescriptive stereotypes by being assertive, ambitious, or unfeminine do not receive the same positive evaluations. This pattern is central to what Glick and Fiske (1996) call **benevolent sexism**, one half of their broader framework of **ambivalent sexism**. Benevolent sexism frames women in positive terms, but that positive regard is conditional. A benevolent sexist believes women are deserving of protection, admiration, and care. However, this applies only to women who conform to traditionally feminine roles. It rewards conformity while setting consequences for nonconformity. Consider a manager who praises a new mother's dedication to her family and, for that same reason, keeps her off the high-stakes account "so she isn't overwhelmed." The warmth is sincere, but it still stalls her career. The other half of ambivalent sexism, hostile sexism, is more explicit, with openly negative attitudes toward women. We will return to hostile sexism in Chapter 10.

Generic Gender? Beyond the 'Everyman' and 'Everywoman'

Gender stereotypes are supposed to apply to everyone based on their gender. But gender does not operate in isolation from other social categories. When gender intersects with race, ethnicity, sexuality, or class, it produces specific subtypes with their own distinct stereotype profiles (Ghavami & Peplau, 2013). For example, stereotypes of Latina women emphasize warmth and physical attractiveness, while stereotypes of Latino men emphasize both work ethic and aggression. Notably, Ghavami and Peplau found that the "generic" stereotype of women most closely matched stereotypes of white women specifically. This means that when researchers study gender stereotypes without specifying race, what they tend to capture are the stereotypes of white men and

white women. The distinct stereotype profiles that exist for people of color remain invisible unless a study is specifically designed to examine them, and most studies are not.

Research on stereotypes of transgender people is even more limited, though it is growing. The research so far suggests that trans individuals are often stereotyped as confused or even purposefully deceptive. For example, trans women may be stereotyped as men pretending to be women, which combines gender stereotypes with assumptions about dishonesty and compounds the discrimination trans women face. Cisgender participants in one study generated unique stereotypes about transgender people, such as "mentally ill" and "confused," that did not appear in their stereotypes of cisgender people (Howansky et al., 2019). Research also suggests that people higher in gender essentialism (the belief that gender is fixed and biologically determined) are more likely to stereotype transgender people based on their sex assigned at birth rather than their gender identity (Gallagher & Bodenhausen, 2021). Research on stereotypes of nonbinary people is only just emerging. Early findings suggest that nonbinary individuals are perceived as neither particularly masculine nor feminine, and that cisgender perceivers often lack a clear framework for categorizing them at all (McCarty & Burt, 2024). As with much of the research in this chapter, these studies have been conducted primarily with white Western samples and represent only the beginning of what needs to be a much broader investigation.

Similar to stereotypes of people who are trans or nonbinary, stereotypes about sexual orientation are intertwined with gender stereotypes. As discussed in Chapter 1, heteronormativity treats heterosexuality as the default, and any deviation from it requires explanation. One historical framework that shaped these assumptions is **sexual inversion theory**, which posited that gay men and lesbian women had the external appearance of one sex but the internal experience of the other. Although the theory has long been discredited, its legacy persists in contemporary stereotypes: gay men are stereotyped as feminine, and lesbian women as masculine, as if same-sex attraction must involve a crossing of gender lines (Kite & Deaux, 1987). These stereotypes illustrate how tightly gender and sexuality are linked in cultural thinking: to deviate from one set of norms (heterosexuality) is assumed to mean deviating from the other (gender conformity). Heterosexual people are rarely studied as a stereotyped group, but when they are, the stereotypes that emerge are highly gendered (heterosexual men as macho and aggressive, heterosexual women as hyperfeminine and submissive) and tend to match the "generic" stereotypes of men and women described earlier in this section (Matsick & Conley, 2016). This confirms that the default "man" and "woman" in stereotype research is implicitly heterosexual, just as it is implicitly white.

Understanding what stereotypes contain, however, is only part of the picture. The next section examines why stereotypes exist in the first place: the cognitive processes that create, maintain, and resist changing them.

Section Key Terms

Agency | Refers to traits associated with competence, assertiveness, and individual achievement, including dominance, independence, and self-confidence.

Ambivalent sexism | Glick and Fiske's framework that describes sexism as being both benevolent and hostile (1996).

Benevolent sexism | Frames women in positive but limiting terms. They are described as deserving of protection, admiration, and care, but only when they conform to traditional roles.

Communion | Refers to traits associated with warmth, nurturance, and orientation toward others, including gentleness, emotionality, and cooperation.

Gender prescriptions | Traits people should have: women should be nurturing, modest, and physically attractive in feminine ways; men should be assertive, stoic, and physically strong.

Gender proscriptions | Traits someone should not have: women should not be aggressive or sexually forward; men should not be emotional or physically delicate.

Gender Stereotypes | Widely shared cultural beliefs about what people should and should not be like based on their gender.

Hostile sexism | Overtly negative attitudes toward women who challenge male dominance.

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5.3: Why Stereotypes Exist- Cognitive Foundations

If stereotypes can be so harmful, why do we have them at all? The short answer is that stereotypes are a byproduct of how our brains process information. The longer answer is that this processing is not neutral: it systematically alters perception in ways that allow us to reinforce familiar beliefs about gender, even beliefs we might not consciously endorse.

Categories as Cognitive Shortcuts

As introduced in Chapter 1, our cognitive systems rely on categorization to manage the enormous amount of information we encounter every day. We sort people into groups quickly and automatically, and gender is one of the earliest and most immediately familiar categories (Martin & Ruble, 2004). Taking such cognitive shortcuts is “useful” to the brain, which is constantly trying to conserve resources, but they come at a steep cost. Once we have sorted someone into a category, we tend to see that person as more similar to everyone in that category, and more different to people in other categories than they really are (Tajfel & Wilkes, 1963). So, when we recognize someone as a woman we are more likely to see her as more similar to other women than she is to men, even though, as we discussed in Chapters 2 and 3, the overlap between sexes on most psychological and biological variables is far greater than the differences. This is known as the **accentuation effect**, and the consequence is that even small average differences between groups get amplified in our perception, while the much larger overlap between groups gets ignored.

Schemas as Filters

This cognitive tendency helps explain why stereotypes persist even in the face of contradictory evidence. Once a stereotype is in place, it becomes part of a cognitive schema (see Chapter 4) and acts as a filter. Research on memory and gender has found that people recall **schema-consistent information** (information that fits stereotypes) more accurately and more quickly than **schema-inconsistent information** (information that contradicts stereotypes). Inconsistent information is sometimes even misremembered as consistent (Dunning & Sherman, 1997). Picture a woman in your study group. The one afternoon she snapped at everyone stays with you, while the dozen times she calmly held the project together barely register. Your schema expects women to be emotional, so it holds onto the outburst and lets the steadiness slip away, and it may even interpret a quiet, focused moment as a bad mood.

Attribution Bias

Stereotypes also shape how we explain what we observe, particularly when behavior either clearly confirms or defies stereotyped expectations. When a woman earns the top score on a math exam, observers are more likely to credit her preparation or the test being easy. When a man earns the same score, observers are more likely to credit his natural ability (Swim & Sanna, 1996). This pattern, known as **attribution bias**, means that even when people perform identically, stereotypes influence how we interpret that performance. If women's successes are regularly characterized as effort or luck, it becomes easier to justify denying them opportunities that are supposedly reserved for the naturally talented.

These cognitive processes (categorization, accentuation, selective memory, and attribution bias) are not unique to gender. They operate across all social categories, including race, class, and ability status. What makes gender particularly susceptible is the binary. Most social categories are recognized as having more than two groups, even when the boundaries between those groups are socially constructed in a rigid way. Race, for example, is sorted into rigid categories even though the markers it relies on, like skin tone, vary continuously. But gender in Western cultures is still *organized* as two mutually exclusive groups, which maximizes the perceived difference. And, when gender intersects with other social identities like race, people at these intersections are obscured. For example, someone may see 'women' as one homogenous group, while simultaneously seeing 'Black people' as another homogenous group, making the distinct experiences of Black women invisible to both categories (Purdie-Vaughns & Eibach, 2008), a pattern we will examine more closely in Section 5.6.

Section Key Terms

Accentuation effect | The tendency to perceive people within the same category as more similar, and people across categories as more different, than they actually are.

Attribution bias | The tendency to explain behavior differently depending on whether it conforms to or violates stereotypes (e.g., attributing a woman's success to effort and a man's to talent).

Schema-consistent information | Information that confirms existing gender stereotypes. Tends to be noticed and remembered more readily.

Schema-inconsistent information | Information that contradicts existing gender stereotypes. Tends to be overlooked, forgotten, or misremembered.

5.4: Explicit vs. Implicit Stereotypes

The cognitive processes described in the previous section operate largely outside of conscious awareness. We can even hold gender egalitarian beliefs and still process social information in biased ways. This division, and possible contradiction, between what happens automatically and what we consciously endorse is central to the study of implicit versus explicit stereotypes.

Explicit stereotypes are beliefs that a person is aware of and can report. If someone says, "women are too emotional to be leaders," that is an explicit gender stereotype. Explicit stereotypes can be measured through surveys and self-report, and people can choose to reject or endorse them. However, self-report is susceptible to social desirability bias, so these measures alone may not accurately assess inner belief systems. **Implicit stereotypes** are associations between groups and traits that operate outside of conscious awareness (Greenwald & Banaji, 1995). The most widely used tool for measuring implicit stereotypes is the **Implicit Association Test (IAT)**, developed by Anthony Greenwald and colleagues (1998). The IAT measures the speed with which people pair concepts. For example, a gender-career IAT might ask participants to sort words related to "male" or "female" alongside words related to "career" or "family." If someone pairs "male" with "career" faster than they pair "female" with "career," the test registers an implicit association between men and professional roles. Large-scale data from Project Implicit ([you can be a research participant here!](#)) has collected millions of IAT responses. Their findings indicate that most participants, regardless of their own gender, implicitly associate men with career and science terms and women with family and arts terms (Nosek et al., 2002).

Critics of the IAT methodology point to variation in the test-retest reliability, meaning that a person's score can shift from one sitting to the next (Gawronski et al., 2017). Others question how well IAT scores can predict actual discriminatory behavior. The relationship between implicit bias as measured by the IAT and real-world outcomes is statistically significant but small (Oswald et al., 2013). This means that the IAT's power to predict individual outcomes is limited. Those who support use of the IAT argue that implicit associations are best understood as reflecting cultural exposure to stereotypes rather than personal beliefs, and that the test is best for demonstrating patterns at the population level (Greenwald et al., 2009). While it is important to acknowledge criticisms, the IAT has been important in establishing that stereotyped associations can be held and may affect behavior outside of conscious awareness.

If implicit associations shape decisions (who gets called on in STEM classes, whether a trans woman is recognized as a woman, who seems "naturally" suited for leadership when making hiring decisions), they can produce discriminatory outcomes even in the absence of discriminatory intent (Moss-Racusin et al., 2012). The next section examines what those outcomes look like in more detail.

Section Key Terms

Explicit stereotypes | Consciously held beliefs about a social group that a person is aware of and can report.

Implicit Association Test (IAT) | A reaction-time measure that assesses the strength of automatic associations between concepts (e.g., male/female and career/family) by measuring how quickly a person sorts paired items.

Implicit stereotypes | Automatic associations between a social group and particular traits or roles that operate outside of conscious awareness.

5.5: Consequences of Stereotypes

The previous sections examined what stereotypes contain and how they are maintained cognitively. This section turns to the consequences when stereotypes shape how people are perceived, and treated.

Stereotype Threat

One of the most well-documented consequences is **stereotype threat**, the phenomenon in which awareness of a negative stereotype about one's group can impair performance in domains where that stereotype applies (Steele & Aronson, 1995). In the original research, Black students performed worse on a standardized test when it was described as measuring intellectual ability than when the same test was described as a problem-solving exercise. Lower test scores were due to the cognitive burden of knowing a negative stereotype exists and might be applied to you. The effect has been observed in negotiations, spatial reasoning tasks, and even driving (Spencer et al., 2016).

Stereotype threat has been extensively studied in the context of gender. Women who are reminded of the stereotype that men are better at math then perform worse on subsequent math tests than women who are not reminded (Spencer et al., 1999). Importantly, stereotype threat tends to most affect the people who care the most about doing well in that area. A woman who does not care about math is unlikely to experience threat in a math context, but a woman pursuing an engineering degree may find her performance undermined precisely because math matters to her career (Steele, 1997). Stereotypes can also enhance performance (stereotype lift) and interact with other identities. In one study, Asian American women performed better on a math test when their racial identity was made salient but worse when their gender identity was made salient (Shih et al., 1999). The same participants, taking the same test, performed differently depending on which stereotype, the positive one about Asian Americans and math or the negative one about women and math, was activated.

Research on stereotype threat has focused overwhelmingly on gender and race, and primarily on cisgender participants. How stereotype threat operates for transgender and nonbinary people remains largely unstudied. However, the broader minority stress literature suggests that the cognitive burden of navigating stigma could produce similar or even compounded effects (Testa et al., 2015).

Prescriptive Stereotypes and Backlash

Recall from Section 5.2 that prescriptive stereotypes dictate what people *should* be like, and proscriptive stereotypes dictate what they *should not* be like. When people violate these expectations, they face social and professional penalties, a pattern known as the **backlash effect** (Rudman, 1998). Women who display agentic traits (assertiveness, ambition) are perceived as competent but less likable, while women who display communal traits are seen as likable but less competent (Heilman et al., 2004). This creates a double bind. A woman can be seen as competent or likable, but the stereotype makes being perceived as both far more challenging.

Men displaying some communal traits may face penalties for violating gender norms as well (Rudman et al., 2012). However, it may be specific to when they are perceived as weak or ceding power. Corinne Moss-Racusin and her colleagues (2010) found that modest men were perceived as less likable, and that this penalty was driven specifically by perceptions of weakness rather than by status-neutral communal traits like warmth. Both patterns of penalties function to defend the gender hierarchy. Women are punished for claiming status, and men are punished for giving it up.

Much of the backlash research has focused on white women. What we do have for women of color suggests backlash operates through intersectional stereotype layers. A Black woman who displays the same assertiveness as a white woman risks activating the **Angry Black Woman stereotype**, which frames her behavior as irrational and hostile rather than situationally appropriate, leading to lower performance evaluations and reduced assessments of leadership capability (Motro et al., 2022). Latina women face a similar process through the 'hot-blooded' or 'spicy Latina' stereotype, which frames their assertiveness as emotional volatility rather than professional competence (Ghavami & Peplau, 2013). Asian American women who display assertiveness violate both racial stereotypes of submissiveness and gender stereotypes of communality simultaneously, and as a result may face pressure to return to a more deferential role (Berdahl & Min, 2012). The specific form backlash takes depends on which combination of racial and gender stereotypes a woman is perceived to be violating.

These patterns extend beyond cisgender experiences. As discussed in Chapter 1, research suggests that trans men who are socially recognized as men may gain access to certain forms of male privilege (Schilt, 2010), while trans women face increased hostility for engaging in femininity (Connell, 2010). The system is more forgiving of movement up the hierarchy than movement perceived as down. Trans women's existence challenges assumptions that masculinity and male status are inherently desirable. As a result, they face routine violence ranging from harassment to homicide, with Black trans women at particular risk (Human Rights Watch, 2021). The consequences of backlash for trans women and agentic cisgender women covered here differ enormously in severity, but they share the same structural root. Both are produced by a system that punishes disruptions to the gender hierarchy. Much of the backlash research has been conducted in or simulating workplace and leadership contexts, and we will return to its implications for hiring, promotion, and leadership in Chapter 6.

The Motherhood Mandate and the Motherhood Penalty

One of the most consequential prescriptive stereotypes for cisgender women is the **motherhood mandate**, the cultural expectation that women should want to become mothers and that motherhood should be central to their identity and fulfillment (Russo, 1976). Women who choose not to have children face social judgment and are frequently perceived as selfish, cold, or incomplete (Ashburn-Nardo, 2017). The motherhood mandate intersects with race and class. White, middle-class women are encouraged to have children, while women of color and low-income women have historically been stigmatized for having children, discouraged from having children, or prevented from doing so through policies ranging from forced sterilization to punitive welfare regulations (Roberts, 1997).

For women who do become mothers, the **motherhood penalty** refers to the finding that mothers are rated as less competent, less committed to their jobs, and less worthy of hiring and promotion compared to equally qualified women without children, and compared to fathers (Correll et al., 2007). Fathers, by contrast, often get a raise. Same event, opposite outcome. This difference demonstrates how prescriptive stereotypes can directly shape personal and professional outcomes.

Objectification

Gender stereotypes also reduce women to their physical appearance, a process known as **sexual objectification**. Objectification theory (Fredrickson & Roberts, 1997) proposes that living in a culture where women's bodies are routinely treated as objects to be evaluated leads women to internalize an observer's perspective on their own bodies. This internalization, called **self-objectification**, can lead to habitual body monitoring, body shame, anxiety, disordered eating, and some reduced cognitive performance (Kahalon et al., 2018; Winn & Cornelius, 2020). Moreover, decades of research has demonstrated that exposure to media that glorifies one particular "ideal" body type (thin) is correlated with body dissatisfaction, internalization of that ideal, and disordered eating in women (Grabe et al., 2008; Huang et al., 2021). Consequently, thin women are seen as acceptable and beautiful whereas fat women are stereotyped as lazy, lacking in self-control, and treated as unattractive by default (Puhl & Heuer, 2009). It is important to note that this bias is not gender-neutral. Across employment, education, health care, romantic relationships, and the media, fat women fare worse than thinner women and worse than men, whether those men are fat or thin (Fikkan & Rothblum, 2012). Fat women report a double bind that sociologist Jeannine Gailey calls *hyper(in)visibility* (Gailey, 2014). Their bodies are frequently judged, and commented on, given unsolicited advice about health and eating (Gailey, 2022; Keyser-Verreault, 2023). At the same time, they are overlooked in conversation, unaccommodated by seating, clothing, and public spaces built around smaller bodies, and spoken about as though they were not present. The same cultural script that frames a fat body as a personal and public failing imposes intrusive scrutiny and erasure at the same time, a bind severe enough that some may avoid public spaces altogether (Stevens, 2018; Mohr et al., 2025).

Objectification also intersects with race. Women of color are subject to racialized forms of objectification. For example, Black women have historically been hypersexualized through stereotypes like the Jezebel, an image rooted in slavery that casts Black women as sexually insatiable to justify their exploitation (Collins, 2000). Asian American women, on the other hand, are frequently stereotyped as sexually submissive or as objects of fetishized desire, reduced to contradictory tropes like the 'China doll' or the 'dragon lady' (Mukkamala & Suyemoto, 2018). These racialized patterns mean that objectification is not a single experience shared equally by all women, but a set of processes structured by historical and current systems of power. The documentary students view in this unit explores how these intersecting beauty standards are constructed and marketed globally.

Research on objectification of transgender women is limited but suggests that trans women face a compounded form of objectification in which their bodies are treated as both unnatural, and as objects of sexual fetishization (Serano, 2007; Anzani et al., 2021). The prevalence of pornographic content that reduces trans women to their anatomy reflects this pattern, treating trans bodies as curiosities for consumption rather than belonging to full human beings.

Section Key Terms

Backlash effect | Social and professional penalties directed at individuals who violate prescriptive gender stereotypes, such as women who display agentic traits.

Motherhood mandate | The cultural expectation that women should want to become mothers and that motherhood should be central to their identity.

Motherhood penalty | The finding that mothers are evaluated as less competent and less committed to work compared to equally qualified non-mothers and to fathers.

Self-objectification | treating oneself as an object to be looked at, adopting an outside observer's perspective on one's own body.

Sexual objectification | The reduction of a person to their physical appearance or body parts for the pleasure or evaluation of others.

Stereotype threat | A decrease in performance that occurs when a person is aware of a negative stereotype about their group in a domain relevant to the task at hand.

5.6: Power, Privilege and Gender Hierarchy

The previous sections examined how stereotypes are structured, why they persist, and what consequences they produce. But more than just existing, stereotypes are embedded in systems of power that privilege some while marginalizing and/or oppressing others. This section examines how power and privilege operate in relation to gender, and how they intersect with race, class, and sexuality.

Power: How it is Organized and Exerted

At its most basic, power is ability to influence others, control resources, and determine one's own outcomes. Pratto and Walker (2004) identify two levels at which gendered power operates. **Structural power** refers to power embedded in institutions, laws, policies, and cultural norms. It determines, for example, who is represented in government, whose labor is fairly compensated, and whose bodies are regulated by law. **Dyadic power** refers to power that operates between individuals in relationships, such as who makes decisions in a household, who controls finances, or whose preferences take priority in daily life.

In much of the world, both levels of power are shaped by **patriarchy**, the social system in which men hold primary authority, introduced in Chapter 1. Pratto and Walker identify four mechanisms through which patriarchal power is maintained. **Force** (and threat of force) operate at the most direct level. The threat of physical and sexual violence constrains women's behavior, mobility, and autonomy. As we discussed in the backlash section, this threat is not distributed equally. Black trans women, whose existence most directly disrupts both racial and gender hierarchy, face the severest forms of gendered violence.

Resource control is another mechanism. When men disproportionately control economic resources, land, and capital, this creates dependency and limits the options available to those without resources. The motherhood penalty discussed in Section 5.5 is one example of how resource control operates. Mothers earn less, are hired less, and are promoted less, which concentrates economic power in the hands of men, and women who are not mothers. Even outside of the motherhood penalty, women are paid less on average for the same work. The frequently cited statistic that women earn roughly 81 cents for every dollar men earn is based on full time work and ignores race. When including part time and part-year workers, compared to white men, white women earned 77 cents, Black women earned 65 cents, Native American women earned approximately 59 cents, and Latina women earned approximately 57 cents (National Women's Law Center, 2025).

Asymmetrical social obligations function as a third mechanism. Women are more likely to be involved in caregiving (children, aging parents) and domestic labor (cooking, cleaning) than are men. The unequal distribution of labor actively prevents women from accumulating power in other domains. A woman who is responsible for the majority of childcare and household management has less time, energy, and flexibility to pursue other interests (Pratto & Walker, 2004). For example, a single mother working two jobs who is also the primary caregiver for an aging parent has very limited capacity to pursue additional education, professional networking, or political involvement. Caregiving and domestic labor obligations fall disproportionately on women of color, who are also navigating the compounded effects of racial and economic inequality. Being burdened with these obligations is uniquely constraining because access to power could theoretically be available, but the asymmetrical burden placed on a woman consumes the very resources she would need to pursue power of her own. The second-wave feminist vision of women 'having it all,' career, family, fulfillment, assumed that the underlying distribution of domestic labor would change alongside women's entry into the workforce. For most women, it did not. The result is what sociologist Arlie Hochschild (1989) called the 'second shift,' which we examine more closely in Chapter 6.

Cultural ideologies maintain power by framing existing hierarchies as natural or inevitable. The stereotypes covered throughout this chapter serve this function. When communion is associated with women and agency with men, and when agency is more valued, the hierarchy appears to reflect natural differences rather than constructed ones. What's more, agentic qualities like assertiveness, competitiveness, and independence are the traits most directly rewarded in professional and public life, meaning that the traits prescribed for men are also the traits that lead to power, while the traits prescribed for women are those that serve others. Philosopher Kate Manne (2018) captures this asymmetry with the distinction between expectations of 'human givers' and 'human beings.' Human givers (women) are those expected to offer their time, energy, and care to others. Human beings (men) are those entitled to receive it. Men are allowed to be, women exist to serve.

Such a pattern reflects one of the strongest cultural ideologies that support patriarchal power. **Androcentrism** refers to the tendency to center male experience as the default or norm. This operates across many domains. In medicine, drug dosages were historically calibrated to male bodies; in automotive safety, crash test dummies are still modeled on male proportions;

in psychology, the 'normative male problem' (Crawford & Marecek, 1989, introduced in Chapter 2) describes how research has treated male experience as the human baseline, constructing female experience as something requiring special explanation. A related pattern, which we examined in Section 5.2, is that the 'generic' stereotype reflects not just male but white, heterosexual, and cisgender norms. When one group's experience is treated as universal, everyone else's experiences become invisible or marginal.

Importantly, these four mechanisms (force, resource control, asymmetrical obligations, and cultural ideologies) do not operate independently. Each can be leveraged to gain or maintain power in the other arenas, that is they are *fungible*, meaning they are interchangeable and convertible. Economic resources can be used to avoid caregiving obligations. For example, a white professional woman may use her economic resources to hire a low-income woman of color as a nanny, freeing herself from caregiving obligations while transferring them to someone with even less power. Her economic resource converts into freedom from asymmetrical obligations, but only by deepening someone else's burden. Cultural ideologies can justify unequal resource distribution. For example, the belief that women are 'naturally' suited to caregiving frames care work as an expression of feminine nature rather than skilled labor. This framing has been used to justify paying childcare workers and nurses, who are disproportionately women, far less than workers in male-dominated fields requiring comparable training. Finally, the threat of violence can enforce compliance with all of them (Pratto & Walker, 2004). This fungibility helps explain why gender inequality is so resistant to change. Addressing one mechanism alone is insufficient when the others remain intact.

It is important to note that patriarchy is not the only way societies have organized gender and power. Some societies are **matrilineal**, meaning that kinship, inheritance, and sometimes political authority are traced through the mother's line. Matrilineal systems do not necessarily mean that women hold dominant power. Whether true matriarchies, societies in which women hold dominant power, have ever existed is debated among anthropologists (Eller, 2000). But they do organize social life in ways that give women greater structural influence than patrilineal systems do. The Minangkabau of West Sumatra, for example, are one of the world's largest matrilineal societies. Property passes through women and women hold authority over household and clan decisions (Sanday, 2002). However, men still occupy most formal political and religious leadership positions, so even in matrilineal systems, gendered power is distributed unevenly rather than simply reversed. That societies have organized gender and power in fundamentally different ways undermines claims that patriarchy is somehow natural or inevitable.

Privilege and Intersectional Invisibility

Power operates through what is done to marginalized groups and what is granted, often invisibly, to dominant groups. **Privilege** refers to unearned advantages that come from membership in a dominant social group. The advantages can come in the form of how the privilege holder is treated, and how they are *not* treated. In the context of gender, **male privilege** is seen in things like being taken seriously in professional settings by default, *not* being penalized for having children, and *not* being expected to sacrifice career ambitions to raise them, or being able to move through public space without routine fear of sexual harassment.

Cisgender privilege operates similarly. Cisgender people do not have to worry about being denied healthcare because of their gender identity, having their legal documents with gender information questioned, or facing violence for using a public restroom. These are structural defaults that go unnoticed by those who benefit from them. Pointing out privilege is not about saying that the privileged haven't worked hard in general, but that they have been exempted from the challenges faced when one's identity is marginalized. Similar dynamics apply to White privilege, heterosexual privilege, wealth privilege, and able-bodied privilege. Each of these privileged identities confers unearned advantages that are most visible to those who lack them. The interaction of these privileges is what makes intersectional analysis so crucial to understanding structures of power.

Privilege becomes more complex at intersections of identity. The **double jeopardy hypothesis** (Beal, 1970) proposed that people who hold two marginalized identities (such as being both Black and a woman) face combined disadvantage. While the concept was an important early contribution, it has been criticized for failing to address the nuance in how identities can interact. In order to understand we can turn to intersectionality (covered in Chapter 1) and the **intersectional invisibility hypothesis** (Purdie-Vaughns & Eibach, 2008). The intersectional invisibility hypothesis proposes that people with multiple subordinate identities (such as Black women, or lesbian women of color) may be perceived as less prototypical members of each of their identity groups. A Black woman, for instance, may not be seen as prototypically Black (because the prototype is a Black man) or as prototypically a woman (because the prototype is a white woman). Not fitting neatly into the prototype of any single identity group can render her invisible in both research and social perception. As we discussed in Section 5.2, Ghavami and Peplau (2013) found that the 'generic' stereotype of women most closely matched stereotypes of white women, meaning that the experiences of women of color were not captured by the category 'women' in stereotype research at all. A parallel pattern appears with body size. Fat women are overlooked in research and in spaces built around thinner bodies, even as their bodies draw scrutiny, because they don't fit the (thin) woman prototype. This is why fat studies scholars argue that weight belongs in intersectional work alongside race, gender, and class (Gailey, 2022; see the discussion of hyper(in)visibility earlier in this chapter). Those who don't fit a given prototype lack

privilege in that area and thus feel its absence concretely. Being told to lose weight when you came in with a cough, having your pain ignored in childbirth, watching a less qualified colleague get the promotion, being asked 'where are you *really* from.' These experiences range from degrading to deadly, and they are familiar for those without the relevant privilege.

Those who hold privilege rarely notice its presence because they are never confronted with its absence. A cisgender person does not think about which restroom to use. A white person does not typically wonder whether their name on a resume will cost them an interview or feel pressure to change their "ethnic sounding" name to sound more White. A heterosexual couple does not typically calculate whether holding hands in public is safe. Of course people should be able to hold hands in public safely. Of course someone's name shouldn't prevent them from getting a job. Of course a restroom should not require a safety calculation. That these feel like basic expectations rather than privileges is exactly the point. When an advantage has never been denied to you, it does not feel like an advantage. When a privilege feels like just the way things work to those with that privilege, the motivation to question it is hard to find.

Upholding the Hierarchy

The previous subsections examined how power is organized and how privilege renders hierarchy invisible to those who benefit from it. But invisibility alone does not explain persistence. Gender hierarchies endure in part because people are psychologically motivated to defend them, sometimes even when they are disadvantaged by them.

Social dominance orientation (SDO) refers to the degree to which a person prefers hierarchical relationships between social groups (Sidanius & Pratto, 1999). People high in SDO tend to endorse beliefs that justify inequality, and support policies that maintain group-based hierarchies. While men tend to score higher on SDO, the orientation is not exclusive to dominant groups. Women, people of color, and other marginalized groups can also endorse hierarchical beliefs, particularly when those beliefs are reinforced by political ideologies, and religious or cultural traditions that see hierarchy as natural or divinely ordained. Or, when they have internalized the values of the system they live in (Sidanius & Pratto, 1999), like with **internalized sexism**, which involves women adopting sexist beliefs about their own gender.

Even without a preference for hierarchy, people may still defend unfair systems. **System justification theory** proposes that people are psychologically motivated to see existing social arrangements as fair and legitimate, regardless of whether those arrangements benefit them (Jost & Banaji, 1994). This might explain why some women distance themselves from other women, taking pride in being told they are 'not like other girls,' or why they might endorse beliefs about women's emotional instability even as women themselves. Benevolent sexism (introduced in Section 5.2) functions similarly, though more subtly. By framing women as deserving of protection and care, it makes the hierarchy feel benign rather than oppressive (Glick & Fiske, 1996). Along the same lines **complementary stereotypes**, which pair a positive "upside" with a negative stereotype, makes inequality feel balanced even when it is not (Jost & Kay, 2005). Complementary stereotypes include the idea that women may lack power but are morally superior, or that men may be emotionally limited but are natural providers. If each group has its own "niche," the system can seem fair. Notably, the 'advantages' assigned to subordinate groups under complementary stereotypes are never the ones associated with power. Women may be granted moral superiority, but not authority. They may be seen as more emotionally intelligent, but not more competent. Men's complementary 'disadvantages,' on the other hand, function to preserve their access to power. Being seen as emotionally limited, for example, excuses men from emotional labor while their role as 'natural providers' reinforces their control of resources. Psychological mechanisms like benevolent sexism and complementary stereotypes help maintain the hierarchy from within. But they are in service of a larger system.

Recall from Chapter 1 that hegemonic masculinity maintains patriarchy in part by treating anything coded as feminine as inferior. Together with SDO and system justification, it helps explain a pattern that has run through this entire chapter. Gender hierarchy persists through the denigration of femininity. The 'generic' stereotypes that default to male, white, cisgender norms (Section 5.2). The cognitive filters that amplify differences and erase overlap (Section 5.3). The implicit associations that persist even in people who reject stereotypes (Section 5.4). The rewarding of gender conformity while punishing deviation (Section 5.5). The structural mechanisms that concentrate power in the hands of those already holding it (Section 5.6). Through these processes, femininity is kept subordinate. Women who embrace it are valued less with it. Women who reject it face backlash. Men who display it are punished. And anyone who does not stay in their *assigned* place pays a price. Understanding this pattern is essential for understanding the psychology of women, because it shows that the costs women pay are not random or isolated.

Section Key Terms

Androcentrism | The tendency to center male experience as the default or norm, treating female experience as a deviation.

Asymmetrical social obligations | The unequal distribution of caregiving and domestic labor that actively prevents the burdened group from accumulating power in other domains.

Cisgender privilege | Unearned advantages that come from having a gender identity that aligns with one's sex assigned at birth.

Complementary stereotypes | Stereotypes that assign different but ostensibly offsetting strengths to dominant and subordinate groups, creating an illusion of balance that discourages challenges to inequality.

Double jeopardy hypothesis | The proposal that people with two marginalized identities face compounded disadvantage.

Dyadic power | Power that operates between individuals in relationships, influencing decision-making, resource control, and whose preferences take priority.

Intersectional invisibility hypothesis | The proposal that people with multiple subordinate identities may be perceived as non-prototypical members of each identity group, rendering their specific experiences invisible.

Matrilineal | A kinship system in which descent, inheritance, and sometimes authority are traced through the mother's line.

Privilege | Unearned advantages that come from membership in a dominant social group.

Social dominance orientation (SDO) | The degree to which a person prefers hierarchical relationships between social groups.

Structural power | Power embedded in institutions, laws, policies, and cultural norms that shapes who has access to resources and opportunities.

