Gender and Mental Health

A Review of Two Textbooks of Psychiatry

This paper reviews, from a gender perspective and a non-medical viewpoint, two textbooks widely used in the undergraduate training of medical students. The absence of gender issues in the two textbooks parallels the overall low status of the influence of social, cultural and economic factors in the aetiology of mental disorders and access to appropriate mental health services. Both books, to a lesser or greater extent, privilege biology over all other aetiologies.

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Whereas sex is a term used to distinguish men and women on the basis of their biological characteristics, gender refers to the distinguishing features which are socially constructed. Although most frequently used in the context of women's health, gender is equally relevant to men's health. Gender is a crucial element in health inequities in developing countries. Gender influences the control men and women have over the determinants of their health, including their economic position and social status, access to resources and treatment in society[WHO 2000]. Gender configures both the material and symbolic positions men and women occupy in the social hierarchy as well as the experiences which condition their lives. Thus, gender can be conceptualised as a powerful social determinant of health which interacts with other determinants such as age, family structure, income, education and social support and with a variety of behavioural determinants[WHO 2000]. A review of the role of gender on mental health can begin by first examining those disorders where epidemiological research has consistently demonstrated a significant sex difference, viz, depression and alcohol use disorders. We can also consider the influence of gender on other aspects of mental disorders, viz the emergence of new mental health problems such as eating disorders, and the impact, burden and stigma associated with mental disorders. Perhaps one of the most serious outcomes of mental disorders is suicide.

The female excess for depression has been demonstrated in most community-based studies in all the regions of the world [Patel et al 1999; Mumford et al 1996; Almeida-Filbo et al 1997]. Stresses in life are known to make a person more likely to become depressed and the greater exposure to stressors may partly explain the female excess in the risk for depression. There is growing evidence of the association of economic difficulties with the risk for depression [Patel and Kleinman forthcoming]; the social gradient in health is heavily gendered and women are disproportionately affected by the burden of poverty which, in turn, may influence their vulnerability for depression. Women are far more likely to be victims of violence in their homes; women who experienced physical violence by an intimate partner are significantly more likely to suffer depression, abuse drugs or attempt suicide [WHO 2002; Patel et al 2002]. A study from Ghana investigating women's perceptions of their health found that the most important health concern was 'thinking too much', an idiom well described in Africa to be associated with depression [Patel et al 1995]. The explanations given were attributed to heavy workloads, financial insecurity and the burden of caring for children, duties which were heavily gendered in their distribution [Avotri et al 1999]. Other examples of the cultural context of some of these gendered stressors are illustrated from studies in Zimbabwe demonstrating the strong association between adverse marital life events and the risk for depression in poor urban women[Broadhead and Abas1998] and studies from India and Pakistan demonstrating the greater risk for post-natal depression in mothers who have a girl child, especially if the desired sex was a boy or if the mother already had living girl children [Patel et al 2002; Rahman et al forthcoming; Chandran et al 2002].

The male excess for alcohol use disorder (AUD) has been demonstrated in every community study from every region [WHO 1999], although the gaps are the greatest in developing countries. The wide sex differences in alcohol abuse in Latin American countries and the Caribbean has been attributed to a number of gender factors [Pyne et al 2002]. The evidence that gender may play a role in eating disorders stems from two observations: first, the enormous sex difference (females outnumbering men) and second, cultures which have been relatively immune to the media-driven creation of the ideal body image for women have very low rates of these disorders. The "cult of thinness" propagated by "social pressures which lead to dietary restraint include the publication of books and magazines advising weight-reducing diets, the fashion industry which caters mainly for the slimmer figure, television attaching sexual allure and professional success to the possession of a svelte figure" is a key reason behind the rise in incidence of eating disorders, and its higher prevalence in women [Russell 2000]. Recently, a study from Fiji has demonstrated that the introduction of television in a media-naïve non-westernised population is associated with a rise in attitudes favouring thinner body image and self-induced vomiting in girls [Becker et al 2002]. This adds weight to the theory that the emphasis on women's thinness by the media and fashion industries is now leading to a rise in disordered eating in non-western cultures as globalisation leads to increasing homogenisation of media imagery across the world, with western imagery being the predominant force.

Whereas women were required to be the primary carers if their husbands were mentally ill, it was her own family that was responsible for her care if she were to become ill [Skultans 1994]. The gendered burden of care has been vividly demonstrated by the recent multinational studies of the 10/66 Dementia Research Network [Dias et al forthcoming] which have shown that irrespective of the sex of the person with dementia, the primary caregiver is most often a female relative. These studies have also demonstrated the significant burden associated with caring and

its impact on the mental health of the carer. Social responses to mental illness clearly show gendered differences, with greater stigma and rejection being evident in the event of a woman suffering from mental illness. Because of the different expectations and evaluations of men's and women's behaviour, mental illness in women may attract a greater amount of shame and dishonour and has a greater impact on family life due to the woman's role in running the domestic activities of the household. Whereas a mentally ill man may get married, mentally ill women are often left alone. Married women who are mentally ill are more likely to be sent back to their parental homes, deserted or divorced [Davar 1999]. A study of mentally disabled women who had been separated from their husbands in India revealed that the vast majority had been abandoned and were not receiving any maintenance; the husbands of many women who had not been legally divorced had remarried [SCARF 1998]. The negative attitudes of the husband, and especially the in-laws, were a major contributor to the breakdown of the marriage.