System justification theory | The proposal that people are psychologically motivated to perceive existing social arrangements as fair and legitimate, even when those arrangements disadvantage them.

6: GENDER DIFFERENCES IN COGNITION

“...in the most intelligent races, such as Parisians, there is a notable proportion of the female population whose skulls are closer by volume to those of gorillas than to the most developed skulls of the male sex.”

— Gustave Le Bon, 1879 (translated from the original French)

“There is perhaps no field aspiring to be scientific where flagrant personal bias, logic martyred in the cause of supporting a prejudice, unfounded assertions, and even sentimental rot and drivel, have run riot to such an extent as here.”

— Helen Thompson Woolley, 1910

6.1: Introduction

6.2: A History of Looking for Differences, and Finding Them

6.3: Evaluating the Evidence

6.4: Where the Differences Are (and Aren't)

6.5: Conclusion

6.1: Introduction

Helen Thompson Woolley was not having it. Her 1910 review of research on sex differences in cognition is worth reading in full, if only for the prose. 'Sentimental rot and drivel' is not a phrase you see often in modern journals! But as this chapter will show, it fits the research of her era, and quite a bit in the century the followed. In Chapter 6, we discussed how gendered expectations produce material consequences at work. Underlying the consequences is a much older claim that women and men are cognitively different, and that those differences justify men's superior status. This chapter will review how claims of inherent gender differences, including modern neurosexism, are contradicted by the best available evidence. Where reliable cognitive gender differences do exist, they are small, highly responsive to context, and overshadowed by the variation within each gender group.

This chapter opens with a historical review of a field where findings from each new technology have initially been read as proof of women's inferiority, only to fall apart under closer examination. We then discuss more modern findings, including cognition in trans women and men, which offers a glimpse of the effects of hormones on adult cognitive functioning. The chapter concludes by connecting findings to the ongoing production of gender gaps in education and work.

6.2: A History of Looking for Differences, and Finding Them

One assumption that has run through most of history was a supposed connection between skull size and intelligence. Researchers treated skull size or capacity as a measure of brain size and assumed brain size was a measure of intelligence. Both of those inferential steps are wrong. Skull capacity correlates with brain volume only imperfectly, and brain volume is correlated more strongly with body size than with intelligence (Eliot et al., 2021). None of the 19th-century measurements we are about to discuss were measuring what their authors claimed to measure. They were measuring skulls.

In 1879, Gustave Le Bon published a long article in the *Revue d'Anthropologie* on the variations of skull capacity and their relation to intelligence. The article draws sweeping conclusions about women's inherent inferiority. It also, quite accidentally, records evidence that contradicts those conclusions. The contradiction is worth examining because it illustrates how data was interpreted through a biased framework that justified the status quo, and thus the (male) researchers' place in it.

Le Bon observed that the gap in average skull capacity between men and women was *larger* among Parisians than among the groups he considered less advanced, where there was overlap between men and women. He attributed this to Parisian women's educational environment. The schooling a Parisian woman received, he wrote, "in no way exercises her intelligence, and tends rather to restrict it than to develop it" (Le Bon, 1879, p. 58). Women in "less civilized societies" where there was overlap between male and female skull sizes, shared men's labor and were "made industrious by necessity" he noted. Despite clearly observing this environmental difference for women, Le Bon interpreted the wider gap between Parisian men and women as evidence of *all* women's inferiority. A more justifiable reading of his own data could be that the "cognitive differences" he was measuring were produced by what women were allowed to learn and to do. And remember that he wasn't even measuring cognitive differences, just skull size.

Le Bon also observed that male and female skull-capacity distributions overlap. A "certain number" of women, he acknowledged, had skulls larger than a "certain number" of men of the same population. His response was to call the overlap small, dismiss the overlapping women as "merely mediocre", and compare all women's brains to those of gorillas (Le Bon, 1879, p. 60). He did this despite the fact that, by his own measurements, the overlapping "merely mediocre" women's skulls were larger than the average male skull.

The overlap Le Bon's bias treated as noise was the more meaningful pattern for the psychology of women. Nearly a century later, Janet Hyde (2005), in a meta-analysis of meta-analyses (how meta!), showed that across gender differences research, gender similarities were far more striking than differences. Hyde's **gender similarities hypothesis** does not claim that men and women are identical. It claims that within-group variation is so much larger than between-group variation that population averages tell us almost nothing about what any individual man or woman can do. Figure 7.1 illustrates how the similarity between male and female score distributions is much larger than the difference between their averages. This means that if we looked at the score of a random participant from a gender difference study included in Hyde's meta-analysis, we would not be able to say with confidence whether that person was male or female. Le Bon had the data to reach the same conclusion; he even noticed the environmental difference. He chose to ignore environment to support the illusion of female inferiority.

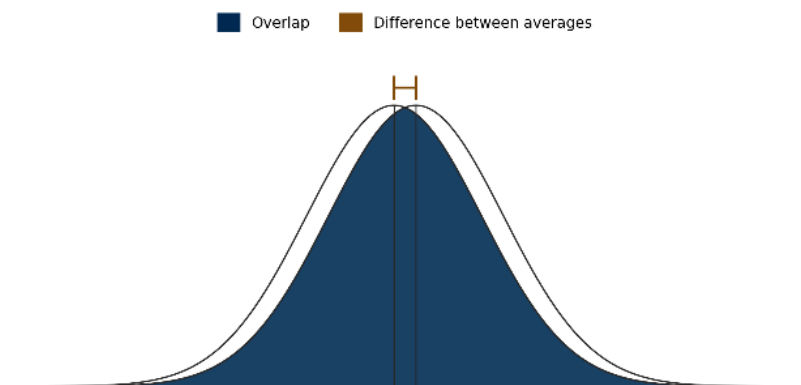


Illustration of within-group variation relative to between-group difference.

Figure 7.1. Schematic illustration (not plotted from data) of overlapping male and female score distributions, after Hyde (2005). Figure by the author, CC BY-NC 4.0.

The rest of the gender differences research history follows similar patterns. **Phrenology**, in the early 1800s, claimed to identify character and ability from skull shape and used the framework to justify excluding women from higher education. **Craniometry**, which Le Bon contributed to, replaced phrenology by mid-century and produced the same conclusions with more precise instruments. Paul Broca's (1861) measurements were used to rank women and non-European peoples; anatomist Robert Bennett

Bean reported in 1906 that Black brains had smaller frontal lobes, a finding his own mentor Franklin Mall debunked three years later (Mall, 1909). Mall's correction, and Woolley's broader condemnation of the entire field from the second opening quote, received far less attention than the original claims. Sexist assumptions continued to shape popular and scientific understanding for decades.

This pattern of letting bias drive interpretation, now called neurosexism (introduced in Chapter 3), continued into the twentieth century. In the mid-20th century, functional arguments replaced structural ones. Men were said to have more hemispherically lateralized brains, meaning that left and right hemispheres were more specialized for distinct functions. This was offered as the basis for male spatial advantages and was critiqued by Alper (1985) and others. Lateralization of function has not held up in large samples (Eliot et al., 2021; Hirnstein et al., 2022). The arrival of brain imaging in the 1990s produced a new wave of claimed sex differences, most of which have not replicated. Eliot and colleagues (2021) synthesized three decades of MRI (structural and functional Magnetic Resonance Imaging) and postmortem data and found that once body size is accounted for, sex and gender explain roughly *one percent* of variance in brain structure. And because brains change as a result of experiences throughout life, even that one percent could reflect the different experiences of people socialized as men and women rather than any innate biological difference. Eliot (2024) has since argued that the default assumption in this research should be similarity rather than difference.

Research Highlight: Dump the "Dimorphism" and Remember the Null

A sexually **dimorphic** trait is one that shows two distinct forms in males and females, with little to no overlap between them. Animal features like peacocks' tails, antlers, and body size differences are common examples. For decades, neuroscientists assumed the human brain would fit this pattern.

Lise Eliot and colleagues (2021) reviewed three decades of neuroimaging research on male-female brain differences in order to directly address the neurosexism introduced in chapter 3. They found that almost every widely cited "difference" dissolves once brain size is accounted for. Males' brains are about 11 percent larger on average, and this size difference drives most of the reliable findings (white/gray matter ratios, regional volumes, connectivity patterns). When size is controlled, sex/gender explains only about one percent of the variance in brain structure.

The authors note that task-based fMRI has been particularly unreliable, with most claimed activation differences failing to replicate across studies. Their article title sums up the argument: it's time to stop calling the human brain sexually dimorphic. In a 2024 follow-up, Eliot urged neuroscientists to take the null hypothesis (the one that assumes no differences) seriously when searching for brain sex differences.

The pattern across time is consistent. In every generation, the technology of the day has produced observations that could have included a developmental and environmental account of cognitive differences between men and women. In every generation, those observations were instead forced into a framework that treated the differences as natural, fixed, and favoring men in power, including those doing the research. Such history should make us cautious about any confident claim of brain-based cognitive sex difference, including claims made today.

6.3: Evaluating the Evidence

As you saw in Chapter 2, not every finding of a "difference" between groups tells us something meaningful. A study might identify a statistically significant pattern in data that men scored higher than women on some measure, but researchers must also determine how strong the pattern is, and if it can be found again. Think of statistical results like a WiFi signal. Identification of a difference between men and women is like your phone indicating that it has WiFi. But, does that signal mean that you can wander around campus updating your friend on the other side of the country about how school is going? Or, are you finding that one corner of the library where you have to stand on the desk to reach the top corner of the room where the signal doesn't drop constantly?

How big is the difference?

Chapter 2 introduced the **d statistic** as a measure of effect size. Cohen's *d* expresses the difference between two group means in standardized units so that a *d* statistic from one study is directly comparable to the *d* statistic from another study. A *d* of about 0.20 is considered small, 0.50 medium, and 0.80 and above is large. Differences smaller than 0.20 are often called trivial or close to zero. These conventions come from Cohen (1988), who proposed them as rough guidelines. In gender differences research, most effects fall in the 'small' or 'close to zero' range. In Figure 7.1 in the previous section, the distance between the two means is about $d = 0.25$, a small effect.

Can we find it again?

Chapter 2 also introduced **meta-analysis**, the statistical combination of findings across many studies. Meta-analyses are valuable in research because any single study can produce a misleading result due to sample characteristics, measurement choices, or simple chance. By combining studies, meta-analysis gives us a more reliable estimate of an effect's true magnitude.

Remember Janet Hyde's (2005) meta-analysis testing the **gender similarities hypothesis** from section 7.2? The primary point of her work was to demonstrate how similar men and women actually are in research. While she did find some gender differences, like throwing velocity and some aspects of sexual behavior, the cognitive abilities laid out in the next section, showed mostly small or trivial effects. The gender similarities hypothesis now provides the foundation for the rest of this chapter: where cognitive differences do exist, they are specific, often small, and shaped heavily by context.

Questions to ask

When you read claims about gender differences in cognition, three questions will help you evaluate them:

- How large is the effect? A statistically significant *d* of 0.10 is still a very small difference.
- Is the claim based on a single study or a meta-analysis? Single studies frequently fail to replicate.
- Who was in the sample? Findings from 200 college undergraduates may not generalize to the broader population.

Keep these questions in mind as the next section examines the evidence for gender differences in general intelligence, verbal ability, math, and spatial skills.

6.4: Where the Differences Are (and Aren't)

A common narrative about gender and cognition is that men and women differ in large, consistent ways. However, through general intelligence, verbal ability, math, and spatial skills, gender differences that are actually reliable are rare, and when found, are small, close to zero, or vary by context (Hyde, 2005). This section walks through what the meta-analytic evidence actually shows in each of these four areas.

It is important to note at this juncture that the vast majority of research on gender differences, even in modern science, is cishnormative. Most studies categorize participants as men or women without asking about gender identity separately from sex assigned at birth, which means trans participants may be present in samples but are typically absorbed into binary categories without any analysis of whether their data look different. Research designed specifically to include and examine trans populations is both more rigorous and more inclusive science. It allows trans people to see themselves represented in the research rather than erased from it. Beyond representation, the hormonal changes that accompany gender-affirming hormone therapy in trans populations also offer a natural scientific test of whether hormones shape these cognitive processes, one that cis-only samples cannot provide. The hormonal research to date has focused most on spatial cognition and verbal ability, where we will return to this evidence below.

General Intelligence

On composite measures of general intelligence (IQ), there is no reliable mean difference between men and women. Giofrè and colleagues (2022) meta-analyzed studies using the WISC (a widely used intelligence test for children) and found some small differences on specific subtests (boys slightly higher on visual and crystallized knowledge tasks, girls slightly higher on processing speed), but differences on overall IQ scores were trivial ($d \leq 0.08$). When researchers claim one sex is "smarter" than the other, they are not describing what the data show.

A related claim, called the **greater male variability hypothesis**, holds that even when men and women have similar average scores, men's scores are more spread out. If true, this would mean that the highest scoring men would be higher than the highest scoring women. However, the lowest scoring men would be lower than the lowest scoring women. The evidence for this is weak and limited to a few narrow domains like creativity and some aspects of mathematics performance. Most intelligence measures show similar variability between men and women (Taylor et al., 2023).

Verbal Ability

Stereotypes about women often paint them as more talkative or as better communicators. This chapter focuses on verbal ability as measured by cognitive tests; Chapter 8 covers communication more broadly. Hirnstein and colleagues (2022) conducted the largest recent meta-analysis of gender differences in verbal fluency and verbal memory, covering over 355,000 participants across nearly 500 effect sizes. Women outperformed men in phonemic fluency (generating words starting with a given letter) by a small effect ($d = 0.12$). The advantage was similar across recall tasks ($d = 0.28$) and recognition tasks ($d = 0.15$). Semantic fluency (generating words in a category like "animals") showed essentially no gender difference.

So, the female "verbal advantage" is real in specific tasks, but small in magnitude. Keep in mind though that these studies are on adults and are not assessing socialization effects. This means that these studies do not mean that women *necessarily* have an inherent advantage in verbal abilities. In fact, other lines of research that we'll cover in Chapter 8 suggest that girls receive more verbal engagement from caregivers starting in infancy, which may help explain the small adult differences.

Hormone therapy research provides another tentative angle, though research here is new and quite thin. Trans women on estrogen show small improvements in verbal memory and verbal fluency (Yaish et al., 2023) in some studies, while trans men on testosterone show mixed verbal effects. Where changes appear, they tend to move trans women's performance closer to cis women's patterns, and trans men's performance closer to cis men's patterns. However, findings are inconsistent across studies and sample sizes are small (Karalexi et al., 2020).

Mathematics

Claims about gender differences in math depend heavily on what you measure. Girls consistently earn higher grades in math courses than boys from elementary school through college (Voyer & Voyer, 2014). On standardized tests, the picture is mixed. International assessments show boys make up about 60 percent of top math performers across 82 countries (Keller et al., 2020). Across all students, average scores for boys and girls are much closer. In the 2019 TIMSS assessment, 7 countries showed girls scoring higher in math on average, 26 countries showed no significant gender difference, and only 6 countries showed boys scoring higher (Mullis et al., 2020). Malaysia and several Middle Eastern countries are recent examples where girls outperform boys in math. Countries with more gender egalitarian values tend to show smaller or reversed gaps (Eriksson et al., 2020), though egalitarianism is not the full picture as some countries where the gap has reversed also rank low on gender equality indices.

The most striking recent evidence for environmental effects on math performance comes from one of the countries where boys outperformed girls in the TIMSS study. Martinot and colleagues (2025) studied nearly 2.7 million French children and found that girls and boys enter first grade with essentially identical math scores. A gap favoring boys emerged within four months of schooling and reached $d = 0.20$ by the end of first grade. The gap appears to be produced by classroom experience because the study also included a cohort whose first grade year was shortened by COVID-19 lockdowns. In that cohort, the math gender gap grew by a smaller amount than in other years. This pattern is hard to reconcile with any account that treats math differences as innate.

Stereotype threat, introduced in Chapter 5, was long considered a robust finding that could explain math performance gaps. Recent meta-analyses have scaled back those claims. Shewach and colleagues (2019) found that in real high-stakes testing contexts (rather than laboratory conditions), stereotype threat effects on math performance are small ($d \leq 0.14$). In laboratory conditions with explicit stereotype activation, negative effects on women's performance relative to men's were a bit larger ($d \approx 0.25$). But real testing rarely includes someone telling test-takers about gender-based performance gaps. Lab studies may overestimate the impact of stereotype threat, but the pattern is nonetheless still there.

It is also important to note that the gender gap in children's math achievement is small or absent *within* every racial group in the U.S. (Hyde et al., 2008). That is, among children from the same racial group, boys and girls performed similarly. However, racial differences in performance *between* racial groups consistently favor Asian American and White students over Black and Latinx students. Further, socioeconomic gaps, that are reflected in school resources and average parental education, produce differences in children's math achievement, with children from more resourced environments being able to perform better than those from less resourced environments (Womack, Palardy, & Park, 2025). Asking 'are boys or girls better at math?' while ignoring the resource gap is like asking who studied harder for the final while ignoring that half the class didn't have access to the textbook.

Spatial Ability

Spatial ability has shown the largest and most replicable cognitive gender difference, but spatial ability is not one thing, it can be tested in multiple ways. On spatial visualization tasks (like paper-folding), gender differences are small (around $d = 0.20$ to 0.30). On **mental rotation** (imagining how a three-dimensional object would look if rotated), the male advantage is moderate, around $d = 0.50$ to 0.70 (Hervin & Gibson, 2026). Findings in spatial location memory (remembering where objects are) tend to favor females, particularly after early adolescence (Voyer et al., 2007). However, the pattern is inconsistent across visual-spatial working memory tasks; some show male advantages, some show female advantages, and location memory is the main task where females reliably outperform males (Voyer et al., 2017).

Three important distinctions complicate any simple biological account. First, the gap is small in infancy (Enge et al., 2023, meta-analysis of 62 infant studies, found effects around $d = 0.20$), grows across childhood, and is largest by adolescence. These changes across development are difficult to explain with innate wiring.

Second, spatial ability is responsive to training. Baenninger and Newcombe's (1989) meta-analysis showed that spatial training improves performance substantially for both men and women ($d = 0.40$ to 0.80), and more recent work (Uttal et al., 2013) confirmed a similar pattern with a medium effect ($d = 0.47$). Training raises performance for everyone, which tells us that differential access to spatial experience may contribute to the observed adult gap. Think about the types of toys marketed to young boys (building sets, blocks, Lego) versus girls (dolls, play kitchens). From a young age boys are given tools to train spatial ability. Additionally, the types of video games boys tend to play more may also help train spatial awareness. Video game experience predicts mental rotation performance, and boys play more spatially demanding games (e.g., First-person shooters) on average (Feng et al., 2007).

The framing of the test matters too. When the task is described as measuring spatial ability (a stereotypically male domain), men outperform women. When researchers remove that framing, or describe the task as one women typically do well at, the gap shrinks or disappears. Women also report more spatial anxiety and less confidence in their spatial abilities, and these reports help explain the performance gap, especially on harder tasks (Matthews et al., 2023).

Even the mental rotation test itself may be sensitive to how tasks are presented. Fisher and colleagues (2018) found that when participants rotated real three-dimensional objects or photographs of real objects rather than the abstract cube figures used in standard mental rotation tests, the male advantage disappeared. This suggests that at least part of what is measured as 'spatial ability' may be ability to perform specifically on the artificial stimuli typically used in testing, rather than a more fundamental difference in spatial cognition.

Several natural experiments test whether hormones drive spatial ability. One draws on women with congenital adrenal hyperplasia (CAH, introduced in Chapter 3), who are exposed to higher androgen levels prenatally. If prenatal androgens built spatial ability, CAH women should outperform non-CAH women on spatial tasks. A meta-analysis by Collaer and Hines (2020) found no such enhancement. A second experiment draws on trans adults receiving gender-affirming hormone therapy. If adult testosterone drove spatial performance, trans women on estrogen should show declining spatial performance and trans men on testosterone should show improving performance. A meta-analysis by Karalexi and colleagues (2020) found no adverse effect of estrogen therapy on trans women's spatial performance, though trans men on testosterone did show enhanced visuospatial ability ($g = 0.55$). Taken together, these natural experiments show that hormones play some role in spatial cognition, particularly adult testosterone, but that the relationship is more complicated than a simple 'more androgens means better spatial ability' account.

6.5: Conclusion

This chapter has walked through more than a century of research on gender and cognition. The findings are remarkably consistent, though not in the way the research tradition originally assumed. Where real cognitive differences between men and women exist, they are specific, small, and sensitive to context. The gender similarities hypothesis (Hyde, 2005) is now supported by two decades of additional evidence and should be the de facto starting point for any claim about gender and cognition.

Three themes emerge from this chapter. First, technology has not settled the question. Each new method, from skull measurement to brain imaging, has produced the same cycle. Hasty claims of large gender differences, followed by more careful work showing those claims were overstated. When Eliot and colleagues (2021) synthesized three decades of brain imaging data, they found that sex and gender explain about one percent of the variance in brain structure once body size is accounted for. Claims of large, stable, biology-driven cognitive differences deserve skepticism regardless of how impressive the instrument producing them seems.

Second, where differences do exist, they are shaped by experience. Girls and boys enter first grade with essentially identical math scores, and the gap emerges within months of schooling (Martinot et al., 2025). Spatial ability responds substantially to training for both men and women (Uttal et al., 2013), and the framing of a test can expand or shrink gender gaps in performance (Matthews et al., 2023; Fisher et al., 2018). Natural experiments with CAH women and trans adults on hormone therapy suggest that hormones play some role, particularly adult testosterone on spatial cognition, but not the dominant role older theories proposed. Cognitive gender differences, to the extent that they exist, are produced at least as much by what people are taught or encouraged to do as by anything written into their biology.

Third, gender is not the most important variable in predicting cognitive outcomes. The gender gap in math achievement, for example, is small or absent within every racial group in the United States (Hyde et al., 2008; Womack et al., 2025). Centering gender differences or biological sex in discussions of cognition can distract from consequential racial disparities that deserve attention. When children are more resourced through school funding, have access to parents with more educational experience, and/or are buffered by positive stereotypes about their racial group's academic ability, they outperform their less resourced peers.

Most claims you will encounter about how men and women think differently are either exaggerated, stripped of context, or, to adapt Woolley's phrasing, are 'rot and drivel.' When someone tells you that women are naturally better at X or men are hardwired for Y, you now have the tools to ask: How large is the effect? Was it a single study or a meta-analysis? Who was in the sample? And, perhaps most importantly, is the difference between genders really the most consequential difference here?

7: GENDER DIFFERENCES IN COMMUNICATION AND EMOTION

"My response to racism is anger. I have lived with that anger, ignoring it, feeding upon it, learning to use it before it laid my visions to waste, for most of my life. Once I did it in silence, afraid of the weight. My fear of anger taught me nothing. Your fear of that anger will teach you nothing, also."

-Audre Lorde *"The Uses of Anger"* (1984)

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7.1: Introduction

Audre Lorde delivered “The Uses of Anger,” later published in *Sister Outsider* (1984), as a keynote speech to the National Women’s Studies Association (NWSA) in 1981. The association had been criticized in its early years by women of color for its racism and its failure to include them in the conversation (Olson, 2011). Her audience was largely White, academic women, and her speech was an admonishment as much as it was an argument. Her claim was that anger, especially Black women’s anger, was not a problem to be managed but a tool of knowledge. Lorde was talking about anger and about racism, but the pattern she identified is even broader. Who is allowed to feel which emotions, and to show them in which settings, turns out to be reliably gendered, and racialized, despite the physiological processes across gender and race being the same.

7.2: Emotion Stereotypes, Norms, and Display Rules

Cross-culturally, women are stereotyped as the emotional sex. The stereotype is a partial reflection of **display rules**, the social norms about when, how, and to whom an emotion may be shown. Stereotypes are about *who* someone is expected to *be*, whereas display rules are about *how* someone is expected to *behave*. Expressions of sadness, fear, warmth, and empathy are coded feminine. Anger, pride, and contempt are coded masculine (Shields, 2013; Durik et al., 2006). A woman who cries when she is overwhelmed is conforming to feminine norms, and a man who yells at a co-worker in frustration is conforming to masculine norms. Now imagine the behaviors reversed: a man crying in the same situation, and a woman yelling at her co-worker. Most readers will notice that the reversed scenarios feel different. The crying man, in particular, tends to register as either unusually distressed or unusually weak depending on the observer (Warner & Shields, 2007). The yelling woman is more likely to be interpreted as her being out of control or as having an anger problem, with people attributing her anger to her personality rather than considering the situation that produced it (Brescoll & Uhlmann, 2008). The same emotional intensity, in the same situation, can be read as either appropriate (the situation justifies it) or inappropriate (the person is the problem) depending entirely on who displays the emotion.

Additionally, when people expect women to express sadness and men to express anger, they can interpret ambiguous behavior according to those expectations. Plant and colleagues (2000) had participants view photographs of men and women posing ambiguous facial expressions that blended anger and sadness. Women's faces were rated as sadder and less angry than men's faces. Furthermore, even unambiguous anger poses by women were rated as a mixture of anger and sadness, as if observers could not see women's clear anger as anger. The same expression, two different emotions, depending entirely on the perceiver's assumption about the displayer's gender.

The emotion stereotypes described so far are gendered, but they can also be racialized. They split along racial lines in a particular pattern that is worth naming directly. Black and Latina women's anger is *expected*. The "angry Black woman" and "fiery Latina" stereotypes carry long histories in American media and politics (Harris-Perry, 2011; Mendible, 2007), and they prime observers to see anger in Black and Latina women even when it is not there. When Black and Latina women do express anger, it is seen as a property of their racial group rather than a response to the situation (Motro et al., 2022). The situational reasons for the anger tend to be ignored or invalidated. This is exactly the asymmetry Audre Lorde named in her keynote to the NWSA. Her argument was about Black women's anger specifically, and about the costs of expressing it in spaces that treated White women's emotions as the default reference point. While in wider society White men's anger is set as default (and "valid"), spaces of feminist organizing allowed for women's anger within limits. White women's anger at men, at patriarchy, had been a recognized political feeling in feminist organizing since the 1800s. Black women's anger at the racism within those same feminist movements was treated as divisive, as a distraction from the "real" issue, or as a personal grievance rather than a political claim (hooks, 1981).

A different asymmetry occurs for White and Asian American women. For both, anger is *unexpected*, but for different reasons. White women are the unmarked default in most American emotion research, their anger tends to be attributed to individual personality ("she is a difficult person") or to subgroup membership ("she is one of those angry feminists") rather than an understandable response to the situation that produced it (Brescoll & Uhlmann, 2008). Asian American women, on the other hand, are subject to the "submissive Asian woman" and "model minority" stereotypes which frame anger as inconsistent with who their group expects them to be (Mukkamala & Suyemoto, 2018). Penalties for violating these stereotypes has been documented in workplace contexts, where assertive Asian American women face harsher judgment than their White counterparts do (Berdahl & Min, 2012). Considering these racialized patterns together, we can see that women's anger is persistently framed as either a group (Black and Latina women) or personal (White and Asian women) shortcoming rather than a situationally justified response. Both patterns operate to invalidate and penalize women's anger.

Trans women, on the other hand, navigate display rules from a position cis women do not. The gendered emotion norms can apply, but trans women face them with an added layer of scrutiny. The same anger that is read as a personality problem when a cis woman expresses it carries the further risk for a trans woman, of being read as evidence about the authenticity of her gender. That is, if she expresses anger, a masculine norm, the validity of her gender identity may be called into question. Additionally, feminine norms of emotional expression that are taken for granted in cis women, like crying, may be perceived by others ready to question her gender identity, as performance in trans women. The feminine-coded emotions are expected, but their expression is then policed for sincerity in a way that has no cis equivalent (Garrison, 2018; McBride, 2019). Some of the emotional strain trans women report could be understood as a predictable response to this constant scrutiny, the minority stress of navigating discrimination and having one's identity, including one's emotional expression, repeatedly questioned and requiring proof (Puckett et al., 2021; Hughto et al., 2020). These pressures compound for trans women of color, who face higher rates of discrimination and violence than white trans women and who navigate a femininity standard that is itself implicitly white (Ussher et al., 2021; Gyamerah et al.,

2021). Direct research on how the racial layer specifically shapes the policing of their emotional expression remains limited.

Section Key Terms

Display rules | The social norms about when, how, and to whom an emotion may be shown.

Emotion stereotypes | Beliefs about which emotions are typical of, or appropriate for, people of different genders.

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7.3: The socialization of gendered emotions

The stereotyped and normed patterns above are learned. Primary caregivers are the first emotion socializers. They can label children's feelings by naming them in ordinary moments ("you seem frustrated," "are you feeling shy?"). They can coach regulation by talking to a child through upset, and they model display rules with the emotional behaviors they engage with the most frequently. They can also do very little of these things, or dismiss children's emotions ("you're fine," "stop crying"), and even punish children's expression of feelings. These are all forms of emotion socialization. But to effectively coach children through emotion, an emotion must first be correctly recognized. The classic Condry and Condry (1976) "jack-in-the-box" study remains the most vivid demonstration of how stereotypes and display rules may shape how emotions are perceived. Adults watched a video of a nine-month-old reacting to a jack-in-the-box. When told the baby was a boy, observers labeled the startled reaction "anger." When told the baby was a girl, observers labeled the same reaction "fear." All participants saw the same baby, the only thing that varied was what gender they were told the baby was. Therefore, the difference in perceived emotion was entirely a product of the observer's assumptions about gender.

More recent research explored emotion identification and emotional coaching further. Portengen and colleagues (2024) found that parents were more likely to label pictures of sad children as girls than as boys, even with no other cues to go on. However, what parents perceive about children's emotions and what they actually discuss with their children are not the same thing. Aznar and Tenenbaum (2020) meta-analyzed 34 samples of mother-child emotion talk and found no significant gender difference in overall frequency. Mothers do not talk about emotions more with daughters than with sons. What differs is which emotions get discussed and how they get framed. Fivush and colleagues (2000) found that both mothers and fathers used more emotional language when discussing sad events with daughters than with sons. Chaplin and colleagues (2005) found that fathers attended more to girls' submissive emotions, like sadness and fear, and more to boys' disharmonious emotions, like anger. Mothers in their sample did not show this gender-differentiated attention pattern. Other research has shown that fathers tend to use more achievement-oriented talk with sons than with daughters, and they emphasize autonomy and toughness over vulnerability in their interactions with boys (Cassano & Zeman, 2010). So, research suggests that fathers tend to engage in more gender-differentiated parenting, but as kids get older, peers can also have influence on emotional development.

By middle childhood (roughly ages 6-12 years old) peer socialization gains more influence. Boys who express sadness or fear face rapid social penalties from other boys, with concrete effects on peer acceptance and social functioning (Perry-Parrish & Zeman, 2011). Girls face peer pressures around anger expression as well. By adolescence, the costs of violating gendered display rules are high enough that many of the self-report measures we use to study gendered emotionality may actually measure compliance with display rules rather than underlying feeling. Chaplin and Aldao (2013) meta-analyzed gender differences in children's emotion expression and found that the differences were stronger in contexts with peers or unfamiliar adults than in private settings, which is consistent with the display-rules-versus-feeling distinction.

Intersectional socialization

Emotion socialization is not one-size-fits-all. The gendered scripts described above intersect with racial, ethnic, and class-based scripts that change the picture substantially. It is also important to acknowledge that much of the research described in the previous subsection drew on predominantly white, middle-class samples. The Fivush et al. (2000) study sample was entirely white middle-class participants. The Chaplin et al. (2005) study was 82% white and the Mascaro et al. (2017) study was predominantly white middle-class fathers. Patterns documented in those studies should not be generalized across racial and ethnic groups. Emotion socialization in Black, Latina, and Asian American families follows different scripts and is shaped by different cultural pressures.

Black parents engage in a form of socialization often described as **racial emotion socialization**, teaching children to manage anger and fear in contexts that carry different consequences for Black children than for White children (Dunbar et al., 2017). This is *not* emotional repression where feeling itself is seen as the problem. Parents provide protective preparation because other people read Black children's behavior through racist assumptions. A Black child's visible anger in a classroom, a store, or an encounter with police is read and responded to differently than a White child's anger. Halberstadt and colleagues (2020) demonstrated this directly. Prospective teachers viewing identical facial expressions misidentified both Black boys and Black girls as angry more often than they misidentified White boys and White girls, regardless of the teachers' levels of implicit or explicit racial bias. Racial emotion socialization can equip children to navigate that asymmetry. Dunbar and colleagues (2021) found that when Black parents coached suppression of negative emotions *and* also discussed racism, it reduced acting out (externalizing) behaviors. However, without discussing racism, suppression was linked to increased internalizing problems (anxiety, withdrawal). Emotional

suppression has measurable consequences depending on whether parents also have explicit conversations about racism and why visible emotion carries different risks for Black children. The Strong Black Woman schema extends emotion suppression expectations into adulthood, and we will return to its effects in chapter 12.

For Latina girls and women, emotion socialization often centers on familismo, the cultural value of family loyalty and relational harmony (Hernández & Bámaca-Colbert, 2016). Familismo can be a source of support and connection, but its costs cluster in the emotional work it asks of women. Carbajal and colleagues (2021) studied filial responsibility (kids' responsibility to parents) among Latina college students and found that *expressive caregiving*, the emotional labor of attending to family members' feelings, was linked to depressive symptoms. Additionally, perceiving the gendered distribution of family responsibilities as unfair was associated with both more depressive symptoms and lower self-esteem. Interestingly, *instrumental caregiving*, the practical help, did not carry the same cost. Therefore, the cost is not in the helping itself, but in the way emotional caregiving is structurally assigned to the women in the family.

Asian American families vary enormously across national and ethnic origin. The research on emotion socialization in Asian American families is also notably thinner than the research on other groups. One pattern in the available work is that Asian American families differ from White American families specifically in family display rules. Asian American families tend to socialize emotional restraint overall, but even more-so in daughters. Cross-cultural work on preschoolers has documented that Chinese and Japanese children show more neutral facial expressions across contexts than American children, even when verbally reporting similar negative feelings (Ip et al., 2020). Additionally, second-generation Asian American women report family socialization messages that included expectations about emotional restraint (Ahn et al., 2021).

Socioeconomic status cuts across all these racial and ethnic patterns. Families under chronic economic stress have less bandwidth for the extended emotion coaching that this literature describes as ideal, and they often socialize children earlier toward self-regulation of distress because the adults around them have less time and emotional reserves to soothe distress. For example, Spinelli and colleagues (2020) found that when parents experienced higher levels of stress, their children showed weaker emotion regulation, and this connection was stronger in lower-income families than in higher-income ones. Hadley and colleagues (2024) found that a warm and supportive family environment helped adolescents develop emotion regulation skills, but only in families above the poverty line. However, it is important to keep in mind that socioeconomic pressures like housing instability, and neighborhood violence are seldom, if ever, considered in the research which tends to use middle-class families. Raver (2004) argued that treating middle-class practices as the default fails to recognize that children's regulatory skills are shaped by, and more vulnerable to, the cumulative ecological stressors that poverty itself produces.

Section Key Terms

Emotion socialization | The process through which parents, peers, and cultural institutions teach children what to feel, how to label feelings, and how to express them.

Familismo | The cultural value of family loyalty and relational harmony, central to emotion socialization in many Latina families.

Racial emotion socialization | The additional emotion teaching that occurs in racially minoritized families, preparing children to navigate the differential consequences of visible emotion in racialized contexts.

Strong Black Woman schema | A culturally specific expectation that Black women project strength and suppress vulnerability, associated with both resilience and measurable chronic-stress biomarkers.

7.4: Language and Social Perception

"If a student wants to do well, he should study every day." The pronoun "he" in that sentence is doing work that most readers do not notice on first pass. Though maybe *you* did since you're reading a Psychology of Women text! The use of "he" is functioning as a generic, supposedly standing in for any student of any gender, while also subtly cueing readers to picture a male student. This is one of several ways the structure of English shapes how listeners think about gender, often without the speaker or the listener intending it (Crawford, 2001). The broader idea behind this section, **linguistic relativity**, or the **Whorfian hypothesis**, is the idea that the language we speak shapes how we think (Whorf, 1956). The hypothesis originally argued that language determines thought and limits what speakers are even able to think. This has been revised to argue that language influences habitual thought by shaping what we notice and treat as normal (Samuel et al., 2019). Language patterns, like use of masculine generic shown above, along with grammatical gender and lexical asymmetry, influence both who listeners picture and which gender they treat as default.

The masculine generic

"He." "Mankind." "Chairman." The traditional claim that these terms are *generic*, meaning that they refer to people in general rather than to men specifically, is empirically false. Gastil's (1990) classic experiments asked participants to read sentences using "he" in a supposedly generic way and then describe the mental image the sentence produced. The images were overwhelmingly male. The effect has been replicated across decades and across languages (Stahlberg et al., 2007; Vervecken & Hannover, 2015). When people read about a "chairman" or a "policeman," they imagine a man. When the same role is described with a gender-neutral term, they imagine a wider range of people.

The practical consequences show up in how children think about their own futures. Vervecken and Hannover (2015) found that children exposed to gender-neutral occupational labels rated women's fit for those occupations higher than children who saw masculine-generic labels. The "generic" form operates as a linguistic nudge toward picturing a man in the role and not a woman. The recent shift toward singular "they" pronouns and gender-neutral job titles has empirical support (Sczesny et al., 2016; Gabriel et al., 2018) as a meaningful intervention.

Grammatical gender

Languages differ in how much **grammatical gender** they use, which means how many of their words are formally marked as masculine, feminine, or neither. German, Spanish, and French classify nearly all nouns as masculine or feminine (with German adding a neutral category). English has minimal grammatical gender beyond personal pronouns. Hungarian, Turkish, and Finnish have essentially none. This is not just a linguistic curiosity. Prewitt-Freilino and colleagues (2012) compared countries by their dominant language's degree of grammatical gender and found a negative correlation with measures of national gender equality. The relationship held after controlling for economic development and other plausible confounds. DeFranza and colleagues (2020) extended the analysis across 45 languages and found similar effects on women's economic participation.

Bilingual studies point in the same direction at the individual level. The same speaker tends to express more sexist attitudes when using a more gender-marked language than in a less-gendered one (Pérez & Tavits, 2019). These effects are important but limited. Bilingual studies show that the language someone is using in the moment shifts the attitudes they express, but not that a person's native language locks in how they think for life. Someone who grew up speaking a heavily gendered language is not therefore more sexist as a fixed trait. But the language people think in does some of the work of shaping what feels like the default. That sense of a default is even clearer in the individual words we use for women and men.

Lexical asymmetries

A third pattern runs through everyday vocabulary. The examples here are from English, but the pattern appears across many languages. Several pairs of gendered words illustrate an asymmetric default where male is treated as unmarked, or normal, female is treated as marked, or unusual. "Doctor" and "female doctor." "Actor" and "actress." "Engineer" and "female engineer." The marked form signals that the unmarked form is assumed to be male, which reinforces the implicit message that women in those roles are exceptions to the default. The pattern also runs in reverse for roles assumed to be female. When working as a nurse, a man is often referred to as a "male nurse," marked because the default nurse is presumed to be a woman. Marked status tracks whoever

is presumed not to belong, which for most high-status professions means women, and for a few stereotypically female roles means men. Adult women are also routinely called girls in contexts where adult men would not be called boys, which frames grown women as not-quite-adult in a way the male equivalent does not (Lakoff, 1975). It is important to note that calling adult Black men "boy" has a long history as a racist tool for denying Black men the status of adult manhood. The same diminishing move targets race as well as gender and is part of how intersecting systems of power can work through everyday language. Over the past few decades many marked terms have been giving way to neutral ones: "firefighter" for "fireman," "police officer" for "policeman," "flight attendant" for "stewardess." The shift suggests the default itself is loosening.

A slightly different pattern is about change in connotation. Over time, female-referent words drift toward negative or sexualized meanings more often than their male equivalents. Compare *master* and *mistress*. *Bachelor* and *spinster*. *Sir* and *madam* (in its slang sense). *Wizard* and *witch*. Schulz (1975) called this pattern **semantic derogation**. The drift she documented happened over centuries, in the recorded history of individual words. A more recent line of work shows that gendered asymmetries are still present in contemporary language. Work using computers to analyze patterns in very large bodies of text has documented the frequency with which words are used together. By scanning English text across the internet (Caliskan et al., 2017), and 100 years of books and news (Garg et al., 2018), research in this area has shown that words about appearance and family tend to appear with female-coded names and pronouns, while words about achievement and career cluster with male-coded names and pronouns. Taken together, the patterns in this section demonstrate that gendered associations are encoded in how people actually use English at a collective level.

Section Key Terms

Diminutives | Word forms that signal smallness, youth, or lesser status. Can also include use of "girls" when referring to grown women.

Grammatical gender | Linguistic classification of nouns as masculine, feminine, or neutral.

Linguistic relativity (the Whorfian hypothesis) | The idea that the language a person speaks influences how they think.

Masculine generic | The use of masculine forms ("he," "mankind," "chairman") to refer to people in general; empirically functions as gendered rather than neutral.

Semantic derogation | The tendency of female-referent words to drift toward negative or sexualized meanings over time, while their male equivalents retain neutral or elevated meanings.

7.5: Gendered Emotional Experience and Expression

The previous section looked at how language carries gendered assumptions. This one turns to a question of inner emotional experience versus outward emotional expression. The stereotype says women are simply more emotional than men. The reliable differences are in public expression and in communication, not in the underlying experience of emotion. Additionally, even the differences in expression that we do have evidence for are small and depend heavily on context.

All emotions have a physiological dimension. A racing heart, a flushed face, a tightening in the chest, a wave of warmth, a churn in the gut. These bodily signals are part of what we experience as feeling, but the signals themselves do not arrive with names attached. They are also similar across very different emotional contexts. The physiology described above could happen when your crush gives you a compliment, or they could happen when you're about to give a major presentation in a class! What stereotypes present as innate gender and racial differences in emotion often turns out to be a difference in what feelings people are permitted, or pressured, to show.

Experience versus expression

When we call someone "emotional," we tend to blur two separate things: what a person feels on the inside, versus what they show on the outside. Pulling these apart can help us to better understand how gender can shape emotion.

Research Spotlight: Same Feeling, Different Display

A foundational set of studies by Kring and Gordon (1998) had women and men watch emotional films while researchers measured three things at once: how expressive their faces were, how much emotion they reported feeling, and their physiological responses like heart rate, breathing, and skin conductance (a measure of physiological arousal that rises as the body sweats slightly during emotional arousal). The results separated experience from expression cleanly. Women were more facially expressive than men. But women and men did not differ in how much emotion they reported experiencing. And while physiological responses differed between women and men, with men having more reactivity to fear films, differences for happy and sad films were not significantly different, and neither sex was simply more physiologically reactive than the other. Other studies have found men sometimes showing larger physiological changes even while reporting or displaying less emotion (Deng et al., 2016), so the bodily data do not line up neatly behind the stereotype that women are the more aroused sex. In other words, women and men in these studies felt about the same amount; what differed was how much showed on the outside.

Crucially, Kring and Gordon also found that the size of the expression difference depended on gender-role identification and family expressiveness, not on sex itself, which points to socialization rather than biology as the engine. The expression gap is also small and developmentally late, emerging more clearly with age and varying by context (Chaplin, 2015). The takeaway is that women and men have been taught to show feelings differently.

This experience-versus-expression distinction also helps explain a puzzle in the self-report data. People generally believe women feel emotions more intensely than men, but when researchers ask large, representative samples how often they actually experience various emotions, the sweeping difference the stereotype predicts does not appear; the differences that do emerge are tied to specific emotions and to people's social position rather than to a general female "emotionality" (Simon & Nath, 2004). Experimental work shows why the self-report gap appears at all. Grossman and Wood (1993) found that the more strongly people endorsed gender stereotypes about emotion, the larger the reported difference between women's and men's emotional intensity; and when they gave participants instructions that made emotional responsiveness equally expected of everyone, the gender difference in self-reported emotion disappeared. In other words, much of the "women feel more" pattern in self-reports reflects what people believe they are supposed to feel, not a fixed difference in what they do feel.

Verbal and nonverbal communication

The stereotype that women talk more than men is one of the most durable in popular culture, and it is wrong. A meta-analysis by Leaper and Ayres (2007) found that, if anything, men were slightly more talkative than women, though the difference was negligible. What small differences exist are not about quantity but about style. Men used marginally more assertive speech (about task and self), women marginally more affiliative speech (about connection and the other person). Previous meta-analysis by Anderson & Leaper (1998) had also noted that across 43 studies, men interrupted more than women, but the overall effect was small ($d = 0.15$). The difference grew when researchers looked specifically at intrusive interruptions ($d = 0.33$, still modest), the kind that seize the floor rather than show support. And critically, the effect was larger in naturalistic settings and in groups of three or more, which fits the chapter's context-dependence theme. More recent research has supported this, showing that women in the US Congress are about 10% more likely to be interrupted than their male counterparts, and ironically that number jumps to more than twice as likely when the given congressional hearing is discussing women's issues (e.g., reproductive rights, women's health, or family policy). So, gender differences in verbal communication are incredibly context dependent.

A separate claim, dating back to Lakoff (1975), that women use more tentative language (hedges, qualifiers, tag questions like "isn't it?") due to lower confidence, holds up as a small effect. Because this tentativeness varies so much with the conversational context (e.g., happening more in intense work meetings), researchers interpret it as a flexible, relationally attuned way of speaking that invites others into the conversation, rather than gendered personality differences in confidence (Leaper & Robnett, 2011). That is, it may fit women's gendered norms to use more tentative language, but this likely reflects norms encouraging women toward communion and connection, rather than lack of confidence.

Men tend to take up more physical space through expansive posture (what's popularly called "manspreading") and larger interpersonal distance. These behaviors are typically understood as masculine, even by children as young as 3 years old (Terrizzi et al., 2018). But the research suggests these are more precisely displays of dominance and power than as sex differences per se. For example, the same expansive, space-taking behaviors are shown by high-power people regardless of gender. A large recent analysis found that most measured sex/gender differences in nonverbal behavior reflected an individual's power in the situation rather than gender (Galinsky et al., 2024). That is, men may tend to engage in these behaviors more frequently simply because they tend to be in power positions more frequently. Interestingly, children associate dominant postures with maleness as early as preschool (Charafeddine et al., 2020), which shows how early the connection between maleness and power displays are learned. Smiling and facial expressiveness where women tend to do more, again vary heavily with context. Women smile more in service or subordinate roles, and when they know they're being observed, and less when alone or in equal-status settings (Fischer et al., 2015). In children, this translates to preschool children associating smiling and positive expression with femaleness as early as preschool (Portengen et al., 2024). Taken together, these findings suggest that existing power dynamics both feed into stereotypes of nonverbal communication, as well as filter down to the way our children are understanding what's expected of men and women.

Code-switching and code-mixing

Emotional and communicative display is not only gendered; it is also shaped by culture and race. **Code-switching** refers to shifting between languages, dialects, or styles of speech depending on the social context, and **code-mixing** to blending them within a single conversation. Bilingual speakers may move between languages. Speakers of African American Vernacular English may shift toward the dialect treated as "standard" in white-dominated professional settings during a job interview, then back among friends. Linguists are clear that African American Vernacular English is a fully rule-governed dialect, not a deficient or "incorrect" form of English. The judgment that it is less professional reflects whose speech holds power, not any linguistic deficiency.

Code-switching is a cognitively demanding skill, and for members of marginalized groups it is often not optional. McCluney and colleagues (2021) found experimentally that Black employees who code-switched toward white-coded speech norms were seen as more professional. That is a real benefit, but it is one that requires conforming to white norms, and the effort of doing so carries a psychological cost. For Black women specifically, code-switching intersects with both race and gender. Dickens and colleagues (2019) describe how Black women in predominantly White workplaces engage in ongoing "identity shifting," adjusting speech, self-presentation, and emotional expression to manage the hypervisibility and scrutiny that come with being tokenized along two dimensions at once. Recent interviews with Black women social workers found that constant code-switching, driven by everyday workplace microaggressions, produced feelings of invisibility, self-doubt, and a quiet, unspoken strain the researchers termed "silent struggles" (Cooke et al., 2025). What looks from the outside like a neutral communication skill is, for many women of color, a form of unpaid emotional and cognitive labor demanded by environments built around someone else's norms.

Code-mixing is often studied under the broader label of code-switching. Linguistic researchers do not always distinguish between the two. The foundational research on Spanish-English bilinguals found that this kind of fluid blending, instead of signaling incomplete fluency, requires command of both languages and follows the grammatical rules of each (Poplack, 1980). More recently, Tulloch and colleagues (2022) found bilingual children switch between languages fluidly not because they are weaker in one language but because the precise meaning they are trying to convey is best expressed by a term from another language. In code-mixing, blending may be thought of as linguistic fluidity and fluency, though in some standard English dominated professional settings, it runs the risk of being judged as improper. And as with code-switching, the burden of adjusting falls most heavily on those whose first language or dialect is not the one in power.

Emotion with Others

Similar gendered patterns play out in our social interactions, where emotion is not only felt and shown but read, and returned. When empathy is measured by self-report, asking people how empathic they are, women score considerably higher. But when it is measured by performance in **empathic accuracy** (how well people infer others' feelings), there is little to no difference in accuracy between genders. The small reliable advantage women hold is specifically in decoding nonverbal emotional cues (e.g., a downward glance, and change in tone of voice), which is a narrower skill than empathy. Klein and Hodges (2001) found that women outperformed men on empathic accuracy *only* when participants were told they would be evaluated on it or were paid for accuracy. When evaluation or payment were removed the difference vanished. Newer work using physiological measures makes this more specific. Pang and colleagues (2023) found that women reported higher empathy than men on questionnaires while electroencephalography (EEG) responses to others' painful facial expressions showed no such gap. The stereotype of women as more empathic seems to reflect what women are expected to do as much as any fixed difference in ability.

Research on helping and friendship each carry a gendered bias, but of different kinds. A classic meta-analysis found that men helped more in the studies reviewed, but only because most of those studies measured public, sometimes risky assistance to strangers, the kind of helping that fits the chivalrous masculine role, while the sustained care within close relationships that fits the feminine role was largely absent from the experimental literature (Eagly & Crowley, 1986). Historical research on helping had defined helping in a particular way and missed or ignored exploring how women help.

On the other hand, in friendship research, men and women do not differ much in how many friends they have or how much they value friendship (Caldwell & Peplau, 1982). But they do differ in friendship-style, and research has historically framed women's typical friendship style of greater self-disclosure as superior to men's more activity-based style (Wood & Inman, 1993). Women's same-sex friendships tend to center on disclosure and intimacy, whereas men's friendships tend to focus on shared activity. However, talking through a hard week and spending every Saturday on a shared project are both ways friendships can deepen. Among emerging adults, shared activities predicted emotional closeness for men while disclosure predicted it for women, and the two groups reported roughly equal amounts of disclosure overall (Radmacher & Azmitia, 2006). When women's friendships are treated as the model of "real" intimacy, women's communality continues to look like a natural trait rather than a learned style that fulfills norm expectations. It also reinforces the gender role expectation that women will do the emotional work of relationships, a topic we will return to in chapter 9.

The one domain where a sizable, well-replicated gender difference does hold is physical aggression. Men engage in more physical and direct aggression than women. This pattern appears early, and holds across cultures (Archer, 2004; Card et al., 2008). Even here the difference is sensitive to context, narrowing sharply under provocation (Bettencourt & Miller, 1996), and the popular refinement that girls are simply aggressive in a more relational way is far weaker in the evidence than the "mean girls" narrative implies. Because aggression and violence raise questions that extend well beyond emotion and communication, we take up the topic in depth in Chapter 10.

Section Key Terms

Code-mixing | Blending languages, dialects, or speech styles within a single conversation or utterance.

Code-switching | Shifting between languages, dialects, or styles of speech depending on social context.

Empathic accuracy | How well a person identifies what another person is feeling, measured by performance rather than self-report.

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7.6: Conclusion

The pattern Audre Lorde's quote identified at the start of this chapter, the gendered and racialized politics of who is permitted which emotions, has been demonstrated in the research reviewed here. The chapter summarized research showing that stereotypical assumptions about gender, race, and emotion do not hold up well. The differences that do emerge are more logically tied to power and socialization than to innate differences. Much of what looks like a gendered or racialized emotional difference turns out to be display-rule compliance, or interpretation bias in the observer.

Three threads run through the chapter and are worth identifying directly. First, what people show is not necessarily what people feel. Emotional display differs from emotional experience, especially when display rules and stereotypes can influence behavioral consequences. Second, an intersectional lens is crucial. The display rules a person is held to are shaped by intersecting identities, and a chapter that treated "women" as a monolithic category would miss important variation in women's experiences. The angry Black woman stereotype, the Strong Black Woman schema, familismo and emotional caregiving, the racialized policing of Black children's emotional expressions, and the authenticity scrutiny faced by trans women must be considered to fully understand all women's emotional experiences. Third, although it was not addressed directly in the chapter, the findings add up to a pattern that leads to one almost inevitable outcome. The stereotype that women are more emotional, more empathic, and more relationally attuned tends to come back around as an expectation that women will do the work of attending to other people's feelings. The familismo discussion in 8.3 was one direct example. We take up the work of managing emotion, often called emotional labor, in Chapter 9.

8: GENDER IN THE WORKPLACE

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8.1: Introduction

In Chapter 5, we examined how gender stereotypes shape perceptual processes, and as a result support the mechanisms that maintain gendered power. Such mechanisms create material consequences for women in the workplace. For example, resource control (e.g., the wage gap) and asymmetrical social obligations (e.g., the 'second shift') mean that on average women make less money across their careers, and straight women in heterosexual partnerships are also typically doing more of the household management than their partners. Psychological processes covered in Chapter 5 produce structural outcomes that accumulate over a career and clearly demonstrate the impact of gendered power.

This chapter traces the progression from bias to outcome, covering access discrimination (6.2), treatment discrimination (6.3), the wage gap (6.4), work-family leave (6.5), gender and leadership (6.6), and a conclusion connecting these patterns to legal protections and ongoing challenges (6.7). Just as with previous chapters, an inclusive approach allows us to look at a more nuanced and complete picture of women's experiences. For example, when someone's competence is suddenly evaluated differently after transition, the role of gender (rather than ability) in shaping workplace outcomes becomes undeniable.

8.2: Access Discrimination- Getting in the Door

Access discrimination refers to discriminatory practices in hiring and recruitment that limit who enters a job or profession in the first place. It is most likely to occur when employers hold strong gender-role stereotypes, when applicants seek jobs that are considered inconsistent with their gender, and when positions are prestigious or high-status (Heilman, 2001). Access discrimination is not always overt or conscious. It can operate through assumptions about who "fits" a role (glass ceiling, occupational segregation), in multiple iterations that look very different but result from the same root discriminatory structure (labyrinth), keep women in dead end jobs (sticky floor), or when given access, set women up to fail (glass cliff).

Metaphors for Structural Barriers

Researchers have developed several metaphors to capture the different ways structural barriers operate across women's careers. The most familiar is the **glass ceiling**, the idea that an invisible barrier prevents women from reaching the highest levels of career success (Hymowitz & Schellhardt, 1986). While the glass ceiling concept drew important attention to the underrepresentation of women in leadership, it has been criticized for implying that discrimination begins only at the top. In reality, women encounter obstacles at every career stage, which is why Eagly and Carli (2007) proposed the metaphor of the **labyrinth**. The labyrinth captures the dead ends, detours, and obstacles women navigate throughout their careers. For example, a woman might enter a company only to discover that promotion decisions there favor men. She moves to a smaller firm that offers fairer practices but lower pay, rebuilds her trajectory there, then finds that taking family leave stalls her progress again. Each obstacle is surmountable on its own, but the cumulative effect is a career path full of detours that her male colleagues never had to navigate.

Other metaphors capture barriers at different points in the career trajectory. The **sticky floor** describes jobs with little chance of advancement, such as cashier, waitress, or home health aide (Booth et al., 2003). Though women in general are more likely to occupy these positions, here we also have an intersection with racial identity as these are positions in which women of color are disproportionately represented. For example, home health aides are overwhelmingly women, and disproportionately Black and Latina women, yet the work requires significant skill in caregiving, medical monitoring, and emotional labor. Despite the high skill demand, it has one of the lowest median annual wages (U.S. Bureau of Labor Statistics, 2025).

Trans women, more likely to face repeated hiring discrimination, may be pushed out of formal employment entirely. Documented in Jennie Livingston's landmark film *Paris is Burning* (1990), the connection between employment exclusion, sex work, and trans women has deep historical roots. Jules Gill-Peterson (2024) researched this history, arguing that the channeling of trans women into sex work is a product of structural exclusion from formal labor markets. Colonial governments, policing practices, and employment discrimination worked together to mark trans-feminized people as outside the formal economy, leaving few alternatives. Evidence for this can be seen in today's patterns. Shircliff and colleagues (2023) found that trans women and nonbinary people who experienced workplace discrimination were significantly more likely to engage in sex work. So for trans women, the sticky floor metaphor does not quite capture reality. The issue is not simply lack of advancement, but exclusion from formal employment altogether.

The **glass cliff**, on the other hand, describes the pattern in which women and racial minorities do get access to leadership positions during times of crisis, but in service of setting them up to be scapegoated when things go wrong. For example, Ryan and Haslam (2005) found that women were more likely to be appointed to corporate leadership positions in companies that were already performing poorly. A frequently cited example is Marissa Mayer, who was appointed CEO of Yahoo in 2012 when the company had already been in decline for years. Despite attempts at a turnaround, Yahoo was sold to Verizon in 2017, and Mayer faced intense public scrutiny for the company's trajectory. However, women have sometimes been able to use leadership appointments at tenuous companies to the benefit of themselves and their companies. Ursula Burns, appointed CEO of Xerox during a period of financial difficulty, successfully led the company through a major restructuring. But the pattern overall suggests that women are disproportionately placed in precarious positions.

The **glass escalator** (Williams, 1992) describes the opposite pattern where men in female-dominated fields tend to be swiftly promoted into supervisory and administrative roles. A meta-analysis of over 70 hiring experiments across 26 countries found that discrimination consistently works to preserve existing gender distributions. Women face hiring penalties in male-dominated occupations, and men are favored in female-dominated ones (Galos & Coppock, 2023).

Importantly, the glass escalator metaphor can also be applied to post-transition trans men and women. Remember previous research found that trans men who transitioned while employed reported gaining workplace credibility and authority in ways that

parallel glass escalator dynamics (Schilt, 2010), then additionally Schilt and Wiswall (2008) found that trans women reported losing professional authority after transition. Large-scale survey data confirm this pattern. Shannon (2021) analyzed data from over 27,000 transgender respondents and found that the more a trans person was perceived by others as their identified gender, the more their earnings reflected the typical pattern for that gender: trans men who were read as men earned more, and trans women who were read as women earned less. These findings demonstrate that workplace advantages and penalties are driven by how others perceive someone's gender, not by the person's actual abilities.

In terms of race, research has long demonstrated that Black men do not receive the benefit of the glass escalator the way that white men do (e.g., Wingfield, 2009). More recent work demonstrates a similar pattern for white versus Black women. Alegria (2019) described the experience of white women in tech as a "step stool" rather than an escalator: they were moved into midlevel management, but these promotions shifted them away from technical work rather than advancing them within it, and there was no clear path to executive leadership. Women of color in the same industry did not experience even this limited boost. Quantitative research supports this pattern. Corbett et al. (2024) analyzed five years of promotion data from a U.S. technology firm and found that white women were overrepresented in midlevel management positions while women of color remained concentrated at the bottom of the organizational hierarchy, even when their performance ratings were comparable. The step stool, it appears, is reserved for white women.

Occupational Segregation

Beyond the barriers individuals face in hiring, the workforce as a whole is marked by **occupational segregation**, the concentration of women and men into different types of jobs. There is remarkably little overlap between the most commonly held jobs for men and the most commonly held jobs for women. Women are concentrated in education, healthcare, and administrative support; men are concentrated in construction, manufacturing, transportation, and technology. This pattern reflects what researchers call the devaluation of feminized work. Society tends to assign less economic value to work culturally associated with women, regardless of the skill or training involved. Occupational segregation contributes to the wage gap (which we will examine in detail in Section 6.4), but the gap is not simply a matter of women's typical roles being undervalued. The wage gap exists within both male-dominated and female-dominated occupations.

Perhaps more telling, when **occupational feminization** occurs (that is, when more women enter a field over time), wages in that field tend to decline, even when the work itself has not changed. Research using 50 years of U.S. Census data found that as occupations feminize, pay declines, even after controlling for the education and skill the jobs require (Levanon et al., 2009). More recent analysis confirms this pattern persists, though it has been partially masked by the rising educational requirements of feminizing occupations (Mandel, 2018). The reverse pattern, wages rising as a field becomes more male-dominated, is rare. This suggests that it is not the content of the work that determines its value but the gender of the people performing it.

Occupational segregation also shapes the experiences of trans and nonbinary workers. Trans women who transition into female-coded roles may experience both the access barriers facing cisgender women and the additional burden of anti-trans discrimination. Correspondence studies have begun to document this directly. Granberg and colleagues (2020) sent over 2,000 fictitious job applications in Sweden and found that transgender applicants received significantly fewer positive responses from employers than cisgender applicants. Trans men entering male-dominated fields may gain access but face disclosure risks (Schilt, 2010). And nonbinary workers in heavily gendered industries, whether construction or nursing, often face pressure to present in binary-conforming ways simply to be hired at all (Paine et al., 2024).

Section Key Terms

Access discrimination | Discriminatory practices in hiring and recruitment that limit who enters a job or profession

Glass ceiling | The idea that an invisible barrier prevents women from reaching the highest levels of an organization

Glass cliff | The pattern in which women and racial minorities are placed in leadership positions during times of crisis, setting them up to be scapegoated

Glass escalator | The pattern in which men in female-dominated fields are swiftly promoted into supervisory and administrative roles

Labyrinth | A metaphor capturing the dead ends, detours, and obstacles women navigate throughout their careers, not just at the top

Occupational feminization | The process by which more women enter a field over time, often accompanied by declining wages in that field

Occupational segregation | The concentration of women and men into different types of jobs

Sticky floor | Jobs with little chance of advancement, in which women and especially women of color are disproportionately concentrated

8.3: Treatment Discrimination- Once You're In

While access discrimination determines who gets hired at all, **treatment discrimination** refers to biased practices directed at people already in the workplace. This can be everything from day-to-day interpersonal interactions to organizational policies that disadvantage employees from some groups while favoring others.

Intersections of Discrimination

In Chapter 5 (Section 5.5), we discussed the backlash effect. Women who display agentic traits are evaluated as competent but less likable, while women who display communal traits are seen as likable but less competent (Heilman et al., 2004). In the workplace, this can be seen in performance reviews, project assignments, promotion decisions, and daily interactions. A woman in a male-dominated role may find that the assertiveness required by her job is the very behavior that gets her penalized socially. A woman who adopts a warmer, more collaborative approach may be well-liked but passed over for leadership because she is not seen as 'tough enough.' The problem is that stereotypes create damned-if-she-does, damned-if-she-doesn't situations in which competence and likability become mutually exclusive.

Chapter 5 also noted that backlash does not operate the same way for all women. The specific form it takes depends on which combination of racial and gender stereotypes a woman is perceived to be violating. While white women who display assertiveness may be labeled aggressive or difficult, the penalty is tied to their gender. For Black women, the penalty draws on both gender and race. The Angry Black Woman stereotype frames assertiveness as both gender-inappropriate and as an assumed racial character trait, making it harder to challenge and more professionally damaging (Motro et al., 2022). Latina women face a similar pattern through the hot-blooded stereotype (Ghavami & Peplau, 2013). Asian American women who display assertiveness violate both racial stereotypes of submissiveness and gender stereotypes of communality (Berdahl & Min, 2012), and may be perceived through the 'dragon lady' archetype, which casts assertive Asian women as cold and untrustworthy rather than competent (Mukkamala & Suyemoto, 2018). The range of acceptable behavior for marginalized women seems to narrow at each intersection of identity, or contradictory stereotype.

The intersectional invisibility hypothesis (Purdie-Vaughns & Eibach, 2008; discussed in Chapter 5) adds another layer. People with multiple marginalized identities may be perceived as non-prototypical members of each group. In the workplace, a Black woman may not fit the prototype of 'woman' (which defaults to white) or the prototype of 'employee' (which defaults to male). This mismatch means she is overlooked from both directions: passed over for roles coded masculine because she is a woman, and overlooked for roles coded feminine because the default image of a woman is white.

Microaggressions and Everyday Bias

Treatment discrimination often operates through **microaggressions**, subtle verbal or behavioral insults that convey second-class status. Microaggressions need not be intentional to cause harm, and despite their name, may not feel like small things. The 'micro' in microaggressions refers not to their impact, which can be painful, but to the fact that they operate on the level of individual interactions rather than organizational policies. Common forms include being interrupted or talked over in meetings, having one's ideas attributed to a male colleague, being excluded from informal networks, and receiving less mentoring than male peers.

One well-documented form of everyday bias is with the assignment of "office housework" (Babcock et al., 2017). In workplaces without dedicated administrative support, or even in those that have it, women are disproportionately expected to do the non-promotable tasks. Such tasks tend to be relational or service-oriented, including things like organizing office celebrations, taking notes in meetings, ordering food, and onboarding new employees. These are necessary for the organization but rarely included in performance evaluations. This pattern extends the asymmetrical social obligations we examined in Chapter 5: just as women shoulder disproportionate caregiving and domestic labor at home, they shoulder disproportionate relational and service work at the office. In both cases, the work is necessary, the burden is uneven, and the consequences for advancement are invisible. When women decline these tasks, they face backlash, since refusing 'helpful' work violates the prescriptive stereotype that women should be warm and accommodating. Men who volunteer for the same tasks, by contrast, are often praised for going above and beyond (Heilman & Chen, 2005).

Sex-Based Harassment

Sexual harassment in the workplace is often assumed in popular culture to be about sexual desire or attraction. Berdahl (2007) challenged this framing, arguing that workplace harassment is better understood as **sex-based harassment**, where inappropriate sexual advances are one form of many. Sex-based harassment targets people based on their sex or gender, functioning as a way to assert dominance and enforce gender norms. Berdahl found that the women most likely to be harassed were those who violated gender norms, such as women in male-dominated roles or women with assertive personalities. Using the sex-based framework, a woman in a male-dominated field who experiences workplace harassment is being targeted because her presence in that space challenges the gender hierarchy. Research on women in STEM fields, pilots, and tradespeople has documented that women report sexual comments, questions about their competence, and being excluded from informal conversations (Kim et al., 2022; Foley et al., 2020). Being excluded from informal conversations, such as after-work drinks, hallway discussions, and impromptu meetings, is particularly consequential because these are often the spaces where networks and reputations are first established, and informal decisions are made in advance of formal ones. As a whole then, sex-based harassment is much broader in scope than traditional definitions suggest, because it can be understood as gender policing and exclusion that can be carried out by anyone, not just those sexually interested, as well as towards anyone who violates gendered expectations.

This reframing helps explain why men who violate gender norms are also targets of workplace harassment. Men who are perceived as insufficiently masculine, whether because of their demeanor, interests, or sexual orientation, may face harassment aimed at policing their nonconformity (Berdahl & Moore, 2006). For example, a male coworker who is quiet and nurturing may be subjected to homophobic slurs or mocking, not because his coworkers know anything about his sexual orientation, but because his behavior does not match expectations of masculinity. Sex-based harassment then polices gender norms in accordance with hegemonic masculinity and patriarchal power.

Even more evidence of this comes from trans women, who face disproportionate rates of workplace harassment (Grant et al., 2011). Trans women who are visibly trans or early in transition face the highest rates, often targeted with slurs, invasive questions, and physical threats. There is an interesting parallel here where cis women often face harassment for stepping *outside* feminine norms, while trans women face harassment for claiming a place *within* them. Trans men may also face harassment if their trans status becomes known. Such sex-based harassment is often framed as challenges to the legitimacy of their masculinity. Coworkers may refuse to use correct pronouns, question their authority, or subject them to invasive personal questions. Nonbinary and genderfluid workers report harassment related to pronoun refusal, bathroom access, and dress code enforcement (James et al., 2016). Combined, these patterns serve to reinforce gendered power hierarchy in a way that once again devalues femininity.

Section Key Terms

Microaggressions | Subtle verbal or behavioral insults that convey second-class status; the "micro" refers to their interpersonal (rather than organizational) level, not their impact

Sex-based harassment | Harassment that targets people on the basis of their sex or gender. It is used as a way to assert dominance and enforce gender norms; unwanted sexual advances are one form among many

Treatment discrimination | Biased practices directed at people already in the workplace, ranging from day-to-day interpersonal interactions to organizational policies that disadvantage some groups while favoring others

8.4: The Gender Wage Gap

Chapter 5 introduced the wage gap as a mechanism of resource control: women earn less than men, and this gap concentrates economic power in the hands of those already holding it. This section develops the full picture of what drives the gap and why it persists.

What the Gap Looks Like

The gender wage gap is usually expressed as women's median yearly earnings as a percentage of men's for full-time, year-round work. As of the most recent data, women working full time earned approximately 83 cents for every dollar earned by men (National Women's Law Center, 2025). But this number obscures variation by race and ethnicity. Compared to white men, white women earned approximately 77 cents, Black women earned 65 cents, Native American women earned approximately 59 cents, and Latina women earned approximately 57 cents (National Women's Law Center, 2025). Asian American women's earnings are closer to parity with white men as a group, but this average hides significant variation. Burmese women earn roughly 54 cents and Nepalese women roughly 62 cents for every dollar earned by white men, while Hmong, Cambodian, and Vietnamese women all earn less than 70 cents (National Women's Law Center, 2025). These intersectional disparities are masked by the model minority stereotype (Chou & Feagin, 2015), which treats Asian Americans as a uniformly successful group.

Sexual orientation also intersects with the wage gap. A meta-analysis by Klawitter (2014) found that lesbian women earn approximately 9% more than heterosexual women, though still less than men, while gay men earn approximately 11% less than heterosexual men. Several explanations have been proposed, including that lesbian women are less likely to reduce work hours for childcare, may invest more heavily in career development, and may be more likely to enter higher-paying occupations. Gay men are stereotypically associated with femininity, and that association carries an economic penalty, particularly in jobs requiring stereotypically masculine traits (Tilcsik, 2011). These patterns suggest that the wage gap reflects the broader system of gendered expectations about who should be earning, and whose labor the market values most.

What Drives the Gap

No single factor explains the wage gap. Rather, it is produced by several overlapping processes, many of which we have already encountered in this chapter.

Occupational segregation, covered in Section 6.2, channels women and men into different jobs, and the jobs women are concentrated in tend to pay less. But as we discussed, the gap also exists within occupations, and wages decline when occupations feminize, even when the skill requirements remain the same. This suggests that the devaluation of women's work, discussed in Section 6.2, is itself part of the problem (Levanon et al., 2009).

The motherhood penalty, introduced in Chapter 5, is one of the strongest drivers of the wage gap. Mothers are rated as less competent, less committed, and less worthy of hiring and promotion compared to equally qualified women without children, and compared to fathers, who often receive a wage premium (Correll et al., 2007). The motherhood penalty illustrates how cultural assumptions about women's roles translate directly into economic outcomes.

Finally, negotiation plays some role as well. Research has found that women tend to negotiate salary less frequently than men. However, this is not simply a matter of individual preference or confidence. Women who negotiate assertively risk backlash, because self-advocacy violates prescriptive stereotypes of feminine modesty. In one set of experiments, evaluators penalized women (but not men) for initiating salary negotiations, viewing them as less likable and more demanding, and softening how the woman asked did not remove the penalty (Bowles, Babcock, & Lai, 2007).

When Perceived Gender Changes, Pay Changes Too

The way wages change from before to after transition in trans workers demonstrates that the wage gap is tied to perceived gender, not ability. Schilt and Wiswall (2008) found that trans women's earnings dropped by nearly one third after transition, while trans men's earnings increased slightly. When the same person is read as a man, their labor is valued more; when they are read as a woman, it is valued less. As discussed in Section 6.2, Shannon (2021) confirmed this pattern, finding that the more a trans

person was perceived as their identified gender, the more their earnings reflected the typical pattern for that gender.

Section Key Terms

Gender wage gap | The difference in earnings between men and women, usually expressed as women's median earnings as a percentage of men's for full-time, year-round work.

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8.5: Work-Family Balance

The Second Shift

Chapter 5 introduced sociologist Arlie Hochschild's (1989) concept of the **second shift**: the unpaid domestic labor women perform after their paid workday ends. Decades later, the pattern persists. Women still do a disproportionate share of housework and childcare, even when employed full time. In two-parent families, mothers perform an estimated 60 to 90 percent of childcare tasks. Even when male partners are unemployed, employed women continue to do more than half the housework (Brines, 1994).

Why the Imbalance Persists

Several competing explanations have been proposed for why the division of domestic labor remains so unequal.

Time availability theory suggests that whoever has more free time does more housework. This sounds reasonable, but it fails to explain why women do more housework even when they work the same number of hours as their partners (Bianchi et al., 2000).

The **relative income hypothesis** proposes that whoever earns less does more housework. But research has found that women who out-earn their husbands actually do *more* housework, not less. This counterintuitive finding has been interpreted through the lens of **gender role ideology**, the belief that men and women should occupy distinct and complementary roles within the household. Men who feel threatened by economic dependence on their wives may restore a sense of masculinity by avoiding "feminine" housework, and women may increase their domestic contributions to compensate for violating the norm of male breadwinning (Brines, 1994).

Maternal gatekeeping describes a pattern in which some women resist sharing domestic responsibilities, deriving identity and self-worth from domestic expertise (Allen & Hawkins, 1999). While the concept captures a real dynamic, feminist scholars have criticized it for shifting blame entirely onto women (Gaunt, 2008). Gatekeeping, where it occurs, may develop in response to partners who perform domestic tasks poorly or inconsistently, whether from genuine lack of experience or from what has colloquially been called 'weaponized incompetence,' performing tasks so poorly or needing so much support with their completion that the other partner takes over rather than continuing to try to share the load (Deutsch, 1999). Framing the imbalance as women's reluctance to share, while minimizing men's failure to fully participate, does not sufficiently describe the problem.

Work-Family Conflict

The tension between work and family roles has been framed through two competing hypotheses. The **scarcity hypothesis** proposes that adding roles (worker, parent, spouse, caregiver) creates stress, because time and energy are finite. The **expansionist hypothesis** proposes the opposite: that multiple roles can provide stimulation, self-esteem, and social support. Research generally supports the expansionist view, finding that most employed women report better physical and mental health than non-employed women (Barnett & Hyde, 2001). However, certain conditions increase the risk of work-family conflict, such as low-paying jobs, having many children, and having an unsupportive partner. Men and women now report similar levels of work-family conflict, though men's conflict has been increasing faster in recent years (Shockley et al., 2017).

Same-sex couples tend to divide household labor more equitably than heterosexual couples, though the partner who earns less or works fewer hours still tends to do more (Goldberg, 2013). Trans and nonbinary relationships are not well-studied, but there is some evidence that for trans men the division of labor may shift during and after transition as partners renegotiate roles and expectations (Pfeffer, 2017). Research on how trans women's relationships navigate household labor division remains absent from the literature.

Flexible Work and Parental Leave

Flexible work arrangements, including flex time, compressed workweeks, job shares, and remote work, have been shown to increase productivity, job satisfaction, and reduce absenteeism. However, both men and women who use flexible arrangements face **work flexibility stigma**: they are evaluated more negatively than colleagues who do not. Men face an additional penalty,

being perceived as less masculine for prioritizing family over work (Rudman & Mescher, 2013; Vandello et al., 2013). Trans workers who need time for medical appointments related to gender-affirming care may face similar stigma, compounded by anti-trans bias. Inclusive workplace policies that frame medical leave broadly, rather than creating pressure to disclose specific treatments, protect trans workers without singling them out.

Parental leave policy is another critical area. Paid parental leave has been consistently linked to better outcomes for both parents and children, including reduced infant mortality, lower rates of postpartum depression, increased breastfeeding, and improved child development (Nandi et al., 2018). Ruhm (2000) found that a 10-week increase in paid parental leave was associated with a 2 to 3 percent reduction in infant death rates across European countries. In the United States, research on California's paid family leave program found a 12 percent reduction in postneonatal mortality after the program was implemented (Montoya-Williams et al., 2020). Despite this evidence, the United States remains the only OECD nation with no national guarantee of paid parental leave. As many as 23 percent of employed mothers return to work within 10 days of giving birth, largely because they cannot afford unpaid time off (Van Niel et al., 2020). Access to paid leave is also unequal by race. Black and Latina women have significantly less access to paid leave through either employers or government programs than their white counterparts (Goodman et al., 2021).

Section Key Terms

Expansionist hypothesis | The proposal that multiple roles can provide stimulation, self-esteem, and social support.

Gender role ideology | The belief that gender roles should dictate the division of domestic labor

Maternal gatekeeping | A pattern in which some women resist sharing domestic responsibilities. The cause of this has been debated.

Relative income hypothesis | The idea that whoever earns less does more housework

Scarcity hypothesis | The idea that adding roles creates stress because time and energy are finite.

The second shift | The unpaid domestic labor women perform after their paid workday ends

Time availability theory | The idea that whoever has more free time does more housework

Work flexibility stigma | Negative evaluations faced by workers who pursue flexible work arrangements.

8.6: Gender and Leadership

Are Women Effective Leaders?

When people are asked to describe the traits of an effective leader, the list they generate tends to overlap heavily with traits stereotypically associated with men: decisive, assertive, confident (Koenig et al., 2011). This is not because leadership *requires* masculinity. It is because the prototype of leadership was built around masculinity. When a role has been filled almost exclusively by one group, the traits associated with that group become the traits associated with the role. Leadership has been coded masculine not because masculinity produces better leaders, but because men held leadership positions first, and the definition was built around them.

We now have decades of evidence that there are no gender differences in leadership effectiveness. Two large meta-analyses found no overall sex difference in leader effectiveness (Eagly et al., 1995; Paustian-Underdahl et al., 2014). Women and men are, on average, equally effective leaders. Context does matter, however. Men tend to be rated as more effective in male-dominated settings, and women in female-dominated ones (Eagly et al., 1995). This likely reflects the stereotypes and expectations of those environments rather than actual differences in competence. A woman leading a team of engineers and a man leading a team of nurses may both be equally skilled, but each faces skepticism rooted in gendered assumptions about who belongs in that role.

Research has also found that companies with more women in leadership positions tend to show higher profits. However, the causal direction of this relationship is complex (Post & Byron, 2015). It may be that women in leadership improve organizational performance, that higher-performing companies are more willing to promote women, or that both outcomes reflect a broader organizational culture that values talent over gender conformity.

Leadership Style

Research on leadership style has found small but consistent differences. Women are somewhat more likely to use a **transformational leadership** style, which emphasizes mentoring, inspiring trust, and encouraging the development of team members (Eagly et al., 2003). Men are somewhat more likely to use a **laissez-faire** style, characterized by a hands-off approach and waiting until problems become severe before intervening. It is worth noting that transformational leadership is generally associated with better organizational outcomes, which means the style women are more likely to use is also the more successful style. However, the effect sizes for these differences are small, and there is far more overlap than difference between men's and women's leadership behaviors.

Myths About Women and Leadership

Several persistent myths sustain the perception that leadership is inherently masculine. The belief that "men are natural leaders" reflects the default association between agency and masculinity discussed in Chapter 5. When people are asked to imagine a leader, they tend to picture a man (Koenig et al., 2011). This association is not evidence that men lead better; it is evidence that the prototype of leadership has been constructed around masculine traits.

The belief that "an ambitious, qualified woman can get ahead anyway," touted heavily in Sheryl Sandberg's (2013) *Lean In* treats career success as purely a matter of individual effort. But critics note that such beliefs ignore the systemic barriers (Rottenberg 2018) that are documented throughout this chapter. A woman may be ambitious and qualified and still find that the labyrinth offers more dead ends, a lower ceiling, and a stickier floor than her male counterpart ever encounters.

The belief that 'women work only for extra money' ignores economic reality. Most women in the U.S. workforce work out of economic necessity (U.S. Bureau of Labor Statistics, 2025). And for many families, women's earnings are essential rather than supplementary.

Trans Leaders

Research on trans leaders is sparse. The patterns documented earlier in this chapter may extend into leadership contexts. Trans

women in leadership can face compounded bias, both the penalties cisgender women face for agentic behavior and additional anti-trans prejudice. Trans men who are perceived as men in the workplace may gain leadership credibility they did not have before they were perceived as men (Schilt, 2010). Research on nonbinary people in leadership roles has not yet emerged as a distinct area of study, though the broader patterns documented in this chapter, particularly the penalties for gender nonconformity and the gendered expectations attached to leadership, suggest that nonbinary leaders likely face unique challenges that existing frameworks are not yet equipped to capture.

Section Key Terms

Laissez-faire leadership | A hands-off leadership style characterized by minimal direction and a tendency to wait until problems become severe before intervening.

Transformational leadership | A leadership style focused on mentoring, inspiring trust, and encouraging the development of team members

8.7: Conclusion

This chapter has traced how the stereotypes, biases, and power structures examined in Chapter 5 produce concrete material outcomes in the workplace. Access discrimination determines who gets hired and into which jobs. Treatment discrimination shapes what happens once they are there. The wage gap concentrates economic resources in the hands of those the system already favors. The second shift ensures that women's unpaid labor at home compounds their disadvantage at work. And despite all of this, decades of research confirm that women lead just as effectively as men, a finding that exposes the gap between the prototype of leadership and the reality of leadership ability.

These patterns are connected by the devaluation of femininity and the punishment of anyone who disrupts the gender hierarchy. Women who display assertiveness face backlash. Men who display warmth face ridicule. Trans women who claim femininity face harassment. Nonbinary workers who refuse categorization face exclusion. The specific penalties vary, but the underlying systems of patriarchy and hegemonic masculinity that produce them are the same.

Legal protection does exist to address workplace discrimination. Title VII of the 1964 Civil Rights Act prohibits employment discrimination on the basis of sex. Affirmative action policies developed under this framework have contributed to reducing sex and race disparities in the workplace (Kalev et al., 2006). In 2020, the Supreme Court's decision in *Bostock v. Clayton County* extended Title VII protections to LGBTQ+ workers, ruling that discrimination based on sexual orientation or gender identity constitutes sex discrimination. This was a landmark shift, though enforcement remains uneven and many trans workers still face retaliation for asserting their rights (James et al., 2016). State-level protections vary widely. As of 2025, roughly half of U.S. states have explicit employment nondiscrimination laws covering gender identity, while workers in other states must rely solely on federal protections whose enforcement has been inconsistent (Movement Advancement Project, 2025).

Even when legal protections exist, using them requires overcoming significant psychological barriers. The Confronting Prejudiced Responses Model (Ashburn-Nardo et al., 2008) describes the multiple hurdles individuals must clear before confronting discrimination. They must:

- first recognize that bias has occurred.
- determine that it is serious enough to warrant a response.
- then decide that they can bear the social, professional, and financial costs of speaking up.

The first step is particularly difficult due to **attributional ambiguity**, the difficulty of determining whether negative treatment is due to discrimination when other explanations are available (Kaiser & Miller, 2001). A woman who is passed over for promotion may wonder whether it was because of her gender or because of her performance. That uncertainty can be enough to prevent her from taking action.

The workplace is where many of the psychological processes covered in this textbook produce their most visible consequences. But it is also where those consequences can be most clearly challenged, through policy, through law, and through the recognition that gender inequality at work is not a women's issue. It is maintained by systems that constrain everyone by punishing nonconformity and harming those who disrupt the gender hierarchy.

Section Key Terms

Attributional ambiguity | The difficulty of determining whether negative treatment is due to discrimination when other explanations are available.

9: SEXUALITY AND RELATIONSHIPS

9.1: Introduction

9.2: Sexual Scripts, the Double Standard, and Consent

9.3: The Orgasm Gap

9.4: Sexual Orientation and Identity

9.5: Relationships- Love, Emotion Work, and Relationship Diversity

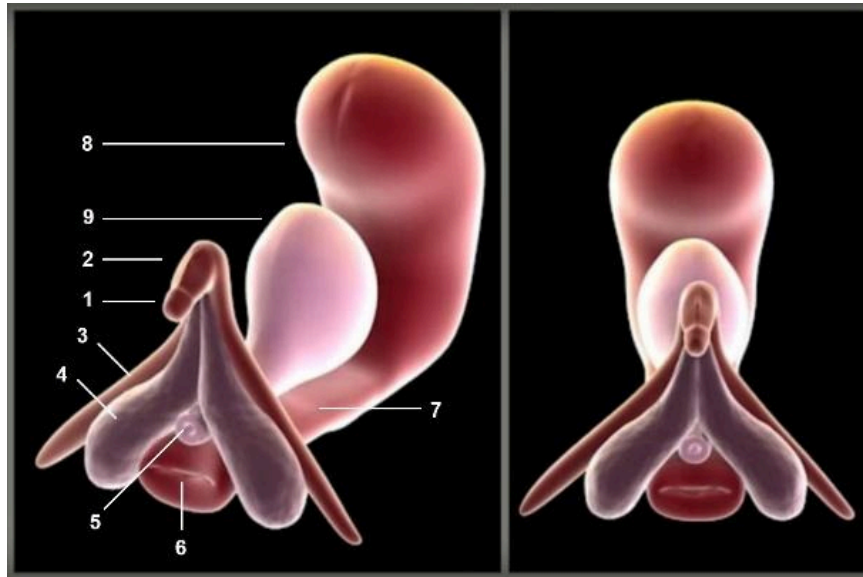
9.6: Conclusion

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9.1: Introduction

The clitoris is the only structure in the human body whose sole known job is pleasure. Uloko and colleagues (2023) pointed out that for years, popular media reported that it had "8,000 nerve endings," but that number had never actually been verified! Their subsequent study was the first to count clitoral nerve fibers and it found more than 10,000. Even anatomy textbooks have shrunk and misdrawn the clitoris for more than a century, despite accurate anatomical drawings in 1844 (Kobelt, 1844/1978). but these findings were largely ignored by a male-dominated medical field. It took the work of urologist Helen O'Connell in 2005, using modern MRI technology, to finally overturn decades of textbook misinformation and provide a definitive, widely accepted map of its true size (O'Connell et al., 2005). Note in Figure 1 that labels 1-4 are all parts of the clitoris, despite the glans (1) being the only externally visible part.



Understanding the body part most central to the sexual pleasure of roughly half the population was simply not a priority. If you've heard the joke about partners who can't find the clitoris, consider that for most of medical history, neither could the people drawing the maps. That gap wasn't really about the clitoris being hard to study. What a field chooses to investigate, and what it chooses to ignore, demonstrates clearly whose experiences are prioritized and whose are marginalized. That is a central theme of this chapter. When we have a lopsided scientific understanding of sexuality and sexual experiences, that gap in knowledge may be filled in with a cultural script which, like the lopsided science, shows sexist bias. Quite a lot of what has been culturally, and even scientifically, assumed to be natural differences in sex and relationships turns out to be based on a script.

By "script," psychologists mean directions on what is expected of male versus female roles, similar to what the word means in the theater. A script tells the actors about who enters first, what each one is supposed to want, and what lines they are expected to say. Sexual and romantic life runs on scripts in much the same way. There is a widely shared scenario for who is supposed to pursue and who is supposed to be pursued, who wants sex and who grants it, and what roles are "allowed" for certain people. As you will see, these scripts are learned, they can vary across cultures and historical periods, and they can change.

Many students may arrive in this chapter with gendered understandings about sexual behavior, even if they don't consciously endorse or agree with gendered assumptions. These beliefs have been learned via pervasive sexual scripts and stereotypes that we will cover below. Some may assume men think about sex constantly and will take it wherever they can get it whereas women are choosier and have lower sex drives. Some may also suppose that a committed, monogamous couple is the natural endpoint of all of this. Each of these beliefs turns out to be a reflection of an internalized cultural script that sets behavioral expectations.

9.2: Sexual Scripts, the Double Standard, and Consent

A **sexual script** is a learned set of expectations and rules about how a sexual situation is supposed to unfold. The script includes who initiates, what happens in what order, and what each person is supposed to want (Simon & Gagnon, 1986). The dominant script in the United States is the traditional heterosexual one, and it assigns clear gendered roles. The man is the initiator who pursues and pushes for more, and the woman is the gatekeeper who slows things down and decides how far things go. Researchers have measured scripts with validated instruments like the Sexual Script Scale (Sakaluk et al., 2014) which measures how much people endorse the dominant heterosexual script in North America, including the expectations that men initiate sex, women do the gatekeeping, and men have a stronger sex drive. Research has also examined sexual scripts through in-depth interviews (Masters et al., 2013) and documented them in content analyses of prime-time television (Kim et al., 2007).

This one idea reappears at multiple points in this chapter, because the same script that organizes sexual encounters shapes who gets blamed for what (Section 9.2), who is more likely to reach orgasm (Section 9.3), and what our orientation is “supposed” to be (Section 9.4). Scripts are close cousins of gendered patterns you have already encountered: the division of household labor in Chapter 6 and the display rules for emotion in Chapter 8 work the same way.

The Sexual Double Standard

The clearest sign that the sexual script contains rules is what happens when someone breaks one. The **sexual double standard** is the rule that identical sexual behavior is judged differently depending on who does it. A man with a high “body count” is admired, a woman with the same number is shamed.

Students often believe the double standard is gradually becoming a thing of the past, and the evidence is interestingly mixed. Endendijk and colleagues (2020) found in a large multi-national meta-analysis ($N > 100k$), that when asked directly on questionnaires, almost everyone now endorses equality. However, the double standard reappears in studies of how people evaluate specific behavior, and it interacts with country-level gender equality. England and Bearak (2014) found that among university students, men judged women more harshly than they judged men for the same casual sex, while women judged both men and women engaging in casual sex equally harshly, and Kreager and colleagues (2016), studying teenagers over time through their peer friendship networks, showed how early the double standard begins. Girls who became sexually active lost standing with their peers, while boys who did the same gained it. And interestingly, for lighter behavior (“making out”), the pattern reversed, with girls gaining standing and boys losing it. What this implies is that the shaming patterns are the sexual script being socially enforced. If it were just about girls getting shamed for intimate behavior, they would be judged for making out too, but they are not because the “making out” but no intercourse behavior fits the sexual script of intimacy with restraint for girls/women. On the other hand, boys lose standing for stopping at making out because the masculine script sets intercourse as the goal they are expected to want.

The double standard still shows up in self-report. Ask men and women how many sexual partners they have had, and men report more. But when researchers connect participants to what is described as a working lie detector, the gap shrinks, because women stop underreporting and men stop inflating (Alexander & Fisher, 2003). The numbers given without the supposed lie detector were really responses designed to fit what participants thought they were supposed to be.

Research Highlight: Manufacturing a Sex Difference

For more than twenty years, Clark and Hatfield's (1989) campus studies were often cited as evidence that men are simply wired to want casual sex more than women. Across two studies, most of the men (~70%), but none of the women, accepted a stranger's invitation to go to bed. Terri Conley (2011) tested a question the original studies did not empirically resolve. *Why* did the women say no? When participants judged someone who had offered casual sex, males offering sex were rated as less sexually skilled and more potentially dangerous than females making the identical offer. When she reduced unfamiliarity by having participants imagine offers from familiar people, including attractive celebrities or their best opposite-sex friend, the gender difference shrank or disappeared. In the best-friend condition, however, the remaining difference disappeared only after perceived sexual skill was statistically controlled.

A related pattern turns up outside heterosexual contexts. Matsick and colleagues (2021) examined actual casual-sex offers received by lesbian women and gay men from same-sex potential partners. Gay men (75%) were more likely than lesbian women (61%) to accept offers. That gap was statistically mediated by lesbian women's greater awareness of the stigma surrounding casual sex. What this demonstrates is that we must always think critically about methodological choices, as well as how interpretation of the findings by other researchers might be biased, before assuming that the resulting data demonstrates a biological difference. The participants in Clark and Hatfield's original studies did technically behave as the data describe. Women refused the strangers' sexual propositions more often. The problem is that later biological interpretations often overlooked the lived realities of women, for whom the level of physical and social threat involved in a stranger's proposition could be very different from that experienced by men.

The Script and Consent

Scripts also influence sexual consent processes. Jozkowski and colleagues (2017) found that students' consent practices tend to follow the gendered script in which men pursue and women set limits. Since the script casts women as gatekeepers who are expected to resist a little, a woman's hesitation may be perceived as part of getting to consent. Additionally, by the script a man's persistence as expected of him. But persistence itself can be coercive. Repeated asking, guilt, or pressure to have sex is verbal or sexual coercion (Pugh & Becker, 2018). And, a "yes" obtained that way is not consent. Agreeing to sex only to end the pressure, or because refusing feels impossible, is compliance.

This is where the script is often said to create confusion, the idea that men simply misread women's signals, and that assault is a kind of miscommunication. But the research evidence does not support that. Conversation analysis shows that people rarely refuse anything, an invitation, a second helping, sex, with a flat "no." Refusals normally come wrapped in hesitations, softeners, and reasons, and everyone recognizes them as refusals anyway (Kitzinger & Frith, 1999). Men readily hear indirect refusals in other settings, so a refusal "missed" during sex is not usually a failure of comprehension (Frith, 2009). Interview research makes the point sharper still. Young men have described understanding a partner's refusal, verbal or not, and then deliberately working around it, reframing their own coercion as seduction or persistence rather than a violation (Wilson, 2023).

The same script also shapes how much say women feel they have once an encounter is underway. Kettrey (2016), studying a large sample of college hookups, found that women who felt judged by the double standard reported feeling less able to ask for what they wanted or to stop what they didn't want. Consent processes are influenced by a script, but the initiator is still responsible for obtaining freely given consent. In Chapter 10 we will review how the sexual script contributes to sexual violence.

Section Key Terms

Sexual double standard | The judging of identical sexual behavior more harshly in women than in men.

Sexual script | A learned set of expectations about how a sexual encounter is supposed to unfold, including who initiates, what happens in what order, and what each person is expected to want.

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9.3: The Orgasm Gap

During partnered heterosexual sex, men reach orgasm far more often than women do. In the largest U.S. study of its kind, with more than 50,000 adults, 95% of heterosexual men said they usually or always orgasmed with a partner, compared with 65% of heterosexual women (Frederick et al., 2018). That difference is the **orgasm gap**, and it is remarkably stable across decades, age groups, and countries (Mahar et al., 2020; McElroy et al., 2024). It is one of the clearest demonstrations of how sexual scripts dictate processes in a way that makes scripted gender differences *appear* biological.

Not About Biology

The quickest way to see that the gap is not biological is to change the situation. Women self-report that they orgasm reliably during masturbation, but during partnered intercourse reaching orgasm is less frequent and reliable (Rowland et al., 2018). Note that in this literature intercourse refers specifically to penile-vaginal penetration. So the capacity alone is plainly there, and the gap nearly closes when the partner is also a woman. In the same large study, 86% of lesbian women usually or always orgasmed, far above the 65% for heterosexual women and tellingly close to the rates men report (Frederick et al., 2018). So, what makes the difference for women's pleasure?

Orgasm is far more likely when sex includes clitoral stimulation through oral sex, or hands, and far less likely when "sex" is defined narrowly as intercourse (penile-vaginal penetration; Frederick et al., 2018; Richters et al., 2006). In interviews, Andrejek and colleagues (2022) found that both men and women describe men's orgasms as an inevitable part of sex and women's as something that has to be worked for. Participants described sexual encounters using essentialist terms (e.g., men needing to orgasm and women just wanting to feel good in general) as well as a narrow definition of what counts as sex (penile-vaginal penetration being "regular sex" and everything else being foreplay or extra). That talk mirrors what happens in bed, where both partners orient the encounter around the man's pleasure. This subtly designates women's most reliable route to orgasm, clitoral stimulation, as optional in the encounter. Two women, with no script telling them where the evening is "supposed" to end up, expect more clitoral stimulation (Dickman et al., 2025) and thus reach orgasm more often. Because of the sexual script, both women and men in heterosexual encounters may give less priority to women's pleasure than to men's.

Whose Pleasure Counts

Notice how closely this mirrors the medical neglect we opened the chapter with. The body part most responsible for women's orgasms is the same one medicine could not be bothered to map or count until recently. The gap in experiences and the gap in medicine are two faces of the same habit of treating women's pleasure as secondary.

Men tend to perceive the gap as smaller than women report it to be (Wetzel & Sanchez, 2022). And after enough encounters that end without orgasm, women lower their expectations, and even their desire (Conley et al., 2022), which makes the gap feel normal and self-sustaining. In a healthy sexual relationship, everyone is entitled to pleasure. When partners can talk openly about what they want, and when both partners treat women's orgasm as a shared goal rather than a bonus, the gap shrinks (Mallory et al., 2019).

The gap is not identical for everyone. The size of the gap varies across racial and ethnic groups, shaped by different cultural scripts and relationship dynamics. For example, Wetzel and colleagues (2025) found Hispanic/Latina women reported the highest orgasm frequency and Asian women the lowest, with the gap largest for White and Asian groups and smaller for Black and Hispanic/Latino groups. Because almost all of this research defines orgasm and "sex" in heterosexual, cisgender terms, it can miss or distort the experiences of queer, trans, and nonbinary people. Studies that deliberately include gender-diverse participants find that even there, the heteronormative script affects women's experiences. Harvey and colleagues (2023) drew on survey responses from cis women and men, trans women and men, nonbinary, and intersex millennial respondents, 324 of whom had gender-diverse sexual histories. Their qualitative analysis showed that people change their sexual behavior depending on a partner's gender expression and anatomy. Interestingly, despite their gender diverse experiences, participants still leant on heteronormative and cisnormative scripts in terms of expectations for orgasm, the encounter ending with male ejaculation, and assumed roles (masculine dominance and feminine submission). So even when gender diverse experiences set a stage for a less scripted encounter, the script is still dictating whose orgasm is prioritized.

How Pleasure Works

Our model of how sexual response "works" comes from research that actually highlighted more variability in the female sexual response pattern than in males. The first influential map of sexual response came from Masters and Johnson (1966), who observed sexual response directly in the laboratory and described a cycle of four phases: excitement (the body begins responding to stimulation), plateau (arousal builds and holds near its peak), orgasm (the peak release of sexual tension through rhythmic muscular contractions), and resolution (the body settles back to its resting state). While men's sexual response cycle followed one pattern, women's could follow one of three potential patterns. One pattern builds to repeated orgasms, one levels off at a plateau without orgasm, and one surges quickly through a single peak (Figure 9.2).

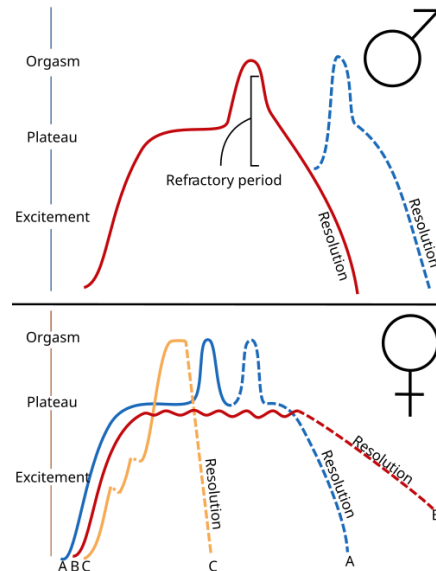


Figure 9.2. The sexual response cycle as described by Masters and Johnson (1966). The lower panel shows three patterns they observed in women: A, one or more orgasms followed by resolution; B, arousal that plateaus without orgasm and resolves slowly; C, rapid arousal to a single orgasm and rapid resolution. Figure by [Argenti Aertheri, CC BY-SA 4.0](#), via Wikimedia Commons. Background flattened to white.

Each begins with arousal already underway and runs in a straight line to resolution, and Kaplan's (1977, 1979) later addition of a desire phase kept that shape, simply placing desire at the front of the line. The assumption built into the model is that desire comes first and arrives on its own. Many women's desire does not work this way. Basson (2000) drew a different map, one that loops rather than runs straight. An encounter can begin with emotional closeness or a willingness to be close, and then desire can follow, arriving in response to arousal rather than ahead of it.

None of this makes women circular and men linear. The research never really said so. Variation has been on record since Masters and Johnson. And when researchers ask women which model matched their experience, they split across all of them: some linear, some circular, and many a mix of the two (Sand & Fisher, 2007; Nowosielski et al., 2016).

Section Key Terms

Orgasm gap | The finding that in partnered heterosexual sex, men reach orgasm considerably more often than women.

9.4: Sexual Orientation and Identity

Sexual orientation is a person's pattern of sexual and romantic attraction. Sexual identity terms may appear categorical but sexual orientation has at least three parts that do not always agree: who you are attracted to (thoughts/feelings), who you actually partner with (behavior), and how you identify yourself. A woman can be attracted mostly to women, partnered with a man, and identify as bisexual, and none of those cancels the others out. Additionally, we now separate sexual and romantic attraction into overlapping but distinct things. For example, someone can be sexually attracted to people regardless of gender (pansexual) but only have romantic feelings for women.

Early research already saw past the categorical nature of identity terms. The Kinsey scale placed people on a continuum from exclusively heterosexual to exclusively homosexual (Kinsey et al., 1948). Kinsey and colleagues interviewed thousands of Americans about their actual sexual histories and found far more same-sex experience than the public categories allowed, which led them to reject the homosexual/heterosexual split for a seven-point continuum. It was radical because it reframed same-sex attraction as a common variation distributed across the population at a time when it was criminalized and classed as pathology. But even the Kinsey scale does not adequately describe attraction, behavior, and identity at once. Orientation is better pictured as a profile than as a single label or even point on a continuum.

Exclusively heterosexual	Predominantly heterosexual, only incidentally homosexual	Predominantly heterosexual, but more than incidentally homosexual	Equally heterosexual and homosexual	Predominantly homosexual, but more than incidentally heterosexual	Predominantly homosexual, only incidentally heterosexual	Exclusively homosexual	No sexual experience or response
0	1	2	3	4	5	6	

Figure 9.3. The Kinsey scale, with the X category Kinsey placed beside it rather than on it (Kinsey et al., 1948). Ratings were assigned on the basis of psychologic reactions as well as overt experience. Figure by Rochelle Burnaford, CC BY-NC-SA 4.0.

Orientation and Gendered Assumptions

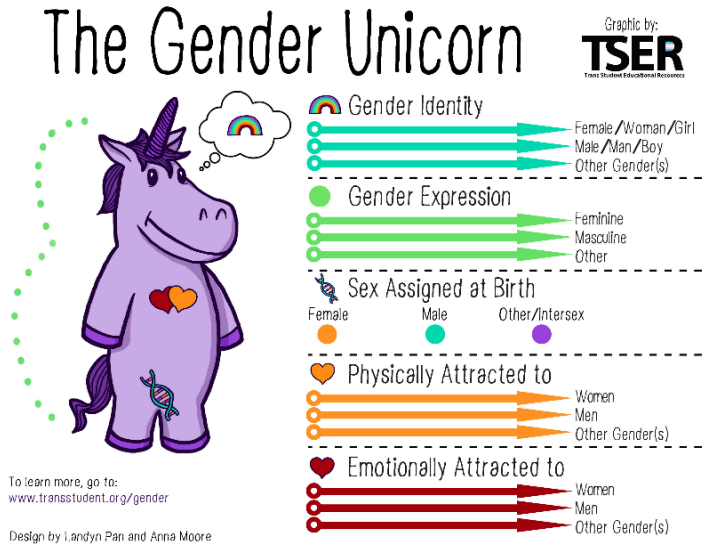
We are taught to expect sexuality, gender, and body to form one neat package: a feminine presentation should mean a female body, which should mean a woman's identity, which should mean attraction to men. Each is treated as a cue to the next. They do not, which is why teaching tools separate these dimensions into distinct scales rather than a single package. The **Genderbread Person**, an infographic widely used in classrooms and inclusive sexuality education, lays gender and sexuality out as several separate ingredients rather than one.

The model separates four things that the everyday view treats as one: sexual orientation, gender identity, gender expression, and biological sex. We have already pulled gender and anatomical sex apart elsewhere in this book. Chapter 1 separated gender identity from expression, and Chapter 3 showed that anatomical sex is itself a spectrum rather than a binary. The Genderbread Person's contribution is to line all of them up at once and add sexual orientation as its own component, so it becomes plain that knowing one does not dictate the others.

Think of it like channel sliders on a mixing board, each set on its own, the particular combination being what makes the particular person. It helps put the rest of this section into context. Bisexual erasure, pansexual attraction, and the observation that the terms "gay" and "straight" only work in a world sorted into two genders all follow once you stop assuming the elements move together. When researchers let people rate attraction to men and attraction to women as independent scales rather than as two ends of one line, the independent version fits people's experience better (Hale et al., 2019), and sexual minority participants report that scales separating sexual from romantic attraction, and adding attraction to androgynous and gender-nonconforming people, finally capture a sexuality that a single line had flattened (Galupo et al., 2017).

The original model has some limitations though. Early versions of the Genderbread Person drew each of its components as a line running between two poles: all woman to all man, fully feminine to fully masculine, attracted to women to attracted to men. Drawing a dimension as a line between two endpoints brings the binary back in at each end, and it leaves no clean place for people who sit off the line rather than somewhere along it, such as agender people, who are not partway between man and woman, or someone attracted to nonbinary people, whom the "women to men" line cannot represent at all (Restović, 2024).

Newer teaching tools, most prominently the Gender Unicorn from Trans Student



Educational Resources (TSER, 2015; see Figure 4), redraw

each ingredient as its own independent scale with room for more than two options, and scholars have proposed trading the single spectrum for a multidimensional "constellation" for the same reason (Suhomlinova et al., 2024).

Additionally, the asexual and aromantic communities that will be discussed in more detail below made the case, now taken up in the research, that sexual attraction and romantic attraction are distinct dials (Winer, 2025; Copulsky & Hammack, 2023). Someone can be sexually drawn to people of any gender but romantically drawn only to women, which is why the unicorn model asks separately who a person is attracted to physically (sexually) and who they are attracted to romantically (emotionally).

Is Orientation Biological?

Students often want to know whether orientation is biological. Several biological contributors have been proposed, the most studied being a "fraternal birth order" effect, in which having older biological brothers slightly raises the likelihood that a man is gay (Bogaert, 2006), alongside prenatal hormone influences. While biology plays a part, it explains less than people expect (Bailey et al., 2016). Identical twins frequently have different orientations, and average group differences are small and say nothing about any given person. A further problem is that the hunt for a "cause" of being gay essentially treats heterosexuality as the default that needs no explanation, the same asymmetry trans scholars flag when neurobiology is used to judge whether a gender identity is "real" (Chapter 3).

Bisexuality and Erasure

While the validity of gay and lesbian orientations may be questioned without a clear "natural" cause, bisexuality is further questioned because it spans the binary rather than landing on one side of it, and it draws that disbelief from both directions at once. **Bisexual erasure**, invalidation through the characterization of their orientation as "just a phase," comes from straight and from gay and lesbian communities alike. This double bind is sometimes called double discrimination (Ochs, 1996; Friedman et al., 2014). Bostwick and Hequembourg (2014) catalogued the microaggressions bisexual people face, from flat denial to hypersexualization, and noted that bisexual people are treated as unreliable narrators of their own desire. That is, bisexual people's own accounts of their attractions are routinely doubted, as though others know better than they do whether their desire is real. Experiencing double discrimination can be harmful to mental health.

Research Highlight: When an Identity Is Met with Disbelief (Dyar et al., 2018; Ross et al., 2018)

Bisexual people show higher rates of depression and anxiety than heterosexual, gay, and lesbian people. Pooling dozens of studies, Ross and colleagues (2018) found the pattern consistent and traced it to three forces: discrimination, bisexual invisibility and erasure, and a lack of bisexual-affirming support. Following bisexual women over time, Dyar and colleagues (2018) showed that experiencing anti-bisexual stigma predicted later increases in internalized doubt and identity uncertainty, which in turn predicted a weaker hold on a bisexual identity and rising anxiety and depression. Being told repeatedly that your identity is not real makes it harder to hold onto, and the strain of that shows up in mental health. As with trans emotion regulation in Chapter 8, the disparity is made by the social environment, not by the identity.

We can also compare this discrimination to wider gender identity discrimination. McCarty and colleagues (2024) compared how people perceive those who identify with binary gender (male or female, regardless of whether they are cis or trans) to nonbinary people. They found that nonbinary prejudice centers on the invalidation of their identity as real at all. If we think of being gay vs straight as another kind of binary, we can see a connection between bisexual erasure and nonbinary gender prejudice. Identities that completely *cross* a binary, like a binary trans identity or an exclusively gay one, are at least legible in the binary's own terms. Identities that *refuse* the binary, like nonbinary gender and bisexuality, are met with disbelief that they exist. The same logic reaches identities that change over time, not just those that sit between the categories.

Sexual Fluidity

Sexual fluidity is the capacity for a person's attractions to shift with situation and over time. The concept comes from Lisa Diamond, whose decade-long study followed sexual-minority women as their attractions, behavior, and identity labels changed, often more than once and in more than one direction (Diamond, 2008). What made the work influential was how they experienced their fluidity. To Diamond's participants, fluidity was their sexuality genuinely responding to relationships and circumstances, with each identity feeling authentic while it was held. Diamond argued that fluidity is a normal human capacity, not a phase or a sign of instability.

For years this was treated as a female trait. Indeed, Roy Baumeister (2000) had assembled evidence that women's sexuality is, on average, more variable, and the conclusion drawn from it was that women are fluid and men are fixed. Diamond herself later challenged this however, arguing that men are more fluid than the research had assumed (Diamond, 2016). And, more recent data following more than 17,000 American adults across five annual surveys, Mittleman (2023) found that about one in eleven changed their sexual identity at least once. Cisgender women did change more often than cisgender men overall, 11% versus 6%, and gender-diverse adults changed most of all, around a third. But the gender gap turned out to be mostly a matter of age. Fluidity was highest among the youngest adults and declined steadily across the life course, and by age 45 women and men reported roughly equal rates. In other words, "women are more fluid" really meant "young women are more fluid," which is a claim about life stage, not a fixed difference between the sexes. Men change too, just less often and, because they face steeper social penalties for same-sex attraction, often less visibly (Grave et al., 2023).

So, fluidity is not a female trait. It is a broadly human capacity that is more common earlier in life, and that an older research tradition assumed was female and rarely tested in men.

Asexuality and Compulsory Sexuality

Asexuality sits at the far end of that same logic of disbelief. Defined as little or no sexual attraction, it has only recently been recognized as an orientation rather than a disorder or a phase. Asexuality is *not* the same as hypoactive sexual desire disorder (HSDD). To be diagnosed with HSDD requires not only persistent lack of sexual interest but also distress as a direct result of low desire. People who identify as asexual are not distressed by their lack of desire itself, though may experience stress from the stigma and lack of understanding for asexual identity.

Asexuality stands out in a culture of **compulsory sexuality**, the cultural assumption that everyone naturally wants sex and that not wanting it is a defect to be fixed (Gupta, 2015). When wanting sex is treated as universal, asexuality is assumed to be unnatural or unhealthy. Asexual people report being pressured into sex they do not want, told they simply have not met the right person, and doubted by professionals (Flanagan & Peters, 2020; Gupta, 2017). Such patterns are familiar to gay, lesbian, and bisexual people.

In fact, the term compulsory sexuality is an heir to Adrienne Rich's compulsory heterosexuality, the idea that heterosexuality is not simply a sexual identity but a social institution actively promoted and enforced, so that being straight looks natural and inevitable rather than expected.

The asexual community has also reshaped how the field thinks about attraction itself, most importantly the distinction between sexual and romantic attraction. Asexual people *do* experience romantic attraction, which is why "asexual" and "aromantic" are different words, and identities like graysexual (occasional or weak sexual attraction) and demisexual (sexual attraction only after a strong emotional bond has formed) mark points along that spectrum (Copulsky & Hammack, 2023).

Transgender Identity and Sexuality Labels

Like asexuality, transgender experience complicates the categories of sexual orientation. A trans person has a sexual orientation like anyone else, and orientation is separate from gender identity. Sometimes transition changes the label that fits without changing the attractions underneath. A person attracted to women might move from calling herself a straight man to calling herself a lesbian (Galupo et al., 2016; Reisner et al., 2023). Trans people are also more likely than cisgender people to identify with expansive labels like "queer" that do not specify the gender of either partner (Reisner et al., 2023). That pattern exposes how much of our orientation language assumes a world of just two genders, so that a label like "gay" or "straight" only works if both people can be neatly sorted into "man" or "woman".

Section Key Terms

Asexuality | Little or no sexual attraction, distinct from romantic attraction, spanning a spectrum that includes graysexual and demisexual identities.

Bisexual erasure | The dismissal or denial of bisexuality as a real and stable orientation, expressed through invisibility, doubt, and pressure to "pick a side."

Compulsory sexuality | The cultural assumption that everyone naturally desires sex, so that asexuality is read as a deficit.

Sexual fluidity | The capacity for situation-dependent change in sexual attraction or identity over time.

Sexual orientation | A person's pattern of sexual and romantic attraction, made up of distinct components of attraction, behavior, and identity that need not align.

9.5: Relationships- Love, Emotion Work, and Relationship Diversity

Romantic love appears in every human culture ever studied. What varies is how cultures start and structure love relationships. What varies far less is who carries the work of keeping one going, which predictably and consistently falls to women, even in more egalitarian relationships. In this section we will briefly cover how romantic relationships are structured, and who does the work to keep them going.

Types of Marriage

Marriage rates are falling and the meaning of marriage is shifting. The old status quo, **mononormativity**, the assumption that lifelong sexual and romantic exclusivity is how relationships are supposed to be (Pieper & Bauer, 2006). Like the heterosexual default and the cisgender default elsewhere in this chapter, it is an unexamined baseline dressed up as an established fact. A second assumption, at least in Western culture, is that marriage should be founded on romantic love. Most marriages across human societies have been arranged by families rather than chosen for romantic love (Parkin, 2021). Nor does choosing for love reliably produce more of it. Comparing arranged and non-arranged marriages across five non-Western cultures, Sorokowski and colleagues (2024) found no overall difference in love between them, and other research finds that in arranged marriages love often grows over time (Epstein et al., 2013).

It is important to note that arranged marriage is not the same as forced marriage. In much of the world the process is collaborative, with the people marrying holding real influence and the power to refuse, and researchers now describe a continuum running from fully family-arranged, through semi-arranged marriages where the couple has meaningful say, to self-arranged matches (Anitha & Gill, 2009). Women in these marriages actively negotiate their own matches rather than passively receiving them (Pande, 2015). At the same time, coercion is real for some, and consent can be constrained by economic dependence or family pressure. But choice is never absolute on the other side either. Western style “romantic love” marriages are also shaped by economic need, family expectation, and social circumstance. People marry for health insurance or immigration status, stay in marriages they would leave if they could afford to, feel family pressure to marry before a certain age, or partner within the class, race, or religion they were raised to see as suitable. So the better way to understand the contrast is not free choice versus coercion but different mixtures of collaboration, constraint and agency.

Mononormativity also assumes that marriage is the logical outcome of a romantic relationship. The Mosuo, who call themselves Na and live around Lugu Lake on the Yunnan and Sichuan border, practice *tise* (literally “walking back and forth”), often called “walking marriage” in English-language accounts. A man visits his partner at her home at night and returns to his own mother’s household in the morning. Neither partner moves in, neither takes on the other’s property or economic obligations, and any children are raised by the mother and her natal family, with the woman’s brothers taking on much of the role a father holds in Western families (Cai, 2001; Xiao et al., 2022). Anthropologist Chuan-kang Shih (2010) describes *tise* as non-contractual, non-obligatory, non-exclusive, and status-blind. He also notes that marriage exists among the Mosuo, promoted at times by state campaigns, and tourism has since made it more common (Mattison, 2010).

Popular accounts often call the Mosuo a matriarchy, but that isn’t accurate. Descent runs through women and households are usually headed by women, but that is not the same as women holding political power (Shih, 2010; Walsh, 2005). Still, the example helps illustrate how Western assumptions about monogamous relationships are culturally produced.



Rod Waddington from Kergunyah, Australia, CC BY-SA 2.0, via Wikimedia Commons

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Consensual non-monogamy

Consensual non-monogamy (CNM) is an umbrella term for relationships in which all partners agree to additional romantic or sexual connections, including open relationships, swinging, and polyamory (Levine et al., 2018). Research generally finds CNM relationships comparable to monogamous ones on satisfaction and well-being, with no evidence they are less satisfying (Conley et al., 2017; Rubel & Bogaert, 2015). Commitment findings are more mixed, and outcomes vary by type: polyamorous relationships score similar or higher, open relationships sometimes lower (Conley et al., 2017). Consensual non-monogamy, and specifically polyamory, should not be confused with polygamy, which is marriage to multiple spouses, usually polygyny (one husband, several wives) and often embedded in patriarchal or religious structures. What defines CNM is not the number of partners but that everyone involved knows about and consents to the arrangement.

Research Highlight: The Monogamy Halo (Conley et al., 2013)

Across several studies, Conley and colleagues asked participants to rate monogamous and consensually non-monogamous couples. Monogamous couples came out ahead on nearly every dimension, including traits with no logical link to relationship structure, such as being likely to pay taxes on time or floss regularly. The halo extended even to those. The bias showed up across different groups of raters and, strikingly, among consensually non-monogamous people themselves, who had absorbed the same cultural message. Set beside the evidence that CNM and monogamous relationships are statistically comparable on satisfaction and well-being, the halo is a clean demonstration of mononormativity: a cultural preference for monogamy operating as if it were an objective fact about relationship quality. It is the same machinery as the heterosexual default and the cisgender default examined elsewhere in this chapter, turned on relationship form.

Emotion work and mental load

The sociologist Arlie Hochschild named the effort of managing feelings, our own and other people’s, **emotion work** (Hochschild, 1979, 1983). In intimate relationships it means initiating hard conversations, managing children’s emotions, or smoothing a partner’s mood. This is not the same as the ordinary give and take of emotional support between partners. What makes it labor is that the responsibility is asymmetric and expected. Consider a household where one partner comes home tense and irritable, going quiet or short-tempered, and the other is tacitly expected to read the mood, absorb it, keep her own reaction in check, and manage the children’s upset so the evening stays calm. The first partner’s feelings set the household temperature; the second partner’s job is to regulate around them. That asymmetry, one person’s emotions treated like the weather everyone else must adjust to is what makes it work rather than mutual care. When this dynamic hardens into fear, where one partner’s anger becomes something the household organizes itself to avoid, it shades into coercive control, which we take up in Chapter 10. Emotion work is a companion to the “second shift” of housework and childcare from Chapter 6 (Hochschild & Machung, 1989).

Women are also more likely to carry the **mental load** (Daminger, 2019) of keeping the family running. The mental load is different again from both housework and emotion work. It includes anticipating what will be needed, working out the options, deciding, and then tracking whether it actually got done (Daminger, 2019). Noticing that the child has outgrown their shoes is mental load, buying the shoes is housework and managing the child’s disappointment that they were the wrong color is then emotion work. But even in households where the housework is shared, the mental and emotional load still falls disproportionately to women (Erickson, 2005; Daminger, 2019).

The traditional argument might be that women are just more naturally emotionally caring or that they're better at household things, but research examines what actually predicts who does this work. Surveying 335 married parents, Erickson (2005) pitted several explanations against each other (income, time available, biological sex, and gender) and found that it was gender, how strongly a person identified with a feminine role that predicted who did the emotion work. In other words, the strength of a person's feminine self-concept tracked how much emotion work they did more closely than their sex did. What a survey like this cannot tell us is the mechanism behind that link, whether being less identified with a feminine role leads someone to take on less of this work, or whether people simply describe themselves in ways that match the roles they already occupy. What it does establish is that biological sex is not what is doing the work.

The same holds in trans relationships. Studying women partnered with trans men, Pfeffer (2010) found the women partners still shouldered disproportionate emotion work, including the added care of supporting a partner's transition. What predicts the load is the gendered position a person occupies. Same-sex couples add further evidence because they divide domestic and care work substantially more evenly than heterosexual couples do (Goldberg, Smith, et al., 2012; Brewster, 2017). This raises the question of whether same-sex couples simply reassign the "feminine" role to one partner, who then does the emotion work. Interviewing lesbian, gay, and heterosexual couples, Umberson and colleagues (2015) found that same-sex partners tended to describe emotion work as shared and mutual rather than concentrated in one partner the way it is in heterosexual couples.

Finally, there is a cost to carrying this load. Anderson (2023) argues that when women are treated as the default experts in reading feelings and smoothing tensions, the expectation that they will do this work creates dissatisfaction and harm. Carrying a disproportionate share of the household's cognitive load predicts emotional exhaustion that affects women's work lives in a greater desire to leave their jobs and diminished career resilience (Krstić et al., 2025).

Section Key Terms

Consensual non-monogamy | An umbrella term for relationships in which all partners agree to additional romantic or sexual connections, including open relationships, swinging, and polyamory.

Emotion work | The labor of managing the emotional climate of a relationship, performed disproportionately by women in heterosexual partnerships.

Mononormativity | The assumption that monogamy is the natural, healthy, and morally superior relationship structure.

9.6: Conclusion

This chapter opened with the clitoris, which medicine spent centuries neglecting, and that disregard turned out to be typical rather than unusual. Traits that get described as natural facts about women, men, and desire kept looking more like learned scripts once we examined them closely. The orgasm gap narrows when the script for a sexual encounter changes. The sexual double standard assigns different meanings to the same act depending on who performs it. The emotional work of relationships gets handed to women, and once they are doing it, the arrangement looks natural rather than assigned. In most of these cases the measured difference was there. What does not hold up is the explanation attached to it, the claim that this is simply how women and men are.

Recognizing a script as a script matters because it can be rewritten. The double standard has loosened over the past generation. The orgasm gap shrinks when partners treat women's pleasure as a shared goal instead of an extra. Identities the culture once refused to acknowledge, among them bisexual, asexual, nonbinary, and trans, are now more widely named and better understood. None of these changes required human nature itself to change. Instead, they came from people refusing a script that told them who to be and answering with who they actually are.

10: MASCULINITY, AGGRESSION, AND VIOLENCE

Caution

A content note before we begin. This chapter discusses sexual assault, intimate partner violence, and other forms of violence directly.

It occurred to me, those first weeks of training, that the man on Orchard Street tried to fight me because I too was looking for a fight. I had ventured, somehow, deep into the “man box,” a sweltering and bandaged thing, a mummy’s wrap around my body and the bodies of almost every man I know, stitched with the brutal language that ensures conformity, the outline of muscles pushed into being under the weight of “boys will be boys” and “real men” and “man up.”

- Thomas Page McBee, *Amateur: A Story About What Makes a Man* (2018)

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[10.3: What Counts as Aggression](#)

[10.4: Violence Against Trans Women](#)

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10.1: Introduction

Thomas Page McBee is a trans man who took up boxing to understand why men fight. The stranger who squared up to him on the street found a willing opponent because McBee had also gone looking for a fight. So in his memoir *Amateur*, instead of the tired exploration of what is wrong with violent men, he asks what the "man box" does to the men inside it, himself included.

In the United States men commit the majority of violent offenses where the offender's sex is known. Roughly 71% of homicides, 70% of robberies, almost 85% of rapes, and about 67% of aggravated assaults are committed by men (Federal Bureau of Investigation, n.d.). Worldwide, men are about 90% of homicide suspects, a skew that holds across every region (United Nations Office on Drugs and Crime, 2023).

The data might lead to an assumption that male biology creates violent beasts with little behavioral control. However, when a culture includes dominance in how it defines manhood, and expects men to keep asserting their dominance, violence can be a tool for proving it. To get a more accurate picture of masculinity and violence we begin with models of manhood that set the stage, and we review how science defines aggression, and how it has explored sex differences in aggression (both public and online), then turn to specific types of violence (trans misogyny, intimate partner violence, and sexual violence), and finally summarize what drives this violence and what reduces it.

10.2: Models of Manhood

Manhood Easily Lost

Recall **hegemonic masculinity** from chapter 1, the version of manhood a culture treats as ideal and uses to rank people against one another. McBee's "man box" is a similar idea. A set of rules a boy learns early about how a man is allowed to act: be tough, be in control, want sex, never seem soft; coupled with the mockery and exclusion that keep him inside the lines. Hegemonic masculinity tells us which manhood counts. What makes that ideal such a powerful influence on men's behavior is that manhood is widely treated as a status that can be lost.

In many cultures, manhood is treated as a status a man earns but also has to repeatedly prove through public action (Vandello & Bosson, 2013). The **precarious manhood hypothesis** (Vandello et al., 2008) essentially argues that a man must prove and re-prove his standing through visible demonstrations of manhood. These can include physical toughness, risk-taking, sexual conquest, earning and providing, and steering clear of anything that reads as feminine (Bosson & Vandello, 2011).

Research Highlight: Is Manhood Easier to Lose Than Womanhood?

Vandello, Bosson, Cohen, Burnaford, and Weaver (2008) ran five studies testing the idea that people treat manhood as a status you earn and can lose. Through several methods, participants consistently treated manhood as the more fragile status. In one memorable result, when asked to pick an image that represented an infertile character in a short description they just read (the infertile character was described either as a man or as a woman) people given the infertile male description chose a sketch of a child more often than they did for an infertile woman, as though a man who cannot father children slips back toward boyhood while an infertile woman stays a woman. Interestingly, those shown a description of an infertile woman were more likely to choose an image of an unattractive woman as a representation of her.

The last two studies asked what that precariousness does to men. In Study 4, men and women took a bogus "gender knowledge" test and were told they had scored either high or low compared with others of their sex. Participants were then asked about their willingness to let others see their score, whether they thought they would do better on the test in future, and given an implicit (word completion) measure of anxiety. The men who got the low, manhood-threatening score were more reluctant to let others see their score, insisted they would do better next time, and completed more word fragments as anxiety words (turning "_EAK" into "weak," "SHA_E" into "shame"). Women given the same feedback showed none of this. In Study 5, the same kind of threat led men to complete more fragments as physically aggressive words (gun, kill, punch, stab), though not as relationally aggressive ones, while women's aggressive thoughts were unmoved either way.

This is the experimental backbone of the precarious manhood hypothesis. Under controlled conditions, it shows that manhood is treated as losable, that the threat of losing it quietly raises men's anxiety, and that the same threat brings aggressive thoughts closer to the surface. This is the mechanism later sections trace into real life physical aggression and violence.

Because manhood can be taken away, anything that violates masculine norms (e.g., expression of emotion, appearing weak) may constitute a threat to his status, and a threatened man is under pressure to prove himself. How he proves it can vary. Stanaland and colleagues (2023) find that masculinity turns "fragile" when a man senses a gap between the manhood he is expected to show and the manhood he believes he can deliver. That gap can push outward into aggression or inward into anxiety, shame, and self-harm. The men who react least are the ones who hold the rules loosely or reject them, so their sense of themselves does not rise and fall on passing the test.

Intersectional Manhood

Because manhood is treated as a status that must be earned and defended through action, aggression becomes one way to prove it (Weaver et al., 2010). Precarious manhood does not impact every man the same way. Masculinity threat for economically comfortable White men turns most readily into aggression, and into the appeal of guns, in those who perceive their privileged standing slipping in a changing race, class, and gender order (Scaptura & Boyle, 2022). That is, men with both racial and class

privilege who feel like their privileged status is being threatened by cultural shifts towards equality find guns more appealing and report greater endorsement of violence as a response to disrespect. Men who feel they fall short of masculine ideals show heightened gun enthusiasm and stronger support for force-based responses (DiMuccio & Knowles, 2020). Notice, also, what does *not* follow when a White man behaves violently. A violent White man is read as one troubled individual, his act put down to his situation or mental state rather than his race (Duncan, 1976; Duxbury et al., 2018). But for Black and Latino men, the danger stereotype is pinned to the whole racial group (Duxbury et al., 2018; Wilson et al., 2017).

Black men are still measured against the same hegemonic masculinity prescriptions as White men but are also subject to the stereotype that Black men are inherently dangerous. In experiments, people see young Black men as bigger, stronger, and more threatening than White men of the same size (Wilson et al., 2017). This produces what researchers call **hypervisibility**, being watched, followed, and treated as suspicious in spaces where a White man would pass unnoticed (Smith et al., 2016). One result is that many Black men and boys spend energy trying hard *not* to confirm the stereotype: monitoring their tone, clothing, and movements to look unthreatening (Dow, 2016; Major & O'Brien, 2005). When a Black man does engage in aggression, the stereotype makes it simpler to assume his actions are representative of Black men's inherent nature than to recognize the wider contexts of precarious manhood, hegemonic masculinity, and patriarchy.

Latino men navigate different cultural and racial pressures than Black men, while also still being judged through hegemonic masculinity. **Machismo**, a term often reduced to swagger and dominance, is traditionally thought of as negative and hypermasculine. But research separates out the less acknowledged, positive aspects of machismo, sometimes referred to as **caballerismo** or familism, that involve being a provider, protector, and responsible family man. Recent work finds that many Latino men build manhood around caballerismo rather than traditional (hypermasculine) machismo (Valdez et al., 2023). Like Black men, Latino men face a racialized "dangerous man of color" stereotype, which cast them as criminal or threatening "illegal" outsiders (Shen et al., 2025).

Precarious manhood shows up here too. When men feel their status slipping, they tend to lean into the dominance-oriented side of masculinity and away from its caretaking and family-oriented components. For Latino men that means traditional machismo pushing ahead of caballerismo. This is a general reflex, not a Latino one. We see the same thing in socio-politically anxious White men who answer threat by turning to guns (Scaptura & Boyle, 2022). Reading a traditional machismo reaction as evidence that Latino men are naturally more violent, like relying on danger stereotypes to explain Black men's aggression, is a racist misinterpretation. It treats a response common to men in general as something particular to men of color.

Asian American men face very different pressures than Black and Latino men. Gendered racial stereotypes them as quiet, studious, and desexualized, so hegemonic masculinity treats them as failing by default, an experience researchers call psychological emasculation (Liu & Wong, 2018; Azhar et al., 2021). Yet the emasculating stereotype coexists with an older, opposite one: the menacing martial figure of "yellow peril" imagery (the kung-fu villain, the samurai, and for South Asian men the bearded "terrorist"), so Asian men can be cast as unmanly in one moment and as a hypermasculine threat in another, depending on which stereotype a situation calls up (Tchen & Yeats, 2014; Deng, 2023; Goh & Trofimchuk, 2023).

Trans men's experiences of manhood vary widely, shaped by race, region, and how and when others begin to perceive and interact with them as men (Abelson, 2019). Some describe taking on traditional masculine behaviors, including displays of toughness and even sexism, as a way to establish their claim to manhood (Phillips & Rogers, 2021). The quote by Thomas McBee that opens this chapter is from his memoir that details his experiences as a White trans man who takes up boxing, a traditionally masculine and openly violent sport, partly to understand what it means to be a man and why men fight. As a White trans man, he is newly granted some of the "man box's" rewards while largely escaping its most dangerous racialized version. Trans men of color are not so shielded. Once a Black trans man's transition is clearly visible to others, he can find himself treated as a threat, subject to the "dangerous Black man" stereotype that was never aimed at him before (Abelson, 2019).

Section Key Terms

Caballerismo | The positive, caretaking side of Latino masculinity, centered on being a provider, protector, and responsible family man (also associated with familism).

Hegemonic Masculinity | The version of manhood a culture treats as ideal and uses to rank people against one another (introduced in Chapter 1).

Hypervisibility | For Black men, the experience of being watched, followed, and treated as suspicious.

Machismo | A form of Latino masculinity often reduced to swagger and dominance and traditionally stereotyped as negative and

hypermasculine.

Precarious manhood hypothesis | The idea that manhood is a status a man must earn and then repeatedly prove through visible demonstrations, such as physical toughness, risk-taking, sexual conquest, earning and providing, and steering clear of anything that reads as feminine.

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10.3: What Counts as Aggression

Psychologists define **aggression** as behavior meant to harm someone who does not want to be harmed. Intent matters here. An accidental collision is not aggression, and a dentist's drill is not either. **Violence** is aggression intended to do serious physical harm. A whispered rumor and a broken jaw are both aggressions, but only one is violence. We will consider specific forms of gendered violence in later sections.

Aggression does take more than one form, however. **Physical** aggression uses the body or a weapon. **Verbal** aggression, on the other hand, uses words (e.g., yelling, mockery, threats, or insults). Cutting across both, **direct** aggression confronts the target openly, while **indirect** or **relational** aggression works through the social world, by rumor, exclusion, and the wrecking of reputations. Think Regina George energy. Aggression can also be sorted by motive. **Hostile** aggression is impulsive and driven by anger, a shove thrown in the heat of an argument, while **instrumental** aggression is a calculated means to an end, like mugging someone to steal possessions or spreading a rumor about a coworker to get their promotion.

Whether men or women are "more aggressive" depends entirely on which form we mean. For physical forms, boys are reliably more aggressive than girls across childhood and adolescence (Card et al., 2008), and of course this continues into adulthood. The gap is widest for the most extreme and violent acts, narrower for milder shoves and scuffles. Note that as you may expect from our emotion chapter (8), men and women may feel anger at similar levels (Ma-Kellams & Wu, 2020), but what varies is what they are socialized to do with it. Fischer and Evers (2011) found that how directly people show anger tracks social context and the gender expectations attached to it. In traditional relationship settings, where a woman's anger carries a higher social cost, women suppressed their anger more and men expressed it more directly. In more egalitarian settings, that difference faded. For relational aggression the gap basically disappears. A meta-analysis of 148 studies found a medium difference favoring boys in direct aggression ($d = 0.61$), and it was wider for physical aggression ($d = 0.73$) than for verbal ($d = 0.38$). Indirect aggression told a different story: girls scored a hair higher, but the effect size was so small ($d = -0.06$) as to be practically meaningless. A more recent meta-analysis found no average gender difference in relational aggression at all (Card et al., 2008; Casper et al., 2020). Girls and women engage in relational aggression at roughly the same rate as boys and men, so the common belief that it is a distinctly female behavior does not hold up.

Online Aggression

Much aggression has moved onto screens, and online the gender pattern looks a bit like the schoolyard. Overall, boys are slightly more likely to cyberbully, though girls do so more in early adolescence and boys pull ahead in later adolescence, while girls report somewhat higher rates of being victimized (Bartlett & Coyne, 2014). A great deal of it is relational aggression. Boys and men run coordinated pile-ons, share humiliating screenshots, and dox targets. Online gaming is a clear case. Women who play report high rates of harassment, from sexual comments to rape jokes and threats, so much that many hide their gender or avoid voice chat altogether, the kind of thing a woman who unmutes her mic in a Call of Duty lobby learns to expect (Fox & Tang, 2017; Zhou & Peterson, 2025). The men most likely to harass women in games score higher on the same traits that predict street harassment (hostile sexism and social dominance orientation; Tang & Fox, 2016). Men aim it at each other too, and when they do it is often masculinity being policed. Such harassment, much of it homophobic and/or transphobic, punishes any man who seems insufficiently tough (Ballard & Welch, 2017; Brenner-Levoy, 2023). Wherever it happens, being cyberbullied is linked to higher rates of depression, anxiety, and suicidal thinking, much like offline bullying (Zsila et al., 2022).

Harassment in Public Spaces

Some gendered aggression is so routine that people don't often lump it in with aggression. **Street harassment** occurs in everyday situations, like when a woman passes a construction site and hears the comments, or a stranger will not stop "complimenting" her and turns hostile when she keeps walking. Street harassment runs on the same status logic as precarious manhood. Men who say they have catcalled women score higher on hostile sexism (the openly antagonistic side of ambivalent sexism, first introduced in chapter 5). They also score higher on how masculine they consider themselves to be, and on social dominance orientation (also covered in chapter 5) than men who do not engage in catcalling (Walton & Pedersen, 2022). Street harassment, then, operates as a form of social control, treating public space as men's territory and treating women in it as objects to be evaluated and consumed. Women describe a running background hum of vigilance and a set of small adjustments, which route to take, what to wear, whether to keep the headphones out, that decrease where they feel free to go. Because some of these encounters escalate, a comment from a stranger is received as a threat and not a compliment (Almanza Avendaño et al., 2022).

The experience of public harassment also intersects with body size and gender presentation. Fat women face harassment that polices both their gender and their body size, part of the cultural implication that their bodies do not belong in public space (Mohr et al., 2025; see the discussion of hyper(in)visibility and objectification in Chapter 5). Queer and gender-nonconforming people are targeted in public for noticeably breaking gender rules. A masculine-presenting woman, a feminine-presenting man, or a visibly nonbinary person can draw stares, slurs, and worse simply for being perceived as gender-nonconforming (Miller & Grollman, 2015). Finally, for trans women the danger runs well past harassment into lethal violence, which is where we turn next.

Section Key Terms

Aggression | Behavior intended to harm someone who does not want to be harmed.

Direct aggression | Aggression that confronts the target openly.

Hostile aggression | Impulsive aggression driven by anger.

Indirect (relational) aggression | Aggression that works through the social world, by rumor, exclusion, and the wrecking of reputations.

Instrumental aggression | Aggression used as a calculated means to an end.

Physical aggression | Aggression that uses the body or a weapon.

Street harassment | Unwanted, often sexualized comments or attention directed at people in public space.

Verbal aggression | Aggression that uses words, such as yelling, mockery, threats, or insults.

Violence | Aggression intended to do serious physical harm.

10.4: Violence Against Trans Women

Trans women experience extraordinarily high rates of violence, rooted in the policing of gender. Transmisogyny appears throughout this book as a form of misogyny, but it gets focused attention here because of the scale and specific mechanisms that might otherwise be overlooked. From interpersonal aggression up through courtroom defenses like ‘trans panic’ and anti-trans legislation, social and political systems work to justify and perpetuate the systemic devaluation of trans feminine people. Recall from Chapter 1 that the philosopher Kate Manne (2018) describes misogyny as the enforcement arm of patriarchy, the system of punishments that fall on those who violate its expectations of gender. Historian Jules Gill-Peterson (2024) extends this analysis to **trans misogyny** (she purposefully splits the term), to show how the patriarchal nature of colonial rule and the policing of public space have long singled out anyone *perceived* as trans feminine, whether or not they identify as trans. She frames the marginalization and violence that occurs as a result, as an effort to police and punish trans femininity. Understood in this way, violence against trans women, and anyone assumed to be trans, is patriarchy attacking those whose existence directly challenges the validity of patriarchal assumptions that man is superior to woman. The same cultural marginalization pushes many trans women, and trans women of color most of all, out of stable housing and employment and into criminalized street economies, where they are exposed to heightened danger (Gill-Peterson, 2024).

These dynamics are not relegated to colonial history. They persist in the everyday violence trans women face now. In one study of trans women in San Francisco, more than 80% reported verbal abuse and more than half reported physical abuse tied to being trans (Arayasirikul et al., 2022), consistent with national data placing trans people, and trans women of color especially, among the most victimized groups researchers have measured (Wirtz et al., 2020). Much of this comes from strangers in public. Perpetrators tend to target visible gender nonconformity, so trans women who are read as trans, or simply as failing to conform to gender expectations, draw the most hostility (Wirtz et al., 2020). The violence is not only interpersonal. The state participates too. Since 2013, more than a third of the murders of trans women have produced no arrest, and fewer than half have ended in a conviction (Human Rights Campaign Foundation, 2024), while a rising tide of anti-trans legislation, like banning gender-affirming care and restricting which bathrooms trans people may use, makes trans lives more precarious still (Arrayales & Redfield, 2026). A study of more than 61,000 transgender and nonbinary young people found that suicide attempts rose by as much as 72% after their states enacted anti-trans laws (W. Y. Lee et al., 2024).

A distinctly dangerous source is sexual and romantic interest itself. Some men are drawn to trans women and then experience that attraction as a threat to their own manhood or heterosexuality. They respond with violence, a reaction fueled by fetishization and by stereotypes that cast trans women, particularly trans women of color, as less than fully human (Gamarel et al., 2022; Ussher et al., 2022). This reaction has been “justified” in courts of law through the “trans panic” defense (see research highlight below), in which a man claims he was provoked to violence by discovering a partner or date was trans. In one analysis, a substantial share of the murders of trans women occurred during sexual interactions. Trans women of color, pushed disproportionately into street economies, were more often killed in connection with sex work, while this was uncommon among White victims (Westbrook, 2023).

Research Highlight: The "Trans Panic" Defense

When a man kills a trans woman after learning she is trans, his lawyers have sometimes argued that the discovery so provoked him that he should be held less responsible. This is the "trans panic" defense, a cousin of the older "gay panic" defense. It is not a formal law. It works by inviting a judge or jury to treat the violent, sometimes lethal, enforcement of masculinity and heterosexuality as an understandable loss of control (C. Lee, 2020).

Does it sway jurors? Michalski and colleagues (2022) had mock jurors read about a man who stabbed a trans woman after discovering she was trans, then choose a verdict. Jurors given the trans panic defense returned somewhat more lenient verdicts, more manslaughter and fewer murder convictions, than those given a neutral provocation story. Separately, jurors who scored high on masculine-honor beliefs, the idea that a man is justified in meeting an insult to his manhood with aggression, were more lenient across the board, and that leniency ran largely through feeling: high-honor jurors felt more anger and disgust toward the victim and blamed her more, which in turn softened their verdicts. The defense leans on the same honor-based model of manhood the chapter has been tracing, and the jurors who hold that model most strongly are the ones most inclined toward leniency.

The "trans panic" defense is a place where a cultural belief about manhood becomes a legal excuse. A growing number of states (20 plus DC, so far) have moved to ban it, but where it survives it converts transphobic panic into grounds for leniency.

Analyses of transgender homicides find the victims are overwhelmingly young trans women of color, and Black trans women most of all. In one study Black trans women accounted for 78.6% of the trans women killed (Halliwell et al., 2025). These counts are widely treated as undercounts, because victims are frequently misgendered and deadnamed in police and news records, which also makes their killings less likely to be solved (Lantz et al., 2025). That trans women of color bear the greatest share of this violence, and that their deaths are most often erased, is a reflection of what Gill-Peterson (2024) calls a "global trans panic," the same fusion of state and interpersonal violence that ran through colonial history, still operating today.

Section Key Terms

"Trans panic" defense | A legal strategy (not a formal law) in which a man who has assaulted or killed a trans woman argues that discovering she was trans so provoked him that he should be held less responsible.

Trans misogyny | Misogyny directed specifically at trans women, functioning as the policing and punishment of trans femininity for challenging patriarchal gender expectations.

10.5: Intimate Partner Violence

Intimate partner violence (IPV) is aggression towards someone by their current or former romantic or sexual partner. It can be physical, sexual, or psychological. Distinctive to some intimate partner violence, though, is **coercive control**. This is characterized by a pattern of intimidation, isolation, and domination that can occur even when physical violence is rare or absent.

Sociologist Michael Johnson (2008) argued that IPV takes several distinct forms. The most common he called **situational couple violence**, conflict that boils over into aggression (a shove, a slap, a thrown phone) without either partner trying to dominate the other. It is usually less frequent, less severe, less injurious, and roughly as likely to be initiated by either partner. A rarer and far more dangerous form he called **intimate terrorism**; violence embedded in an ongoing campaign of coercive control. Here, one partner uses fear, surveillance, and isolation to run the other's life. Intimate terrorism escalates, produces serious injury, and is overwhelmingly male-perpetrated (Johnson, 2008; Kelly & Johnson, 2008).

The two types explain why studies reach opposite conclusions. Studies that count discrete acts over a recent window, typically using a checklist like the Conflict Tactics Scale, find no gender differences (Straus, 2011). However, studies that instead capture coercive control, frequency, severity, fear, and injury find that men are far more likely to engage in such violence, and women are more likely to be the targets (Myhill, 2015). Measured across the life course rather than a single year, women are victimized younger, more often, and by more partners (Cunningham & Anderson, 2023), and they sustain more injuries, more fear, and more posttraumatic stress (Caldwell et al., 2012).

Coercive control is fundamentally about maintaining dominance inside the relationship, which connects directly to the precarious manhood research of Section 10.2. If manhood is a status that must be continually proven, then a partner's growing independence, even when it poses no actual threat, may be perceived as one. Consistent with this, the relationship features that most reliably distinguish intimate terrorism from ordinary conflict are controlling behavior, jealousy, a felt entitlement to power, and patriarchal beliefs (Love et al., 2020). And several studies find that women who out-earn their male partners are at great risk for abuse (Kaukinen, 2004; Atkinson et al., 2005). Increased income may give some survivors a greater ability to leave, but because coercive control is about keeping a partner from leaving, the moment she tries to is among the most dangerous of all. Separation, especially from a controlling partner, is one of the strongest predictors of intimate partner homicide (Campbell et al., 2003).

IPV occurs across all relationship types. Queer relationships show IPV at rates that equal or exceed those in straight relationships, with bisexual people at especially high risk (Edwards et al., 2015). Much of that violence, particularly against bisexual women, is committed by male partners, and it is fueled by biphobic stereotypes that cast bisexual people as promiscuous or untrustworthy. Those stereotypes feed a partner's jealousy, which is then used in coercive control (Coston, 2021; Dyar et al., 2019). Consistent with research from Section 10.4, transgender and nonbinary people are victimized at strikingly elevated levels. A meta-analysis found them roughly 1.7 times more likely than cisgender people to experience any IPV, with no meaningful difference by sex assigned at birth (Peitzmeier et al., 2020). Abuse in these relationships also takes identity-specific forms, such as threatening to out a partner, or misgendering them. These tactics take advantage of the surrounding culture's transphobia and make survivors even less likely to seek help (King et al., 2021; Peitzmeier et al., 2020). When survivors do reach for help, the systems meant to assist them are often built around cisgender, heterosexual women. Trans and queer survivors report shelters that exclude them, providers who lack relevant training, and a fear of being disbelieved, outed, or discriminated against (Calton et al., 2016; Messinger et al., 2022). Recognizing the gap in support for gender diverse survivors of IPV requires abandoning the older, cisnormative model that treated IPV as a purely heterosexual dynamic (Marrow et al., 2023).

Section Key Terms

Coercive control | A pattern of intimidation, isolation, and domination that can happen even when physical violence is rare or absent. It is the feature that most distinguishes the more dangerous forms of IPV.

Intimate partner violence (IPV) | Aggression committed against someone by a current or former romantic or sexual partner. It can be physical, sexual, or psychological.

Intimate terrorism | A rarer and far more dangerous form of IPV in which violence is embedded in an ongoing campaign of coercive control.

Situational couple violence | The more common form of IPV, in which conflict escalates into aggression without either partner

trying to dominate the other.

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10.6: Sexual Violence

Sexual violence is an umbrella term for any sexual act or attempt obtained without freely given consent. Within it, **sexual assault** refers broadly to any unwanted sexual contact, such as groping, fondling, or forced kissing, while **rape** refers specifically to nonconsensual penetration. In a legal sense, what counts as rape is defined narrowly and varies across jurisdictions. Some laws hinge on the use of force, others on the absence of consent, and some fold rape into a broader category of sexual assault or criminal sexual conduct (RAINN, n.d.).

Prevalence and Risk

Sexual violence is among the most underreported crimes (Wieberneit et al., 2024). In national data, more than one in five women in the United States has been raped in her lifetime, and close to half have experienced some other form of sexual violence, such as unwanted contact or sexual coercion (Breiding et al., 2014). Men are affected as well: more than one in six has experienced some form of contact sexual violence in his lifetime (Centers for Disease Control and Prevention, 2024). That risk varies by race, with Indigenous and multiracial women reporting the highest rates, and by disability, since women with disabilities are roughly two to three times more likely than those without disabilities to experience sexual violence (Basile et al., 2016; Ledingham et al., 2022). Immigrant women and refugees, especially those fleeing conflict, face elevated risk as well (Cayreyre et al., 2024).

Additionally, risk rises in particular settings. For example, male-dominated institutions organized around toughness and status, such as college fraternities, show both elevated rates of assault and pressure not to report (Mellins et al., 2017). The 2015 documentary *The Hunting Ground* drew national attention to this pattern, detailing how universities discouraged survivors from reporting in order to protect their own reputations (Dick, 2015). On college campuses, roughly one in four to one in five undergraduate women is sexually assaulted during her time as a student, most often when alcohol or drugs have left someone unable to consent, and rates are higher still for sexual and gender minority students, reaching around 38% among gender-nonconforming students (Mellins et al., 2017; see Section 10.4 for the broader picture of violence against trans people).

Who and Why

Alongside the question of who is victimized sits the question of who perpetrates, and why. One influential account is the **confluence model** of sexual aggression, which identifies two contributors (Malamuth et al., 1991, 2000). The first is hostile masculinity, a mix of adversarial, dominance-oriented attitudes toward women and a need to control them. The second is impersonal sexuality, a preference for casual, non-intimate sexual encounters. Men who are high on both are the most likely to perpetrate (Kohut & Fisher, 2024). The model ties sexual violence back to the models of manhood in Section 10.2, since the hostile, dominance-oriented masculinity it flags is the hegemonic masculinity this chapter has traced throughout.

One long-debated question is whether pornography belongs on this list of risk factors, and the evidence is mixed. A meta-analysis of general-population studies found that pornography consumption was correlated with committing sexual aggression. The correlation was stronger for verbal sexual aggression, such as coercion and pressure, than for physical sexual aggression, and stronger still when the pornography itself was violent (Wright et al., 2016). Yet a competing meta-analysis found no reliable link for nonviolent pornography, only a weak association for violent material, and noted that at the population level greater availability of pornography in general tracks with less sexual aggression, not more (Ferguson & Hartley, 2022). A recent systematic review likewise found that results vary widely from study to study and that it remains unclear whether pornography use causes sexual aggression (Mestre-Bach et al., 2024). Taken together, pornography looks like a weak risk factor that matters mainly for men who are already high in the confluence model's traits, such as hostile masculinity (Malamuth et al., 2000).

Rape Myths and Their Consequences

Much of what protects perpetrators is a set of **rape myths**, false but widely held beliefs about rape that shift blame from the person who committed the assault to the person who survived it (Burt, 1980; Suárez & Gadalla, 2010). The myths assume rape is perpetrated by a stranger in a dark alley, but most rapists are someone the victim knows, and people assign more blame on survivors when the assailant is an acquaintance than when he is a stranger (Persson & Dhingra, 2022). People who endorse these myths are less likely to believe survivors and more likely to reframe an assault as consensual sex or a simple misunderstanding (Klement et al., 2019). These myths also interact with racism and heterosexism, so survivors who are Black, queer, or otherwise

marginalized are judged more harshly still (Suárez & Gadalla, 2010).

Rape myth beliefs contribute to underreporting because most people whose experiences meet the legal definition of rape do not call it that, describing it instead as a miscommunication or a bad experience (Wilson & Miller, 2016). Only a minority of survivors ever report to the police or seek formal help (Zinzow et al., 2022). These beliefs also feed self-blame and a fear of not being believed, reducing likelihood of seeking support (Kennedy & Prock, 2018). Additionally, survivors may expect that reporting will change nothing given how rarely cases end in conviction (Orchowski et al., 2022; Wieberneit et al., 2024). Survivors who identify as men face an added layer, since myths hold that men cannot be raped or always want sex. Masculine norms that frame victimhood as weakness may increase men's feelings of shame or fear that their masculinity or sexuality will be doubted (Hlavka, 2017; Depraetere et al., 2020).

Rape Myths vs. the Evidence	
Rape myths are false but widely held beliefs that move blame from the person who committed an assault to the person who survived it. Below are some of the most common, set against what the research actually shows.	
The myth	The evidence
Rape is usually a stranger in a dark alley.	Most people are assaulted by someone they know, and observers assign <i>more</i> blame to the survivor when the assailant is an acquaintance than when he is a stranger (Persson & Dhingra, 2022).
If it were "real" rape, she would have reported it immediately.	Only a minority of survivors ever report to police, and most people whose experience meets the legal definition of rape do not call it rape, describing it as a miscommunication or a bad experience (Wilson & Miller, 2016; Zinzow et al., 2022).
False accusations are common.	Careful analyses put the rate of demonstrably false reports at roughly 2 to 10 percent, in line with false-report rates for other crimes (Lisak et al., 2010).
Men cannot be raped or always want sex.	More than one in six men reports contact sexual violence in his lifetime, and the myth itself adds shame and silence for male survivors (Centers for Disease Control and Prevention, 2024; Depraetere et al., 2020).
Most reported rapes end in punishment.	Across countries, only about 6 percent of reported rapes end in a conviction (Daly & Bouhours, 2010).

Getting support once someone does come forward can be just as hard. Services are unevenly available and often built around a narrow image of who a survivor is, so some groups are systematically underserved: survivors of color, immigrants, disabled survivors, sexual and gender minorities, and those living in poverty all encounter additional obstacles, from providers who lack relevant training to a justified distrust of institutions that have harmed their communities (Bach et al., 2021; Zinzow et al., 2022). For a survivor who holds several of these identities at once, the barriers compound.

Even when a rape is reported, most perpetrators face no consequences at all. Across countries, only about 6% of reported rapes end in a conviction (Daly & Bouhours, 2010). The criminal legal system is also racially patterned. Rape myths more heavily influence police decisions when the survivor is Black, making their cases more likely to be dropped (George, 2023). At the same time, Black men are overrepresented among people wrongfully convicted of sexual assault, whose cases show disproportionate

rates of official misconduct and mistaken identification (Mogavero et al., 2022). The same system, in other words, under-protects Black survivors and over-punishes Black defendants.

Section Key Terms

Confluence model | A model of sexual aggression proposing that the men most likely to perpetrate are those high on hostile masculinity and impersonal sexuality.

Rape | Nonconsensual sexual penetration.

Rape myths | False but widely held beliefs that shift blame from the person who committed the assault to the person who survived it

Sexual assault | Refers to any unwanted sexual contact, such as groping, fondling, or forced kissing.

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10.7: Explaining and Preventing Gender-Based Violence

This chapter has moved through several kinds of violence: the everyday aggression of Section 10.3, the killing of trans women, intimate partner violence, and sexual assault. While the types of violence certainly have distinct differences, it is important to recognize how we can understand these patterns psychologically. Part of that understanding comes from our review of precarious manhood throughout this chapter. Another way to organize it comes from Eli Finkel's **I³ model** (pronounced "I-cubed"; Finkel, 2007; Finkel & Hall, 2018), which shows how precarious manhood fits together with the chapter's other risk factors into a single account of how a violent act happens. The model holds that any aggressive act emerges from three forces. **Impellance** is the dispositions and belief systems that make violence more likely. **Instigation** is the situational trigger, the provocation or slight that prompts an urge to lash out. Finally, **inhibition** is the self-control that can keep the urge from becoming action. The model predicts that violence is most likely, and most severe, when instigation and impellance are strong and inhibition is weak. Although the I³ model describes aggression in general, this chapter uses it to make sense of men's violence in particular.

The I³ Model, as a Car

The I³ model can feel abstract on first contact, so picture a car.

Component	In the car	What it is	Examples from this chapter
Impellance	The engine's power	Dispositions and beliefs that raise readiness to aggress	Precarious-manhood beliefs (10.2); hostile sexism and social dominance orientation (10.3); hostile masculinity (10.6); a felt entitlement to control (10.5); masculine-honor beliefs (10.4)
Instigation	Foot on the gas	The situational trigger that sparks the urge	A partner's growing independence read as a challenge (10.5); an insult to a man's standing; the "discovery" behind a trans-panic attack (10.4); a woman walking away from a catcaller (10.3)
Inhibition	The brakes	Forces that override the urge	Weakened by alcohol (10.3, 10.6), rape myths and the "trans panic" defense (10.4, 10.6) lower the social cost that might otherwise inhibit violent behavior.

Nearly every finding in this chapter slots into one of the three. The instigators can be things like a partner's growing independence read as a challenge (Section 10.5), an insult to a man's standing, or the moment of discovery behind a "trans panic" attack (Section 10.4). The impelling forces are attitudes like precarious manhood beliefs, hostile sexism, social dominance orientation, rape myths, and a felt entitlement to control. These attitudes raise someone's readiness to be aggressive. Inhibition, meanwhile, can be decreased through common cultural practices or belief systems. Alcohol is the clearest example, present in most campus assaults and it physiologically reduces self-control, but rape myths and the "trans panic" defense can also lower the social cost of violence by providing an excuse.

The same pattern reappears at a societal level. If precarious manhood is an impelling belief, then the cultures that hold it most tightly should be the most dangerous for women. In an international survey spanning 60 countries, Upton and colleagues (2025) found that the more a society endorsed the idea that manhood is hard won and easily lost, the higher its rates of intimate partner violence and rape, and the weaker its legal protections for women. Therefore, the individual-level patterns of masculinity and threat from Section 10.2 appear to operate at the societal level too.

Prevention

Prevention efforts could focus on any of the three forces, and most campus programming has aimed at inhibition and the situation. The most widely adopted campus strategy is **bystander intervention** training, which teaches people to step in when they notice warning signs and does increase willingness to intervene (Jouriles et al., 2018). But the same alcohol that accompanies most campus assaults can make bystanders less likely to act (Wiseblatt et al., 2026). Because people intervene most readily for someone they already feel responsible for, approaches built around existing friendships, along with programs tailored to specific communities, show particular promise (Livingston et al., 2024; Gilmore et al., 2025). These friend-based programs have mostly been designed for and tested with college women learning to look out for their women friends in drinking situations, and gender-specific campus programs more broadly still tend to cast women as potential victims to be protected and men as bystanders or perpetrators (Kettrey et al., 2024). Effective prevention also depends on inclusive design, tailoring content to the specific people it aims to reach, since most programs have historically assumed a single straight, cisgender audience (Kirk-Provencher et al., 2023).

These approaches help, but they share a limit. Bystander and friend-based programs place much of the work of prevention on potential victims and the people around them. Ending sexual violence ultimately depends on changing the behavior of the people who commit it, which returns us to impellance, and to the questions about masculinity that have run through this chapter. Recall from Section 10.2 that the men who react least to a threat to their manhood are those who hold the rules loosely or reject them outright (Stanaland et al., 2023). Prevention therefore has to reach beyond the individual. Alongside teaching people to intervene, it means loosening the cultural definition of manhood that makes violence a way to prove something in the first place.

Deconstructing the man box and the harm it causes every body, male, female, and otherwise, begins with challenging that idea and offering, in its place, the reality of our actual bodies. To build equitable relationships and societies, to create a world free of unwanted violence, to tackle the masculinity crisis, we must first acknowledge how we each are failing, right now, to see the full spectrum of humanity in ourselves and in others.

- Thomas Page McBee, *Amateur: A Story About What Makes a Man* (2018)

Section Key Terms

Bystander intervention | A prevention approach that trains people to recognize warning signs of sexual assault and step in to stop it. It is the leading campus strategy, though its effectiveness is limited by alcohol and by programs that assume a single audience.

I³ model (I-cubed model) | A framework proposing that any aggressive act results from three forces: impellance, instigation, and inhibition.

Impellance | The dispositions, beliefs, and situational factors that strengthen the urge to aggress once it has been triggered.

Inhibition | The forces, such as self-control, empathy, or fear of consequences, that counteract the urge to aggress. It is weakened by factors like alcohol intoxication.

Instigation | The situational trigger, such as a provocation or perceived slight, that sparks an urge to aggress.

11: GENDER AND PHYSICAL HEALTH

Caution

A content note before we begin. This chapter discusses female genital mutilation, suicidality, and Racist medical abuse

"The systematic, institutionalized denial of reproductive freedom has uniquely marked Black women's history in America." -Dorothy Roberts, *Killing the Black Body* (1997)

11.1: Introduction and the Longevity Paradox

11.2: Individual Differences in Health

11.3: Sociopolitical Influences on Health

11.4: The Medicalization of Reproductive Health

11.5: Trans Women's Health and Gender-Affirming Care

11.6: Global Health Inequities and Women's Bodies

11.7: Major Physical Health Conditions Through a Gendered Lens

11.8: Conclusion

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11.1: Introduction and the Longevity Paradox

Dorothy Roberts, in the quote that begins this chapter, argues that the control of Black women's reproduction has been in the hands of the politically powerful for generations. Roberts demonstrates how the harms of institutionalized power dynamics are most severe for Black women. Each time this chapter introduces an apparently biological fact that affects women's health, the dual impacts of racism and sexism mean that Black women are often affected far more than women of other racial groups. For example, while pregnancy and childbirth can be fatal, maternal mortality is three times higher for Black women than it is for White women (Petersen et al., 2019). Breast and cervical cancer affect women in every racial group, but Black women die of them more often than White women, despite developing breast cancer less often to begin with (Giaquinto et al., 2024; Spencer et al., 2023). Finally, Black women live fewer years than White women, though still more than men (Arias et al., 2025), and more of those years in poor health (Bauldry et al., 2023).

The same conflict between living longer but also living in poor health holds for women as a whole, a contradiction known as the **morbidity-mortality paradox**, sometimes referred to as the longevity paradox. It is defined by two measures: **mortality**, the rate of death, and **morbidity**, the rate of illness and disability. Worldwide the female advantage in longevity is small but persistent, a gap of about four and a half years (World Health Organization, 2019). Zarulli and colleagues (2018) examined mortality during famines, epidemics, and slavery, some of the worst survival conditions ever recorded, and found that women outlived men *even then*. This is why many researchers believe that biology contributes something to the gap. Biology, though, is only part of the picture. The social factors this book emphasizes, gendered traits and norms and gendered and racialized power structures, account for far more of the difference.

Section Key Terms

Morbidity | The rate of illness or disability.

Morbidity-mortality paradox | The pattern in which women have higher morbidity but lower mortality than men.

Mortality | The rate of death.

11.2: Individual Differences in Health

Biology

Biology, traits, and behavior each explain part of the morbidity-mortality paradox. Biology is the most straightforward explanation, but its primary connection is to mortality, why women live longer in general. Women die at lower rates than men at nearly every age, across almost all causes. The notable exception to this is Alzheimer's disease, which kills more women than men, largely because women live long enough to reach the ages when it is most common (Austad & Fischer, 2016).

Researchers have proposed several reasons for women's longevity. The **telomeres** that cap and protect chromosomes appear to shorten more slowly in women than in men (Hägg & Jylhävä, 2021), and hormones are likely one reason. Estrogen can boost telomerase, the enzyme that rebuilds telomeres, and curb the oxidative stress that wears them down, though the evidence is still mixed. Women also carry two X chromosomes, so a harmful recessive mutation on one can be offset by the healthy copy on the other, while men have no such backup (Marañs et al., 2018). Estrogen is associated with lower cardiovascular risk before menopause. It helps maintain healthy blood vessels and cholesterol (Eskes & Haanen, 2007).

Finally, women mount stronger immune responses for two main reasons. The X chromosome carries many immune-related genes, so having two X chromosomes is associated with stronger immune activity. Estrogen also tends to heighten immune responses, while testosterone tends to dampen them (Calabrò et al., 2023). That same heightened immune activity also carries a cost, since women have markedly higher rates of autoimmune disease, which we will return to in Section 11.7.

It is important to note that the evidence for any single mechanism is limited at best, and no one factor explains the gap on its own (Austad & Fischer, 2016; Seifarth et al., 2012). Biological explanations have also historically been the default, and as a result the sociopolitical influences on health disparities, such as masculinity norms, poverty, and racism, were largely ignored (Saguy et al., 2021; Boulicault et al., 2025). The health gap between women and men is not fixed. It shifts across time and place as conditions change, which points to the behavioral and social influences the rest of the chapter addresses.

Behavior

Biology does much less to explain the other side of the paradox, morbidity, women's greater risk of nonfatal illness. Part of that is a matter of self-reporting. Women are more likely than men to notice and report symptoms (Barsky et al., 2001), and to bring them to a doctor, so some illness differences are about men going undiagnosed (Galdas et al., 2005). That gap is itself partly a product of masculine stoicism norms that discourage boys and men from admitting they feel unwell or in pain (MacLean et al., 2010). Women's longevity, and men's earlier deaths, also add a distortion. Because men die younger, a health survey of older adults reaches a hardier group of male survivors, who look healthier than the male population as a whole (di Lego et al., 2020; Crimmins et al., 2019). Even so, part of the morbidity gap is about women carrying more of the conditions that disable without killing quickly, such as low back pain, depression, and headache, while men die more often from immediately lethal causes such as heart attack and unintentional injuries like traffic accidents (Patwardhan et al., 2024).

Those injuries point to a broader pattern of risk. Across countries, men take more physical risks, smoke and drink more, and are slower to seek medical care, patterns tied to the same masculinity norms that cast needing help as weakness (Rice et al., 2021). Men are less likely than women to seek care for problems ranging from depression to addiction, and the barriers are bound up with traditional male gender roles (Camacho-Ruiz et al., 2024). Much of this follows from distress that goes untreated. When norms discourage men from naming depression or anxiety or seeking care for it, alcohol and drugs become a common form of self-medication (von Zimmermann et al., 2024). At its most destructive, this untreated distress contributes to the rising toll of suicide, alcohol, and drug-related deaths that fall disproportionately on men (González-Velastin et al., 2025).

Women's behavior tilts the other way. They take fewer fatal risks and use more preventive care, which protects them on mortality, while the caregiving load and self-neglect that often come with an other-focused role add to their nonfatal illness (the second shift, Chapter 6; emotion work and mental load, Chapter 9).

Traits

Gendered behavior norms stem from gendered trait prescriptions. Recall from Chapter 5 the two trait dimensions that organize gender stereotypes. Communion reflects the warmth and nurturance stereotypically ascribed to women, and agency the assertiveness and achievement stereotypically ascribed to men (Eagly & Wood, 2012). When either trait dimension is left unchecked by the other, it becomes unhealthy. Helgeson and Fritz characterize **unmitigated agency** as an extreme focus on the self at the expense of others, connected to an inflated self-view and a dismissive opinion of other people. **Unmitigated communion**, by contrast, is a focus on others that comes at the expense of the self. It is tied to low self-esteem and a habit of subordinating one's own needs to everyone else's (Helgeson & Fritz, 1999).

Both of these forms predict worse health, for different reasons. The self-focus of unmitigated agency is a matter of self-reliance, dominance, and achievement, not self-care. So, it shows up as risk-taking, interpersonal conflict, and a reluctance to ask for help when needed. Unmitigated communion is tied to self-neglect, overinvolvement in other people's problems, and difficulty accepting support (Fritz & Helgeson, 1998; Helgeson & Fritz, 2000). Highly sex-typed socialization sets up these costs. Boys are praised for toughness and risk-taking and punished for showing vulnerability, while girls are rewarded for caretaking and humility. Because these traits and behaviors are learned, they point past the individual to the conditions people live in.

Section Key Terms

Telomeres | Protective caps on the ends of chromosomes that shorten with cell division.

Unmitigated agency | A focus on the self to the exclusion of others, linked to poor health behavior and weak social ties.

Unmitigated communion | A focus on others to the neglect of the self, linked to self-neglect and difficulty accepting support.

11.3: Sociopolitical Influences on Health

Social Determinants of Health

How long and how well a person lives is heavily influenced by social and environmental factors. Socioeconomic status (SES), a composite of income, education, and occupation, works like a ladder, with health improving at every rung from the bottom to the top. People toward the bottom fall ill earlier and die younger, a pattern consistent across every country studied (Marmot, 2005; Mackenbach et al., 2008). Lower SES usually means thinner insurance coverage and lower-quality care. It also tends to come with a neighborhood shaped by disinvestment, the long withdrawal of private and public money from a place. In practice that looks like underfunded schools, sparse public transit, shuttered clinics, and little upkeep, alongside more pollution, fewer grocery stores, and more fast food.

Disinvested neighborhoods are often less safe as well. When housing is precarious and people are pushed out by eviction, rising rent, or the search for work, the resulting instability leaves little time for neighborly relationships to form (Sampson et al., 1997). And when violence results, it is neighborhood residents who suffer most from it. Exposure to violence, with the constant vigilance and disrupted sleep it brings, is linked to worse physical health (Won et al., 2016). Policing tends to add to this burden. Heavily policed communities carry the health costs of police violence and surveillance, from injury and death to the chronic stress of being treated as a suspect (Alang et al., 2017). Investing in the community itself can reduce violence at lower cost and without those harms. Remediating blighted vacant lots, for instance, cut gun violence by nearly a third in a randomized trial (Branas et al., 2018).

Additionally, women are more likely than men to be poor in the first place. This is a global pattern called the **feminization of poverty** (Rani & Lule, 2004; McLanahan & Kelly, 2006). Unpaid caregiving pulls women into fewer paid hours, or out of paid work entirely, which lowers lifetime earnings. Furthermore, when women are paid for their work, they are paid less than men for the same work (the gender wage gap, Chapter 6). And single-parent households, most of them headed by women (in the United States, mothers head roughly three-quarters of them; U.S. Census Bureau, 2023), run on a single income that is already lower.

Higher status also does not protect everyone equally. A degree or a raise that can move someone up the SES ladder does little to shield minoritized groups from the everyday racism and sexism of microaggressions. Recall that these are the subtle slights introduced in Chapter 6 (e.g., being followed in a store, talked over in a meeting). None of these is large on its own, and while painful, they are also easy to second-guess or dismiss. Yet they are persistent, and the stress they create builds up. This is the core of **minority stress theory**. The chronic stress of stigma, vigilance, and unfair treatment raises the risk of illness over and above any socioeconomic disadvantage (Meyer, 2003). Left to accumulate, that stress leaves a physical marker called **allostatic load**. The human stress response cycle is designed to spike in a crisis *and then subside*. When the threat never truly lets up and the response is triggered so routinely that it cannot fully reset, the body is never allowed to stand down. Years spent running in that state wear out systems across the body, like an athlete overtraining, keeping blood pressure elevated and stress hormones high until the cardiovascular, metabolic, and immune systems show the damage.

Because racism means more frequent and more sustained stress, allostatic load tends to run higher and climb earlier for Black Americans than for White Americans. This pattern, referred to as **weathering** (Geronimus, 1996), has been tied to outcomes ranging from low birthweight to shortened telomeres and accelerated biological aging (Geronimus et al., 2010; Forde et al., 2019). It also shows up as higher allostatic-load scores for Black Americans across the lifespan (Geronimus et al., 2006; Rodriguez et al., 2019). The clearest sign that this is about racism and not just poverty is that moving up the SES ladder does not protect Black women the way it protects White women. For example, a Black woman with at least some college education still has worse pregnancy outcomes than a White woman who never finished high school (Petersen et al., 2019). The same minority stress reaches sexual and gender minority people, who carry higher odds of chronic conditions such as asthma, diabetes, hypertension, and cardiovascular disease (Flentje et al., 2025; Pinnamaneni et al., 2022).

Systems of Discrimination

Consider Serena Williams, one of the greatest athletes in history, and a Black woman. She holds 23 Grand Slam singles titles, the most of any woman in the Open Era, and is globally famous and immensely wealthy. In 2017, the day after an emergency cesarean, she grew short of breath and recognized the signs of the blood clots she had suffered once before. She told a nurse she needed a CT scan and a blood thinner right away. The response was that her pain medication was probably making her confused. Staff ran

an ultrasound of her legs first, and only after it came back clear did they order the CT scan she had asked for, which found several clots in her lungs (Williams, 2022). She knew exactly what was happening in her body, yet she still had to push to be believed.

Williams' wealth and fame did not change how she was treated. Discrimination is built into the way institutions operate, into their policies and everyday practices, what is called **institutional racism**. Health care is a clear example. A systematic review found implicit racial bias to be common among healthcare professionals and tied to poorer quality of care (FitzGerald & Hurst, 2017). Patients of color are more likely to have their symptoms doubted and their pain undertreated. In one well-known study, medical students and residents who endorsed false beliefs about biological differences between Black and White patients, such as the idea that Black people have thicker skin or less sensitive nerve endings, went on to rate Black patients' pain as lower and recommended less adequate treatment (Hoffman et al., 2016). Maternal care in particular is a strong example, as evidenced in Serena Williams' experience. The gap in maternal mortality between Black and White women reflects the care women receive more than any difference in the women themselves. Black women report being ignored and disrespected during childbirth at markedly higher rates than White women (Vedam et al., 2019), a pattern that researchers call obstetric racism (Davis, 2019). The chronic social stress traced in the last section leaves bodies more vulnerable, and the healthcare system treats that vulnerability with worse care.

Furthermore, the healthcare system was originally built around cisnormative assumptions that do not fit gender and sexual minorities (Tan et al., 2020). These assumptions show up in defaults like intake forms with only two boxes for sex/gender, confusion over names, asking a trans woman if she might be pregnant, and the exam room organized around a body the patient may not have.

Trans women carry one of the highest likelihoods of contracting HIV of any group in the world (Baral et al., 2013), for reasons that are overwhelmingly structural. Hiring discrimination pushes some toward survival sex work, criminalization keeps many from testing, and a history of hostile care teaches trans women to avoid clinics (Poteat et al., 2014). The full epidemiology belongs to Section 11.7; the point here is that the same forces govern ordinary preventive care. Whether a trans woman is screened, vaccinated, or seen at all tracks the stigma she faces and the policy climate she lives in (Degtiar et al., 2025). In states with hostile policies, fewer clinicians are trained to care for trans patients, and the expectation of mistreatment keeps many from booking an appointment at all, so the same person can be routinely screened in one state and go without in another. About a quarter of transgender adults report avoiding health care because they expect to be mistreated (Kcomt et al., 2020). This differs from the masculine reluctance to seek care in Section 11.2. While that was a disposition driven by gendered norms, trans women avoiding healthcare is a response to a documented history of discrimination. **Healthcare stereotype threat**, the fear of being judged through identity-based stereotypes in a medical setting, predicts both lacking a regular provider and worse health (LeBlanc et al., 2024).

Research Highlight: When the State Shapes the Body (Degtiar et al., 2025)

Degtiar and colleagues compared preventive-care use between transgender and cisgender adults across ten U.S. states, five with gender-affirming policy climates (California, Illinois, Maryland, New York, and Washington) and five with gender-nonaffirming ones (Idaho, Indiana, Louisiana, Tennessee, and Texas). The survey tracked several kinds of preventive care services: annual wellness visits, having a primary-care provider, flu vaccination, and screening for HIV, diabetes, and cervical cancer. On every one, transgender adults were less likely than cisgender adults to get the service, and that shortfall was wider in the non-affirming states than in the affirming ones. A second analysis, using Medicaid insurance claims, showed a weaker and less consistent pattern, most likely because it identified transgender enrollees a different way, through a gender-related diagnosis code as opposed to self-report, and captured only low-income Medicaid patients. The authors conclude that moving toward gender-affirming state policies could narrow these gaps and improve access.

Nonbinary people assigned female at birth are a different case. While trans women receive most of the clinical and research attention paid to transgender health, nonbinary people assigned female at birth tend to encounter a system that doesn't see them at all. This starts with the research itself, where nonbinary people are frequently folded into "transgender" samples too small to analyze on their own (Reisner & Hughto, 2019). Gynecology and breast screening are often housed in care built for patients who identify as women, so a nonbinary person assigned female at birth may have the anatomy that the screening is meant for and still be treated as an exception to who the system expects. Someone who needs a Pap smear or a mammogram may have to seek it inside a system labeled "women's health," sit in a waiting room whose signage, art, and magazines all signal the space is for women, and correct a provider who has already assumed how they identify (Gomez et al., 2021). Each of those frictions is a small reason to postpone. Because cervical and breast cancers are far more survivable when caught early, a skipped Pap

smear or mammogram can turn into a later, harder-to-treat diagnosis. Consistent with that, nonbinary people assigned female at birth report lower rates of routine wellness visits than binary transgender adults (Reisner & Hughto, 2019). And genderqueer and nonbinary people consistently report worse self-rated health than their binary transgender peers (Burgwal et al., 2019; Lefevor et al., 2019; Scandurra et al., 2019). Part of that is due to recognition. A binary trans man or trans woman can be legible within a culture that understands two genders. Someone outside that binary may need to explain their existence before they can be seen and treated appropriately.

Together, these findings focus on health disparities in the structures and practices people have to interact with. The next section turns to how medicine itself has defined and managed women's reproductive bodies, including the long control of Black women's fertility.

Section Key Terms

Allostatic load | The cumulative physiological burden of chronic stress across body systems.

Feminization of poverty | The global tendency for women to face disproportionate poverty.

Healthcare stereotype threat | The fear of being judged through identity-based stereotypes in medical settings.

Institutional (structural) racism | Discrimination embedded in the policies and practices of institutions.

Minority stress theory | The idea that chronic stress from stigma increases vulnerability to illness.

Socioeconomic status (SES) | A composite of income, education, and occupation.

Weathering | The earlier and heavier accumulation of allostatic load in groups exposed to sustained discrimination.

11.4: The Medicalization of Reproductive Health

Medicalization is the process by which ordinary human experiences are redefined as medical problems, and women's reproductive functioning has been a recurring target. Over the twentieth century, birth moved out of the home and away from midwives into hospitals under obstetric management, and routine intervention became the norm. One marker is the **cesarean section (C-section; surgical delivery of a baby through abdomen)** rate, which has climbed worldwide from about 7 percent in 1990 to roughly 21 percent today, well above the 10 to 15 percent the World Health Organization associates with the best outcomes, and it is projected to keep rising (Angolile et al., 2023). To be clear, C-sections and other interventions do save lives when they are medically indicated. Some of the rise reflects real changes in who gives birth, as mothers are older and heavier on average and more have had a prior cesarean (de Vries et al., 2021). But much of it does not track medical need. Private hospitals perform far more cesareans than public ones serving similar women, rates shift when the fees paid to doctors change, and both fear of a lawsuit and the convenience of a scheduled delivery push toward surgery (Ojong et al., 2026; Opiyo et al., 2020). A cesarean is also self-perpetuating, since one surgery commits most women to the same surgery in every later birth (Grantz et al., 2025). The concern is their routine use in low-risk births, where they can add harm without benefit. For low-risk pregnancies, a meta-analysis of 1.4 million births found that midwife-led care produced fewer C-sections, instrumental deliveries, epidurals, and episiotomies, with shorter hospital stays and maternal and newborn outcomes that were comparable or better (Sriram et al., 2024), a pattern that holds even in randomized trials, which balance risk between the groups (Sandall et al., 2024). For a low-risk pregnancy, more medical management does not reliably produce a safer birth.

For Black women, obstetrics has a far more disturbing history. Recall from Section 11.3 that even today Black women's pain and experiences are routinely dismissed and as a result, they die of pregnancy-related causes far more often. That racist approach to Black women's reproductive bodies is what this chapter's epigraph highlights, but it is not limited to modern times. The control of Black women's reproduction has a long and documented history in the United States. Under slavery, enslaved women's fertility was treated as the property of slaveholders, and their capacity to bear children was turned into a source of profit (Adekunle, 2025; Prather et al., 2018). In the 1840s the physician J. Marion Sims, later celebrated as a father of American gynecology, developed his surgical techniques by operating repeatedly on enslaved women without anesthesia, on the racist premise that Black patients did not feel pain the way white patients did (Hill, 2020). Three of these women are known to us by name, Anarcha, Lucy, and Betsey. They are now honored in the Mothers of Gynecology monument, a sculpture created by the artist and activist Michelle Browder and unveiled in Montgomery, Alabama, in 2021, which works to return identity to women whom nineteenth-century medicine recorded only as experimental subjects. In the twentieth century the aim shifted from compelling reproduction to preventing it, as eugenic and coerced sterilization programs disproportionately targeted Black women. The practice was common enough in parts of the South to earn the grim nickname "Mississippi appendectomy," and the voting-rights organizer Fannie Lou Hamer was among those sterilized without her consent (Smaw, 2021). This history helps put into context the medical mistrust many Black women carry into the healthcare system today (Adekunle, 2025; Prather et al., 2018).

Control of women's bodies does not always take such horrific forms. The medicalization of premenstrual symptoms is a smaller-scale example. The 2013 addition of **premenstrual dysphoric disorder (PMDD)** to the DSM-5 was controversial (Schroll et al., 2022). For some, a formal diagnosis validates genuine, sometimes debilitating suffering and unlocks access to treatment. PMDD is actually quite narrowly defined. It requires several severe mood and physical symptoms, confirmed by tracking across two cycles, that cause genuine functional impairment akin to major depression. By that standard it affects only a small minority, roughly 2 to 6 percent of menstruating people (Reilly et al., 2024). Relax the criteria and estimated prevalence can climb toward 20 percent, folding ordinary premenstrual experience into a disorder (Cirillo et al., 2014). The fear is that treating the ordinary cycle as a disorder frames women's bodies as chronically dysfunctional, feeds the old stereotype of the premenstrual woman as irrational and unfit to lead, and erases the neutral or positive changes many women report across the cycle (King & Ussher, 2013). Against the strict diagnosis, however, that worry about pathologizing the cycle has much less force. Whether fear is justified comes down to where medicine draws that line, and who is served by drawing it narrowly. The same medical authority to define a normal process, and to flag departures from it as disorders, shapes the care available to trans women.

Section Key Terms

Medicalization | Redefining normal experiences as medical conditions.

Premenstrual dysphoric disorder (PMDD) | A contested DSM-5 diagnosis.

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11.5: Trans Women's Health and Gender-Affirming Care

Trans women develop high blood pressure and diabetes, need vaccines and flu shots, break bones, catch infections, and require cancer screening, the same ordinary medical needs as anyone. But for many trans women, their healthcare providers must also be able to address elements of gender related to health. **Gender-affirming care** is the social, hormonal, and surgical steps that bring the body into closer alignment with gender identity. Not everyone pursues all of these steps, or any of them. This section covers the physical and medical side; the mental-health benefits and the body-image material are treated in Chapter 12. While the evidence base is developing, a WHO-commissioned systematic review of outcome studies found that gender-affirming care improves quality of life, use of health services, and mental health (Cooney et al., 2025). Notably, access to gender-affirming hormones is also associated with lower rates of suicidal thoughts and attempts (Green et al., 2021). This finding matters especially here because transgender people report some of the highest suicide-attempt rates of any group, roughly 40 percent over a lifetime, compared with a few percent in the general population (Kidd et al., 2023). Access to gender-affirming care meaningfully lowers that risk. In one large study, transgender and nonbinary youth who wanted gender-affirming hormones but had not received them were about one and a half times as likely to have attempted suicide in the past year as those who had (Green et al., 2021). Still, care does not erase the gap. This is because the elevated risk is not solely about lack of access to healthcare, it is also driven by external stressors like discrimination, rejection, and violence that trans people are more likely to experience (Bränström et al., 2022).

Standards of Care

The care described in this section is organized around published standards. The most influential are the **Standards of Care (SOC)** of the World Professional Association for Transgender Health (WPATH), now in their eighth version, or SOC-8, alongside the Endocrine Society's clinical practice guideline, which focuses specifically on how hormones are prescribed, dosed, and monitored (Coleman et al., 2022; Hembree et al., 2017). Both draw on systematic evidence reviews and expert consensus. SOC-8 covers the full range of trans health care, from hormones and surgery to primary, sexual, and reproductive care. It organizes each recommendation around a person's own goals rather than a single sequence every patient must follow. For example, one trans woman may want estrogen and facial feminization but no genital surgery; another may want social transition and voice therapy only; another may want surgery without a long prior hormone course. This process recognizes that not everyone experiences dysphoria about the same features, it avoids pushing people toward interventions they do not want, and it makes room for nonbinary people who want only some changes. In older models, access to care was tightly controlled by clinicians, who had to evaluate, diagnose, and sign off on every patient before care could begin. Established guidelines have now moved toward an informed-consent approach, in which a capable adult, who understands the benefits and risks, can start hormone therapy without a separate psychiatric assessment. However, the extent to which healthcare systems, from insurance companies, to hospitals, and individual providers follow or are even aware of these guidelines is highly variable (Puckett et al., 2017).

Trans Children and Teens

This informed-consent model applies to *adults only*. For minors, SOC-8 keeps a more traditional pathway: comprehensive multidisciplinary assessment, parental involvement, and treatments introduced in stages (Coleman et al., 2022). This cautious and gradual, multi-step reality is often lost in public debate, where sociopolitical rhetoric can suggest that children walk into a gender clinic and leave with a prescription for hormones and an appointment for genital surgery. In reality, prepubertal children receive only social support and no medical interventions. Chapter 3 introduced puberty blockers as a reversible pause on puberty changes, with broad endorsement from established medical guidelines and a strong safety record. Here the focus is on how the care pathway actually works, and how sharply it differs for adults and minors.

Just before puberty begins, hormone blockers may be suggested as an option. Such treatment is discussed with the child's doctor, their parent(s)/guardian(s), and their therapists. Therapists treating children exploring their gender identity assess the presence and persistence of gender incongruence, the young person's emotional and cognitive maturity to take part in the decision, their understanding of what the treatment involves and its possible effects on future fertility, and any co-occurring mental-health concerns that may need support. They then document in the medical record that the adolescent meets the diagnostic criteria, has the capacity to give informed assent, and is an appropriate candidate to begin puberty suppression (Coleman et al., 2022). Blockers are not prescribed until an adolescent has reached Tanner stage 2, the first physical signs of puberty (see Chapter 3). Because puberty is a key window for building bone and blockers pause that process, care includes a baseline bone-density scan and monitoring throughout, and keeps blocker use time-limited, typically from around Tanner stage 2 to about

age 16. Bone density dips during blocker use and rises again once gender-affirming hormones begin, largely recovering, though clinicians watch estrogen dosing in trans girls to support it (Schagen et al., 2020; Cancia et al., 2024; van der Loos et al., 2023). Transdermal estradiol may present an option here. Because it carries less clotting risk than pills, it could let clinicians use the higher doses that support bone without the added risk, though this method remains understudied in trans girls (Zucker et al., 2021; Boogers et al., 2023).

Gender-affirming genital surgery is *extremely* rare in minors and, under standard guidelines, is reserved for adulthood and is not a routine part of youth care (Turban et al., 2021). In a national database spanning four years, only a single minor underwent an external genital procedure, a transmasculine surgery (vaginectomy), alongside a handful of internal reproductive surgeries, also in transmasculine adolescents near the age of majority (Hassan et al., 2023). You may recall from Chapter 3, however, that genital surgery is still routinely performed on intersex infants to make their bodies conform to the sex binary.

Sidebar: Forced on Infants, Banned for Teens

The laws around genital surgery, in what they permit and forbid, reveal how firmly the sex binary still holds over society and its institutions. Every US state that has restricted gender-affirming care for transgender minors has written in an exception permitting comparable hormonal and surgical interventions when they are performed on intersex children (Mar et al., 2025). As of 2026, that is 27 states (KFF, 2026). So, in the same state, a transgender 16-year-old can be barred from hormones that she, her parents, and her doctors all want, while a surgeon may legally operate on the genitals of an intersex infant who cannot even assent the way a teen can, let alone consent. For a child born intersex, the law permits invasive, nonconsensual surgery and hormone treatment, sometimes lifelong, that keep the body conforming to its assigned sex. For a teenager who can assent, the law bans the blockers and hormones that would let them cross, or live outside, that same binary.

Hormone Therapy

For trans women, the most common medical component is **feminizing hormone therapy**, usually estrogen (most often 17-beta-estradiol) combined with a medication that suppresses testosterone. It produces breast development, a softer skin texture, fat redistribution, and reduced body hair. While hormone replacement therapy (whether prescribed for gender transition or for menopausal cis gender women) always comes with some increased clotting risks, a meta-analysis put the pooled rate near 2 percent, concentrated among older people and those on therapy longer, and close to zero among young, healthy people on short courses (Totaro et al., 2021). Older research that had shown much higher clot risk came largely from a specific synthetic estrogen, ethinyl estradiol, and from oral dosing generally. Modern estradiol, especially the transdermal patch, carries far less clotting risk (Goldstein et al., 2019; Zucker et al., 2021). Finally, while older research had suggested some cardiovascular risk, a large Dutch cohort that adjusted for socioeconomic status found that trans women on hormone therapy had *lower* heart-attack risk and only an elevated clot risk compared with cisgender men, which suggests that earlier warnings of broad cardiovascular harm were overstated (van Zijverden et al., 2025; see Section 11.7).

Surgery

Some trans women also pursue surgery, including orchiectomy (removal of testes), vaginoplasty, breast augmentation, facial feminization, and voice procedures, though many do not. For a lot of trans women, social transition and hormones bring enough alignment, and surgery carries cost, recovery, and fertility trade-offs they may not want. Additionally, genitals are not necessarily the source of someone's gender dysphoria (Puckett et al., 2017). Surgeons once routinely stopped hormone therapy before surgery to avoid clots, but recent cohorts find that continuing modern hormone therapy through the procedure does not raise clot risk, so practice is shifting toward continuity and shared decision-making (Kozato et al., 2021). Post-surgically, ongoing care follows an **organ-inventory** logic. For example, a trans woman typically keeps her prostate and, on estrogen, develops breast tissue, so things like cancer screening are based on the organs a person has and not on gender identity (see Section 11.7).

Even as the standards in general have moved toward informed consent, to access gender-affirming surgery insurers and many clinics still require assessments, letters, or referrals, so in practice trans people continue to meet cost and insurance barriers, a shortage of trained providers, long assessment and gatekeeping processes, and wide geographic variability in whether good care exists at all, which impact rural areas most heavily (Puckett et al., 2017; Akre et al., 2024; MacDougall et al., 2023). When formal care is out of reach, obtaining hormones without a prescription is common, and it concentrates among the most marginalized,

including trans women who are unhoused, uninsured, or engaged in sex work (Olansky et al., 2024). Without lab monitoring, self-sourced regimens can be less safe and less effective at reaching target hormone levels (Salakphet et al., 2022), though some trans people frame do-it-yourself hormones as harm reduction when the medical system has failed them (August-Rae et al., 2024).

The model just described is a largely Western, medicalized one, and practice varies widely elsewhere. Most European countries still require a psychiatric diagnosis rather than treating gender as self-determination (Breckenkamp et al., 2022), while across much of Latin America and Africa many trans women, including the travesti communities profiled in the Spotlight, reach care through informal, peer-based, or self-managed routes (Gonçalves et al., 2026; Jessani et al., 2024). What counts as care, and who can reach it, is not the same everywhere.

Spotlight: Travesti

Travesti is a feminine gender identity specific to Latin America, most visible in Brazil and Argentina. Many travestis claim it as a distinct political identity, one reclaimed from a slur into a marker of community and resistance (Pierce, 2020). Travestis are among the most marginalized people in the region, with high rates of poverty, sex work, violence, and HIV, and correspondingly poor health (Ferreira et al., 2019; Coelho et al., 2025). Excluded from or mistreated by formal medicine, many access care outside it, obtaining hormones without prescriptions and sometimes industrial silicone injected by lay practitioners, following health pathways shaped by community knowledge (Carrara et al., 2019). Most travestis are poor and disproportionately people of color, and many are pushed into sex work by exclusion from school and formal jobs. It is these overlapping disadvantages of gender, race, and class that negatively affect access to safe care (Coelho et al., 2025).

Section Key Terms

Feminizing hormone therapy | Estrogen, usually with a testosterone suppressant, used to develop feminine secondary sex characteristics; its main documented physical risk is venous thromboembolism, which modern regimens have reduced.

Gender-affirming care | The social, hormonal, and surgical steps that align the body with a person's gender identity.

Organ-inventory screening | Basing cancer screening on the organs a person has.

WPATH Standards of Care (SOC) | The leading international clinical guidelines for the health of transgender and gender-diverse people, published by the World Professional Association for Transgender Health and now in their eighth edition (SOC-8).

11.6: Global Health Inequities and Women's Bodies

Outside the US, women's healthcare is shaped in part by how families ration scarce resources. In some regions, especially parts of South and East Asia, that process favors sons. In families organized around the male line, sons inherit, carry the family name, and support parents in old age, while daughters marry out and join their husband's household, and where dowry is customary, they are costly to raise (Das Gupta et al., 2003). Treated as the better investment, sons in these settings can receive food and medical care before daughters. Across 66 developing countries, stronger son preference tracks measurable gaps in girls' height and weight (Le et al., 2022), and in South Asia girls are less likely to be fully immunized or taken for medical treatment (Zaidi, 2022). These everyday disparities accumulate into excess female child mortality. Beyond the household, maternal mortality climbs wherever prenatal care is scarce, so that pregnancy and childbirth remain among the leading causes of death for women in much of the world.

One practice draws particular attention, **female genital mutilation/cutting (FGM/C)**, the partial or total removal of the external female genitalia for non-medical reasons. The terminology itself is contested, with human-rights advocates favoring "mutilation" and many activists and survivors preferring "cutting" to reduce backlash in communities where change is needed. Roughly 200 million women and girls alive today have undergone FGM/C, with prevalence near 37 percent among women aged 15 to 49 in the countries where it is concentrated, across parts of Africa, the Eastern Mediterranean, and Southeast Asia, and persisting in diaspora communities (Farouki et al., 2022). It is declining in most countries with repeated surveys, especially among the youngest cohorts (Batyra et al., 2020). Its harms are well documented, roughly doubling the odds of painful intercourse, perineal tears, prolonged labor, and episiotomy, while reducing sexual pleasure and increasing infection risk (Lurie et al., 2020). FGM/C is tied to social and religious norms, and cultural beliefs about marriageability. Effective efforts to reduce the practice are led by communities and survivors themselves (Zihan et al., 2025).

Section Key Terms

Female genital mutilation/cutting (FGM/C) | The partial or total removal of the external female genitalia (clitoris, or clitoris and labia), infibulation, or other injury to the female genital organs, for non-medical reasons.

11.7: Major Physical Health Conditions Through a Gendered Lens

Cardiovascular Disease

Cardiovascular disease is the leading cause of death for women and men alike. However, it is underdiagnosed and undertreated in women, who receive fewer diagnostic tests, fewer interventions, and less guideline-directed medication (Al Hamid et al., 2024). Women more often have disease in the small vessels of the heart, which coronary angiography, the standard test, can miss because it is built to find large-vessel blockages that are more typical in men (El Bassiri et al., 2025; St. Pierre et al., 2022). Additionally, women's symptoms more often include nausea, breathlessness, or pain in the back or jaw. Compared to the "standard male" template these are more frequently dismissed, even though chest pain remains the most common symptom in both sexes (van Oosterhout et al., 2020).

Cancer

Cancer shows a somewhat similar pattern. Black women develop breast cancer slightly less often than White women yet die of it about 40 percent more often, with lower survival within every tumor subtype (Giaquinto et al., 2024). Breast cancers are classified by the receptors they carry, and Black women have both more of the aggressive type and worse survival even within the same subtype. Much of the mortality gap comes after detection, from later-stage diagnosis and less timely, guideline-concordant treatment. And, in terms of cervical cancer, Black women are screened by Pap testing at rates similar to or higher than White women, so that disparity is again about follow-up after an abnormal result, and treatment (Spencer et al., 2023).

Cancer screening for trans women follows the organ-inventory logic. Men can develop breast cancer too, just rarely, because risk rises with the amount of breast tissue and estrogen exposure a person has. Feminizing hormone therapy gives a trans woman both, so her breast cancer risk climbs above a cisgender man's, but because that exposure is shorter and lower than a cisgender woman's lifetime of it, her risk stays below a cisgender woman's (de Blok et al., 2019). She also keeps her prostate, since genital surgery does not remove it, so prostate cancer remains possible and screening continues. The usual prostate-specific antigen (PSA) blood test can be tricky here though. The prostate makes PSA through testosterone, and because feminizing therapy suppresses testosterone, PSA runs low, so a normal-looking result can be falsely reassuring and the standard thresholds do not apply (Berner et al., 2024).

HIV/AIDS

HIV is far more common among trans women than in the general population. Pooled prevalence worldwide is near 20 percent (Stutterheim et al., 2021), about 14 percent laboratory-confirmed in the United States and far higher among Black trans women (Becasen et al., 2018). As Section 11.3 mentioned, many of the roots are structural, and the disparity is exacerbated through care access issues. The viral suppression drugs taken to treat HIV involve continuous treatment and daily medication. Black trans women, facing poverty, unstable housing, insurance gaps and discrimination, have a much harder time accessing treatment (Klein et al., 2020).

Autoimmune Disease

Finally, autoimmune disease sits on the morbidity side of the longevity paradox from Section 11.2. Women make up roughly 80 percent of people with autoimmune conditions such as lupus, multiple sclerosis, rheumatoid arthritis, and autoimmune thyroid disease. This is the flip side of women's stronger immune defenses. Every cell in a woman's body normally silences most of one of its two X chromosomes, which keeps her dose of X-linked genes close to that of someone with a single X. A few genes escape that silencing and stay active on both X chromosomes, and several of them help run the immune system. Support for this idea comes from lupus, where women are affected roughly nine times as often as men. However, men born with an extra X chromosome (XXY-Klinefelter's, see Chapter 3) develop lupus at close to the female rate, and the risk rises and falls with the number of X chromosomes a person carries (Vieira et al., 2024). Women on average, therefore, carry a higher working dose of these immune genes than men, which heightens immune response to infection but also raises the odds that the immune system turns on the

body's own tissue (Forsyth et al., 2024; Youness et al., 2021).

Estrogen does add to this effect, however. Because immune cells carry estrogen receptors, the hormone acts on them directly, and at the levels typical in women it increases antibody production and allows some self-targeting immune cells to survive and mature instead of being cleared. This is part of why many autoimmune diseases first appear during the reproductive years and change in severity with pregnancy and menopause (Moulton, 2018).

11.8: Conclusion

This chapter has reviewed how physical health is shaped by biology and social forces. Women outlive men on average yet spend more of those years in poor health. That pattern is due in part to a medical system that has a long history of discriminatory practices. Where and how a person is positioned by gender, race, and access to care shapes not only how long they live but how well, and closing these gaps depends as much on changing medicine and policy as on understanding the underlying biology.

12: GENDER AND MENTAL HEALTH

Caution

A content note before we begin. This chapter discusses extreme psychological distress, trauma, and disorder

12.1: Introduction

12.2: Two Directions of Distress - Internalizing and Externalizing

12.3: Eating Disorders, Objectification, and Body Image

12.4: Sexual and Gender Minority Mental Health

12.5: Help-Seeking, Treatment, and Barriers

12.6: Happiness and Well-Being

12.7: Conclusion

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12.1: Introduction

The oldest claim in the psychology of women's mental health is that women are the more fragile sex. In the nineteenth century women judged too emotional or too defiant could be committed to asylums under diagnoses like hysteria, which were applied almost entirely to them. At the Salpêtrière hospital in Paris, the neurologist Jean-Martin Charcot made a public spectacle of one such patient, Blanche Wittmann, presenting her "hysterical" episodes to halls of male physicians (Figure 12.1; Hustvedt, 2011).

Skip ahead to modern times. Two students hit the same wall of challenging courses in the same hard semester. One stops sleeping, replays every failure, eats less, and says nothing. The other starts drinking, skips class, picks fights, and insists everything is fine. A clinic is more likely to see the first for depression and the second for a substance problem, and that divide, distress aimed inward or outward, is one of the most consistent gender patterns in mental health. Women are diagnosed with depression and anxiety at markedly higher rates than men. But if you count substance use disorders, conduct problems, and antisocial behavior instead, men have higher rates. And yet, the stereotype of female fragility persists.



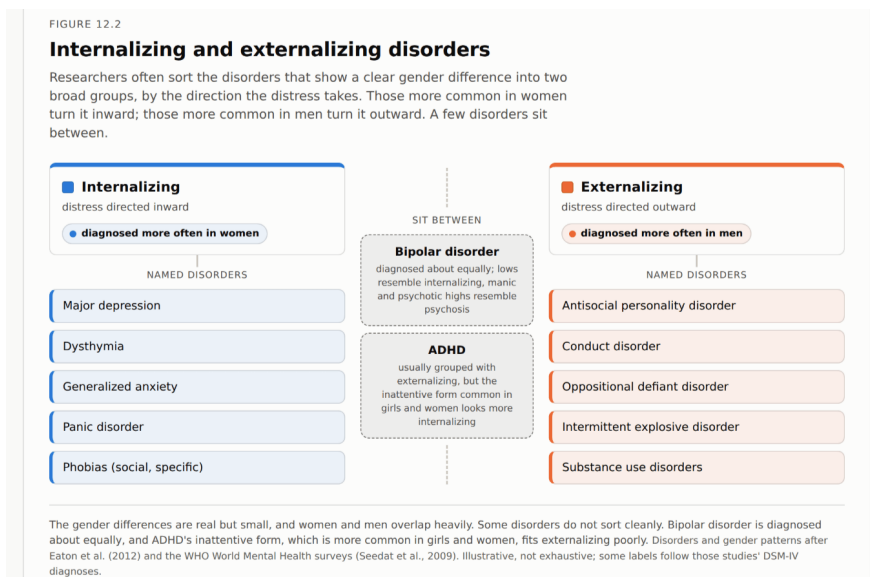
Figure 12.1.1: A Clinical Lesson at the Salpêtrière 1887. A century before today's diagnostic manuals, women's distress was already being put on display and classified by male clinical authority. The patient is Blanche Wittmann, presented before a room of physicians by the neurologist Jean-Martin Charcot.

The sections ahead trace where gender differences in mental health come from: what tends to push women's distress inward and men's outward, and how the gaps narrow as gender roles change (12.2), the objectifying gaze behind eating and body image disorders (12.3), the stigma and rejection behind the heightened distress of sexual and gender minorities (12.4), who seeks help, how they're treated, and what prevents help-seeking (12.5), and the question of what well-being looks like when it is more than the absence of disorder (12.6).

12.2: Two Directions of Distress - Internalizing and Externalizing

A **psychological disorder** is a persistent disruption of thought, emotion, or behavior that causes significant distress or impairment in functioning. In the United States, clinicians and researchers identify these conditions using the **Diagnostic and Statistical Manual of Mental Disorders (DSM-5; 2022)**, published by the American Psychiatric Association (APA). Now in its fifth edition, the manual sorts disorders by their primary symptoms. These diagnoses are human decisions, written by committees, and revised every few decades. As such, they carry the assumptions of the times and the people who write them. The strongest example is homosexuality, which the DSM listed as a mental illness until 1973, when activism and decades of research finally forced its removal (Drescher, 2015; see Chapter 2).

Many of the disorders that differ by gender fall into two broad groups, sorted by the direction the distress takes (Eaton et al., 2012; Krueger, 1999; Figure 12.2). **Internalizing disorders** turn stress inward. Their symptoms are the private ones, low self-esteem, social withdrawal, anxiety, restrained eating, self-injury, and suicidality. People with internalizing disorders tend to cope with life's stresses by blaming and punishing themselves. **Externalizing disorders** turn stress outward. Their symptoms include aggression, impulsivity, interpersonal manipulation, and drug and alcohol misuse, acts that tend to harm other people or to alter consciousness in ways that loosen restraint.



In a large national U.S. sample, Eaton and colleagues (2012) found that disorders grouped along these two lines in women and men alike. What differed was the average level. Women scored about 0.45 standard deviations higher on internalizing, and men about 0.38 higher on externalizing. The pattern is not confined to the United States. A cross-national study of nearly 73,000 adults across fifteen countries found the same split in every region, women at higher lifetime risk of depression and anxiety disorders, men at higher risk of externalizing and substance disorders (Seedat et al., 2009). An umbrella review of 257 meta-analyses, covering more than eleven thousand studies and over six hundred million participants, reached the same conclusion. At the level of individual disorders, the differences were small in about ninety percent of the estimates (Kayrouz et al., 2025). As in earlier chapters, it is important to keep in mind that these are average differences, and the overlap between women and men is large.

Additionally, not every disorder sorts cleanly. Bipolar disorder is diagnosed at about the same rate in women and men (Diflorio & Jones, 2010; Seedat et al., 2009), and it sits between the two groups. Its lows resemble internalizing disorders, while its manic and psychotic highs are more akin to elements of schizophrenia and thought disorders, which do not get included in the internalizing and externalizing distinction. ADHD had been grouped with externalizing disorders (Seedat et al., 2009) because its most recognizable form is the hyperactive, disruptive boy. However, inattentive type ADHD shows up as an internally racing mind, a form more common in girls and women. As a result, they have long gone underdiagnosed (Hinshaw et al., 2022). Bipolar disorder and ADHD both show that the internalizing versus externalizing categorization, while helpful, is an over-simplification.

Explaining Gender Differences in Diagnoses

Each sex's most prevalent disorders tend to be an extension of traditional gender roles. As women's roles have grown less traditional, the gender gaps in depression and in substance use disorders have narrowed (Seedat et al., 2009). For alcohol, women have been catching up to men. Among people born in the early 1900s, men were more than twice as likely as women to drink, and far more likely to be harmed by it. But among those born late in the century, women drank about as much as men, and the difference in alcohol-related harm had nearly disappeared (Slade et al., 2016). The depression gap has shrunk too, but in a more positive direction. Women have been getting less depressed while men have stayed about the same. In the U.S., more recent generations of women report less depression than older ones, and nearly 40% of that shift was attributed to women's rising college attainment (Platt et al., 2020).

Contributors to Internalizing Disorders

Occupying several *valued* roles such as well-paid worker, partner, parent, and friend tends to protect mental health (Barnett & Hyde, 2001). More roles usually mean more sources of identity, income, and support, so that a setback in one area is cushioned by the others. Historically, though, women were confined to a much narrower set, centered on the home. The domestic and caregiving work that fell to them was treated as unskilled and unpaid. For working-class women and women of color, that care work was often doubled, done without pay at home and for low pay in wealthy families' homes. A single role that is both isolating and devalued does not protect mental health, which is part of why the gap in diagnoses narrows as women's roles widen. The benefit of multiple roles has limits, though. When women add paid work without reducing their domestic load, the result is a second shift of housework and childcare (Hochschild, 1989) and a largely invisible mental load (described in Chapter 9), which falls primarily on women, but most especially on low-income women who cannot hand it off to paid help (Daminger, 2019; Ciciolla & Luthar, 2019).

One well-supported contributor on the internalizing side is **rumination**, the habit of dwelling on distress without moving to act on it. Nolen-Hoeksema's (2012) research established that women ruminate more than men on average, and that rumination predicts the onset and persistence of depression and anxiety. Rumination can prolong distress (Nolen-Hoeksema et al., 2008). It is also partly taught. From early childhood, girls are encouraged toward emotional attunement and discouraged from open anger, while boys show the reverse pattern (Chaplin & Aldao, 2013), so a girl often learns to turn a problem over inwardly.

Of the major personality dimensions, **neuroticism**, a tendency toward negative emotion, is the one most tied to internalizing disorders, and women score somewhat higher on it in most countries studied (Schmitt et al., 2008). However, trauma has more impact than personality. Childhood sexual abuse is far more common for girls than boys, by roughly 18% to 8% in a global meta-analysis (Stoltenborgh et al., 2011), and it raises the lifetime risk of depression, anxiety, and PTSD. One early estimate held that this unequal exposure alone could account for a meaningful share of the adult depression gap (Cutler & Nolen-Hoeksema, 1991). The depression gap is small in childhood and widens sharply around age twelve, which points to puberty.

Research Highlight: Adolescence

In the largest analysis of its kind, Salk and colleagues (2017) pooled depression data from more than 90 countries and over 1.7 million people. Women's risk of major depression was close to twice men's, but nearly absent in young children. It emerged around age 12 and peaked in adolescence before settling into the smaller adult gap. The timing could be assumed as hormonally driven, but puberty is also a time when girls' bodies begin to draw sexual attention and appraisal, and when gender expectations intensify (Hill & Lynch, 1983; Hyde et al., 2008). A purely hormonal account also cannot explain why the gap shrinks across generations as women's social conditions change.

Contributors to Externalizing Disorders

Boys, by contrast, show more impulsivity, sensation seeking, and risk taking, and lower **effortful control**, the capacity to check an impulse before acting on it. These traits contribute to externalizing disorders, from conduct problems to substance use. They are also rewarded as proof of manhood. Risk-taking, dominance, and heavy drinking are among the ways boys and men perform a masculinity that is treated as easily lost and in need of constant proof (Vandello & Bosson, 2013). What looks like raw impulsivity is often impulsivity a culture has taught men to display. A related cluster, **callous-unemotional traits** (low empathy, guilt, and warmth), is more common in adolescent boys (Kemp et al., 2022) and predicts more serious antisocial behavior. These traits may be driven by inborn temperament, but they are also amplified by a male role that discourages the open expression of empathy

and fear from an early age (Chaplin & Aldao, 2013).

Biology plays a partial role here as well. The prefrontal cortex, which supports impulse control, keeps developing into the mid-twenties, somewhat later in boys on average, leaving a longer stretch of adolescence in which impulses are stronger than the controls on them. Prenatal and pubertal testosterone, and the dopamine system that governs reward and novelty-seeking, have both been linked to sensation-seeking and risk-taking, and one much-studied variant of the dopamine transporter gene DAT1 has been associated with externalizing behavior (Burt & Mikolajewski, 2008). This does not mean that externalizing is inevitable. It increases the likelihood of developing externalizing disorders, but socialization raises that further.

Patterns of suicidal thought and action reflect the same gendered expectations. Women report more suicidal thoughts and make more attempts, consistent with an expectation that women talk about emotional pain. However, men die by suicide far more often because they use methods that leave little chance of survival, such as firearms. That pattern fits masculine norms too: a reluctance to disclose distress or ask for help, and pressure to act decisively and alone (Canetto & Sakinofsky, 1998; Kayrouz et al., 2025).

Section Key Terms

Callous-unemotional traits | a cluster of low empathy, guilt, and warmth, more common in adolescent boys and predictive of serious antisocial behavior.

Effortful control | the capacity to inhibit an impulse before acting on it, on average lower in boys and linked to externalizing problems.

Externalizing disorders | conditions in which distress is directed outward, such as substance use and conduct disorders, more prevalent in men.

Internalizing disorders | conditions in which distress is directed inward, such as depression and anxiety, more prevalent in women.

Neuroticism | a broad personality tendency toward negative emotion, the dimension most closely tied to internalizing disorders.

Rumination | repetitively dwelling on distress and its causes without moving toward action, more common in women and a predictor of depression and anxiety.

12.3: Eating Disorders, Objectification, and Body Image

Eating disorders are among the most dangerous mental health conditions. Anorexia nervosa carries one of the highest mortality rates of any psychiatric disorder, with death rates roughly five to six times those of same-aged peers, and about one in five of those deaths is a suicide (Arcelus et al., 2011; Krug et al., 2025). They are also among the most strongly gendered. Across national samples, women are several times more likely than men to develop anorexia or bulimia, and roughly a lifetime 8% of women meet criteria for some eating disorder, compared with about 2% of men (Galmiche et al., 2019). This section explores why these disorders fall so heavily on women and girls.

Objectification Theory

Objectification theory (Fredrickson & Roberts, 1997) holds that girls growing up in a culture that treats the female body as something to be looked at learn to watch themselves from the outside, adopting an observer's view of their own appearance. This habit is called **self-objectification**, and it creates chronic **body surveillance**, a running background check on how one looks. Surveillance feeds body shame and anxiety, and shame in turn predicts disordered eating. The pathway from self-objectification through body shame to disordered eating has held up across dozens of studies, with a meta-analysis of 53 samples finding a moderate overall link (Noll & Fredrickson, 1998; Schaefer & Thompson, 2018). One well-known experiment captures the mechanism in miniature. Women asked to try on a swimsuit, alone in a dressing room, felt more body shame, ate less of a snack they were offered, and did worse on a math test than women asked to try on a sweater. Men put through the same procedure were unaffected (Fredrickson et al., 1998).

That model, though, was built almost entirely on White women, and it does not apply quite as well to women of color. In a study of 880 college women, body shame carried the path from body surveillance to disordered eating for White and Hispanic women but not for Black women, who also reported less body surveillance and less disordered eating to begin with (Schaefer et al., 2017), and across studies the overall link between self-objectification and disordered eating is weaker in African American samples (Schaefer & Thompson, 2018). Rather than discard the theory, researchers have broadened it. A racially expanded version treats racism as its own objectifying force, a set of appraisals imposed on the body on top of the sexual gaze (Moradi, 2010). For Asian American women, experiences of racial discrimination, racial teasing, and being treated as a perpetual foreigner predict disordered eating through the familiar mediators of media internalization, body surveillance, and body shame (Cheng et al., 2017). For Latina women, racist discrimination raises eating-disorder and depressive symptoms partly through body shame (Velez et al., 2015). For Black women, the route often operates through the pressure of the Strong Black Woman or superwoman role and the demand to meet Eurocentric standards of beauty, rather than a generic drive for thinness (Perkins et al., 2023; Volpe et al., 2023). Body image for women of color is shaped by racialized appearance standards *combined with* the thin ideal.

Three eating disorders account for most diagnoses (Table 12.1). Anorexia nervosa and bulimia nervosa are diagnosed in women at roughly three times the rate in men. Binge-eating disorder, added as a formal diagnosis in 2013, is the most common of the three and the closest to even between women and men, diagnosed at about two to one rather than the three to one of the other two (Hudson et al., 2007; Udo & Grilo, 2018).

Table 12.1. Three eating disorders. (Lifetime prevalence estimates from Hudson et al., 2007; women / men.)

Disorder	Core features	Women	Men
Anorexia nervosa	Restriction of food, very low body weight, intense fear of weight gain, distorted body image	0.9%	0.3%
Bulimia nervosa	Cycles of binge eating followed by compensatory behavior such as vomiting, laxatives, or fasting	1.5%	0.5%

Disorder	Core features	Women	Men
Binge-eating disorder	Recurrent binge eating with distress, without regular compensatory behavior	3.5%	2.0%

In a study of college students with eating-disorder symptoms, women were nearly five times more likely than men to be diagnosed, and students from affluent backgrounds were more likely to receive treatment than their lower-income peers (Sonneville & Lipson, 2018). Anorexia and bulimia diagnoses do skew White, whereas binge eating is as common or more common among Black and Latina women. Here the driver is often not a thin ideal but the feast-or-famine cycle of food insecurity, in which stretches of going without are followed by loss-of-control eating when food becomes available (Goode et al., 2022; Hazzard et al., 2022). Binge eating begins as an understandable response to scarcity but can become a disorder through that cycle. Food insecurity roughly triples the odds of binge-eating disorder (Abene et al., 2023).

Appearance culture and social media

Across 50 studies in 17 countries, social media use is associated with body-image concerns and disordered eating. Social media exacerbates the mechanisms from objectification theory that drive body shame: appearance comparison, internalization of the thin or fit ideal, and self-objectification (Dane & Bhatia, 2023). Appearance-focused activity, following celebrity, fashion, and fitness accounts, on top of investing in the response to one's own posted photos, predicts body surveillance, appearance anxiety, and drive for thinness. General use and appearance-neutral content do not (Seekis et al., 2020). Exposure to weight-loss content predicts worse body image and more frequent binge eating (Sanzari et al., 2023).

Muscle dysmorphia, the male-patterned variant

While this text is focused on women's psychology, it is important to point out when and how men develop body image disorders because it parallels the media influence women experience. Rather than a drive for thinness, many pursue muscularity, and its clinical extreme is **muscle dysmorphia**, a preoccupation with being insufficiently muscular that drives compulsive training, muscularity-focused eating, and sometimes anabolic steroid use (Watters et al., 2024). Roughly 3% of boys and men in a North American community sample met criteria for probable muscle dysmorphia (Ganson et al., 2025). Internalizing a muscular ideal and feeling pressure from peers and media to reach it are among the strongest predictors (Schneider et al., 2016). Conformity to masculine norms and the distress of not measuring up to them also contribute (Grunewald et al., 2022).

Gender diversity and body image

Transgender and gender-diverse people report elevated rates of body dissatisfaction and disordered eating relative to cisgender people, and much of it is tied to gender dysphoria rather than to a thin ideal. Restricting or otherwise controlling food can be a way to suppress the body's development of unwanted sex characteristics (Rasmussen et al., 2023). A meta-analysis found that gender-affirming care, hormones and surgery, was associated with meaningful reductions in body dissatisfaction, with the largest improvements after surgery (Doley et al., 2025). Bringing the body into closer alignment with a person's gender tends to relieve the eating pathology because gains in body satisfaction and gender affirmation reduce the drive to control the body through food (Testa et al., 2017; Rasmussen et al., 2023).

Research Highlight: Eating disorders at the intersection of gender and race.

Most eating-disorder research compares one identity at a time, women against men, or one racial group against another. Drawing on the Healthy Minds Study of 251,310 U.S. university students, Gordon and colleagues (2024) estimated the rate of an eating-disorder diagnosis in each of 35 groups, every combination of five gender identities and seven racial or ethnic identities. The rates ranged enormously, from 0.3% among Black cisgender men to more than 18% in some transgender and gender-nonconforming groups. Most of that spread came from gender and race adding together. But for some, notably transgender students of color, the two disadvantages compounded, producing rates higher than adding the separate effects

would predict. A second pattern indicated that students of color reported more eating-disorder symptoms than White students yet were diagnosed less often, evidence that a diagnosis tracks who is expected to have an eating disorder nearly as much as who actually does. Screening aimed at a single identity, or the stereotypical affluent White female profile, misses the students who are at highest risk.

Section Key Terms

Anorexia nervosa | an eating disorder marked by food restriction, very low body weight, intense fear of weight gain, and distorted body image; the psychiatric disorder with one of the highest mortality rates.

Binge-eating disorder | recurrent binge eating with distress and without regular compensatory behavior; the most common eating disorder and the least skewed by gender.

Body surveillance | habitual monitoring of one's own appearance, the behavioral expression of self-objectification.

Bulimia nervosa | an eating disorder marked by cycles of binge eating and compensatory behavior such as vomiting, laxative use, or fasting.

Muscle dysmorphia | a preoccupation with being insufficiently muscular, the male-patterned variant of body-image disorder, involving compulsive exercise, muscularity-focused eating, and sometimes steroid use.

Objectification theory | the account that a culture which treats the female body as an object to be viewed leads girls and women to view themselves the same way, raising the risk of shame, anxiety, disordered eating, and depression.

12.4: Sexual and Gender Minority Mental Health

Lesbian, gay, and bisexual adults are about twice as likely as heterosexual adults to attempt suicide, and roughly one and a half times as likely to experience depression or anxiety (King et al., 2008; Wittgens et al., 2022). For transgender people the gap is wider. In a U.S. national probability sample, 42% of transgender adults had attempted suicide at some point in their lives, and more than 80% had thought about it (Kidd et al., 2023). Research on sexual and gender minorities demonstrates clearly how stigma produces these gaps.

Minority stress

The framework for understanding this is **minority stress theory** (Meyer, 2003; Hendricks & Testa, 2012), briefly introduced for physical health in Chapter 11. It holds that sexual and gender minorities carry a chronic extra load of stress, layered on top of the ordinary stress everyone faces, and that this surplus is what drives the health gap. Minority stress comes in two forms. **Distal stressors** are external events: discrimination, harassment, rejection, and violence. **Proximal stressors** are internal: expecting rejection and staying watchful for it, hiding one's identity, and coming to believe the negative things culture assumes about you.

When the prejudice a culture directs at sexual and gender minorities is also believed to some extent by the target of that stigma, it becomes **internalized homophobia** or **internalized transphobia**. These are proximal stressors and a well-documented pathway into depression and anxiety (Pellicane & Ciesla, 2021). A note on wording here. Internalized homophobia and transphobia are about what one believes about the self, the adoption of negative, culturally stereotyped beliefs about one's stigmatized identity. Internalizing disorders, from 12.2, is a category of disorders characterized by distress aimed inward. The two are linked, since internalized stigma can lead to the development of internalizing disorders like anxiety and depression, but they are not the same thing.

Across 47 samples of transgender and gender diverse people, every category of minority stressor correlated with depression and anxiety, with correlations running from .22 to .40 and the proximal stressors showing consistently stronger associations than the distal ones (Wilson et al., 2023). For suicide in LGBT youth in particular, the strongest predictors are usually the external stressors of victimization and family rejection (de Lange et al., 2022). Research suggests, though, that for transgender and gender diverse people, internalized transphobia is an even stronger predictor of suicidal ideation and attempts (Pellicane & Ciesla, 2021). Less common but still important due to the severity of their impact are **sexual orientation and gender identity change efforts**, or **SOGICE**. Researchers now purposefully use SOGICE (or SOCE and GICE when being group specific) instead of the colloquial "conversion therapy" which erroneously implies that something gets converted and that the process is therapy. These practices do not change anyone's sexual orientation, and they breach professional ethical guidelines (Przeworski et al., 2020). "Change efforts" describes what is attempted without conceding that it works. Evidence for the harm of SOGICE is consistent across settings. Among nearly 28,000 transgender adults, those who recalled undergoing change efforts had about twice the odds of a lifetime suicide attempt, and four times the odds if it happened before age ten, with no difference between secular and religious providers (Turban et al., 2020). And in the young adults studied by the Family Acceptance Project, parents' own attempts to change a child's sexual orientation, and being sent to a therapist or religious leader for the same purpose, predicted depression, suicidal thoughts, suicide attempts, less education, and lower income years later, with the worst outcomes when both happened (Ryan et al., 2018).

Family rejection, acceptance, and its consequences

Among the distal stressors, family rejection is the most consequential. In a sample of White and Latino lesbian, gay, and bisexual young adults, those who reported high levels of family rejection during adolescence were 8.4 times more likely to have attempted suicide, 5.9 times more likely to report high levels of depression, and 3.4 times more likely to use illegal drugs than peers from families that were accepting (Ryan et al., 2009). The pattern holds for gender minorities. Among transgender and gender-nonconforming adults, family rejection predicts suicide attempts and substance misuse in the same graded way, with risk climbing as rejection increases (Klein & Golub, 2016). On the other hand, parental acceptance roughly halves the odds of a past-year suicide attempt among LGBTQ youth (Green et al., 2020) and lowers the likelihood of mental health struggles overall (see Research Highlight).

Research Highlight

Research Highlight: [The Family Acceptance Project](#)

Family rejection also increases the likelihood of youth experiencing homelessness. Sexual and gender minority youth are overrepresented among young people who experience homelessness, gender-minority youth most of all (Deal et al., 2023a, 2023b), often after being pushed out of or fleeing unsafe homes. A national survey of young people found LGBT youth at more than twice the risk of homelessness of their heterosexual and cisgender peers (Morton et al., 2017). Analyzing the same data, the research team found that Black LGBTQ youth had the highest rates of homelessness of any group, with nearly one in four young Black men aged 18 to 25 who identified as LGBTQ reporting homelessness in the past year (Morton et al., 2018). Among students without stable housing, sexual minority youth report more substance use, more violence victimization, and more suicidal ideation and more attempts than their heterosexual peers in the same circumstances (Keuroghlian et al., 2014; McKinnon et al., 2025).

Section Key Terms

Distal stressors | external minority stressors such as discrimination, harassment, rejection, and violence.

Internalized homophobia | the absorption of society's anti-gay prejudice into a sexual minority person's own self-view, a proximal stressor linked to depression and anxiety.

Internalized transphobia | the absorption of society's anti-transgender prejudice into a gender minority person's own self-view, a proximal stressor linked to depression and anxiety.

Minority stress | the chronic, socially based stress that sexual and gender minorities carry in addition to everyday stress, theorized as the cause of their elevated mental-health burden.

Proximal stressors | internal minority stressors such as expecting rejection, concealing one's identity, and internalized stigma.

12.5: Help-Seeking, Treatment, and Barriers

In a U.S. national sample of adults with a mood or anxiety disorder, 30.6% of men sought help of any kind, against 40.2% of women (Susukida et al., 2015). The explanation usually offered, and that has been previously mentioned in this text, is masculinity, since asking for help means admitting you cannot manage on your own. The full evidence is more complicated, however.

Susukida and colleagues (2015) studied 1,963 adults in a national survey who met criteria for mood or anxiety disorders in the past year, and found that men were less likely than women to consult a medical doctor (17.3 versus 24.9%), and less likely to use informal services such as self-help groups (8.5 vs 13.6%), but in that survey they were no less likely to see a mental health professional (16.0 vs 16.3%). Part of the difference was accounted for by men attending fewer routine medical visits, and for most people a family doctor is the referral point for mental health care. Attitudes toward help-seeking explained very little of the gap. Men did report more negative attitudes than women, 36.5 against 29.7%, but the difference was too small to account for the difference in behavior. This suggests that campaigns designed to change men's minds about therapy could begin by increasing GP visits.

However, some help-seeking may be dependent on the age of participants. Among U.S. adults screening positive for depression, women's psychotherapy use exceeded men's by 22 percentage points at ages 18 to 25 and not at all after 50 (Kleidermacher et al., 2026).

Wong and colleagues (2017) asked a different question, whether men who endorse masculine role norms more strongly may fare worse. They meta-analyzed 78 samples and 19,453 participants and found that conformity to masculine norms was modestly related to worse mental health and moderately related to avoiding psychological help. When they separated the individual norms, the effects were uneven. Self-reliance, power over women, and engaging in sex without emotional attachment were consistently associated with worse mental health outcomes, while putting one's job ahead of everything else showed no significant relationship to any outcome they measured.

While women seek help more often than men, most women who need care still do not receive it. Across 21 countries and 56,927 respondents, only 6.9% of the mental and substance use disorders people had in the past year were treated in line with clinical guidelines (e.g., proper medication use or counseling therapy, or both). These numbers come from interviews conducted in people's homes rather than from clinic records. Trained interviewers administered a structured diagnostic interview to a probability sample of households, which means the count includes people who had never sought care and did not believe they needed any. What varied was whether they themselves felt they should see a professional, and in only 46.5% of cases did they. Of those who did, about a third reached a provider, and of the people who got as far as minimally adequate care, slightly more than half still fell short of guideline-consistent treatment (Vigo et al., 2025).

Women's relationship to the mental health system is stranger than simple underuse. Nationally, 17.7% of American women were taking an antidepressant in any given month between 2015 and 2018, against 8.4% of men, and among women over 60 the figure reaches 24.3% (Brody & Gu, 2020). In a more specific and vulnerable population, U.S. veterans treated for PTSD, women were more likely than men to receive every class of psychiatric medication studied, even after accounting for age, race, and other psychiatric diagnoses. What separated the classes was whether the guidelines endorse the drug. For the antidepressants recommended for PTSD, women's odds of receiving one were about 7% higher than men's. For benzodiazepines, which the guidelines advise against in PTSD, they were about 60% higher, and two other non-recommended drug classes showed the same pattern (Hadlandsmayth et al., 2022). Women were not simply getting more treatment. They were getting more of the treatment that is not supposed to be given. Whether women had already tried and failed the recommended drugs is a question this study cannot answer, though if that were the explanation, women should have been less likely to be taking them rather than more.

The Strong Black Woman schema

Black women are among the most undertreated groups for depression in the United States, and one of the explanations researchers have developed for this is the **Strong Black Woman schema**. Introduced in Chapter 8 in the context of the emotion suppression Black girls are taught, the schema is a set of beliefs about what being a Black woman requires. Studied as the Superwoman schema, it was built by Woods-Giscombé (2010) from eight focus groups with African American women, who named five obligations: to project strength, to suppress emotions, to resist vulnerability and dependence, to succeed despite limited resources, and to help others before oneself. The women in those groups named the benefits as well, including the preservation of self, family, and community. Seeking mental health support goes against all five obligations at once.

Among 95 African American women, stronger endorsement of the schema predicted more anxiety and depression, and it was inversely associated with two components of help-seeking attitudes, psychological openness and help-seeking propensity (Watson & Hunter, 2015). Interviews with 30 Black women found that positive attitudes toward therapy did not translate into going. Participants described masking or ignoring pain, an inability to ask for help, and a lack of self-care (Nelson et al., 2020).

Those studies are correlational, which leaves open whether the schema produces the avoidance or merely occurs with it. Howard and Hu (2026) tested the direction experimentally. They randomly assigned 136 Black women to write about six situations related to the schema's characteristics or six unrelated situations, and the women primed with the schema reported lower intentions to seek mental health help. Both groups' attitudes toward therapy being worthwhile were equally positive. However, believing therapy is worthwhile and being willing to go are not the same thing, and the schema seems to affect willingness more than worthiness.

When White and colleagues (2023) examined the Superwoman schema's components separately among Black college women, the caretaking and self-reliance subscales predicted more actual help-seeking, while the mask of strength subscale predicted less help-seeking and fewer intentions to seek it. What predicts avoidance is the obligation to perform strength in front of other people, and the authors suggest that interventions might build on the caretaking component while redefining the part that demands emotional invulnerability.

Section Key Terms

Strong Black Woman schema | A culturally specific expectation that Black women project strength and suppress vulnerability, associated with both resilience and measurable chronic-stress biomarkers.

12.6: Happiness and Well-Being

Recall from Chapter 11 that **unmitigated agency** is a focus on the self to the exclusion of others, and **unmitigated communion** a focus on others to the neglect of the self. The two unmitigated traits do damage for different reasons (Helgeson & Fritz, 2000). People high in unmitigated communion depend on others for their sense of worth, which produces overinvolvement in problems that are not theirs and neglect of their own needs, and those two habits account for the link to psychological distress (Fritz & Helgeson, 1998). Additionally, among 201 undergraduates, unmitigated agency was associated with binge eating, reckless driving, and substance use, while ordinary agency was associated with physical activity and healthy eating (Danoff-Burg et al., 2006). The two traits look like personality-level versions of the two directions of distress from Section 12.2, one turned outward into risk, and one turned inward onto the self. Finally, unmitigated agency's refusal to ask for help is the same behavior Section 12.5 found in men who conform strongly to masculine norms.

One caution. Nearly all of this evidence comes from people describing their own personalities. When Saragovi and colleagues (1997) tested Helgeson's model with peer reports alongside self-reports, the link between agentic traits and well-being shrank, which suggests part of that link is people who think well of themselves rating both things highly.

One might assume that the healthiest situation for human happiness is when traits are well-balanced. Wang (2016) tested this using three forms of "authenticity," meaning how fully a person can be their real self in relationships with others. Across six samples of Chinese adults totaling 1,115 people, the three predicted forms held up. Ego-centric authenticity, being true to oneself with little regard for relationships, correlated with unmitigated agency ($r = .51$) and barely at all with ordinary agency ($r = .11$). Other-distorted authenticity, shaping oneself around what a relationship seems to demand, correlated with unmitigated communion ($r = .43$) and negatively with agency ($r = -.27$). **Balanced authenticity** was the only form that correlated with both ordinary agency ($r = .45$) and ordinary communion ($r = .32$). Importantly, it was also correlated with positive relationships with others ($r = .47$). And it was correlated with people's self-reports of their well-being across various measures even after controlling for their tendency to present themselves favorably. What predicts well-being is holding both agency and communion at once. Since girls are socialized toward accommodation and boys toward self-assertion, a healthy balance asks each to build the capacity their own gender role discourages.

Who is happier

Having no disorder is not the same as doing well. **Subjective well-being** is a person's own assessment of their life, usually measured as life satisfaction, happiness, and how much positive emotion a person feels relative to negative.

Asked directly, women come out slightly ahead of men, which is curious given that women hold less income, status, and power almost everywhere (Joshani & Jovanović, 2020). The advantage may not be real. Pooling 281 studies of more than a million people, Batz-Barbarich and colleagues (2018) found no significant gender difference in life satisfaction at all.

What you find depends on which question you ask. Across 55 measures in 167 countries, women reported more depression, more loneliness, and less calm than men, and yet reported equal or greater satisfaction when asked about their lives as a whole (Blanchflower & Bryson, 2024). The pattern also shifts with age. Among older adults, women score lower than men on nearly every measure, though gender explains less than one percent of the differences between people, and even that shrinks once widowhood, health, and income are taken into account (Pinquart & Sörensen, 2001).

A field that has surveyed millions of people in nearly every country cannot produce a stable answer. Given all we've learned in this text, what do you think might be behind these contradictory findings?

Section Key Terms

Balanced authenticity | The middle ground between putting yourself first at the other person's expense (ego-centric) and erasing yourself for them (other-distorted). Wang (2016) found it predicts higher agency, higher communion, better relationships with others, and greater well-being.

Subjective well-being | a person's own evaluation of their life, typically measured through life satisfaction, happiness, and the balance of positive and negative emotion.

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12.7: Conclusion

Deciding who is disordered is a human judgment, made by people carrying the assumptions of their time, and those judgments have gone harder on women who would not behave. Blanche Wittmann's episodes were staged for a hall of male physicians. Homosexuality sat in the DSM until 1973. Girls whose ADHD shows up as a racing mind rather than a disruptive one go uncounted. Students of color report more eating-disorder symptoms than White students and are diagnosed less often. The judgment continues into treatment, where American women are more than twice as likely as men to be taking an antidepressant, and where women veterans with PTSD are more likely than men to be prescribed the medications that the guidelines advise against.

Women's higher rates of depression, anxiety, and eating disorders are extensions of communal expectations, and men's higher rates of substance use and conduct problems are extensions of agentic ones. The trait research in Section 12.6 makes a similar point since unmitigated communion and unmitigated agency are the feminine and masculine roles carried to a harmful extreme.

Almost none of these differences is large. About ninety percent of the disorder-level effects in a review of 257 meta-analyses were small. Gender explained under one percent of the variance in later-life well-being. The single best estimate of the gender difference in life satisfaction is not distinguishable from zero. What the differences do have is structure, and the structure is where the explanation lives.

Think back to the two students at the start of the chapter, the one who stopped sleeping and said nothing, and the one who started drinking and insisted everything was fine. Neither of them invented their response to a hard semester. They did what they had been taught to do with distress, and both are likely to meet a clinic that has learned to expect that. You are now in a position to ask a better question about each of them. Rather than what is wrong with this person, ask what they were taught to do with pain, and who taught them.

References

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Chapter 8: Women in the Workplace

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Chapter 12: Gender and Mental Health

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