Whereas, in most countries, men outnumber women in suicide rates, women outnumber men in attempted suicide rates. The male excess for completed suicide has been partly attributed to the use of more lethal methods of attempting suicide by men, a characteristic which is likely to be heavily influenced by gender. The acceptability in some countries for men to carry guns is one such example. The mortality crisis in men in eastern Europe has coincided with the introduction of reforms and a sharp increase in unemployment, findings which may have resonance with the spate of suicides in male farmers in India who were faced with a complete disruption of their livelihood [Sundar 1999]. In some countries, there is evidence that women are outnumbering men in rates of completed suicide, notably in China. Rapid social change with its impact on interpersonal network and social identity has been attributed as the major cause for the rise in suicide rates, especially in rural women [Phillips et al 1999]. In Pakistan, although men outnumber women in terms of completed suicides, the rates in married women are much higher than those in single women or married men. This finding suggests that marriage is a significant stressor for women in Pakistan and is attributed to limited autonomy in areas such as education and choice of marital partner [Khan and Prince 2003].

There is an obvious need for gender sensitisation of mental health policies and programmes. These must be planned in consultation with key stakeholder groups, including representatives of women and men in the community. Gender barriers must be explicitly addressed in the planning of programmes. Gender based risk factors such as violence and restriction of opportunities must be tackled as potential prevention strategies for mental disorders. Gender biases that may operate in mental health care itself should be examined and minimised. Ultimately, the recognition and incorporation of gender as a key variable in mental health research and services will ensure that research findings and services are more sensitive to the social realities in which mental disorders occur in developing countries. Of relevance to this review, there is an obvious need to sensitise psychiatric trainees regarding the role of gender in the aetiology and management of mental disorders.

This paper reviews, from a gender perspective, two textbooks in the subject of psychiatry. The selection of the books was based on inquiries with psychiatric trainees regarding the most popular books, and with medical book distributors on which titles were the most popular. Based on these key informants, two books were finally selected for the review. They are *The Comprehensive Textbook of Psychiatry* (Volumes I and II), 7th edition, B J Sadock; V A Sadock (eds), Lippincott Williams and Wilkins, Philadelphia, 2000; and *The Textbook of Postgraduate Psychiatry* (Volumes 1 and 2), 2nd edition, J N Vyas and N Ahuja (eds), Jaypee Brothers, New Delhi, 1999.

Comprehensive Textbook of Psychiatry (CTP)

The CTP is a multi-authored textbook of psychiatry, first published in 1967 in the US. The edition being reviewed is the seventh edition. In the course of producing these seven editions over 35 years, over 1,500 behavioural scientists and psychiatrists have contributed to the book. The textbook is, arguably, the most widely used psychiatric textbook worldwide. However, it remains in its content and context, primarily a regional text which is clearly intended for an American audience. This is most evident in the preface of the book (p xliii) where the editors consider the "continuing crisis in the future of psychiatry". The entire discussion in this section relates to the role of health maintenance organisations, a form of managed care health delivery systems which have been pioneered by, and remain largely specific to, the American healthcare system. Furthermore, the textbook uses the Diagnostic and Statistical Manual (DSM) system of classification of mental disorders; the DSM is an American classification system as opposed to the International Classification of Diseases of the WHO. However, it is clear that, given the great dominance of American science and culture globally, and in particular the unrivalled advantage of American psychiatry (for example, in terms of the sheer numbers of mental health professionals in the US, which exceeds the total number of mental health professionals in the entire developing world) [WHO 2001], it is not surprising that the CTP is very popular in India and other developing countries.

The America-centric nature of the text posed a particular difficulty while reviewing it from the context of its relevance to the Indian setting. First, mental illness is considerably influenced by cultural and regional factors; these influenced have been extensively described and researched and the discussion is beyond the scope of this review [Kleinman 1987; Patel and Winston 1994]. Second, gender itself is heavily influenced by sociocultural factors, and there are clear cross-cultural differences in the way gender is conceptualised (see below). I cannot comment on the applicability of the book for the audience it was primarily written for (i e, the American audience), but only on its applicability for an audience in an entirely different culture with a vastly different health care system, cultural notions about mental illness and social constructions of sex roles (i e, India). Thus, the review of this book must be read with these cross-cultural differences in mind

Occurrence and context of use of the term 'gender': Gender is recognised as a key word in the index and is used as a link to several categories. The concept of gender in the American context is best illustrated on p 1935, where the authors write that "Gender refers to the self-image and sex-role identity of the person. Gender is determined not only by exposure and responsiveness to sex steroids, but also by expectations and behavioural patterns that are learned in early childhood from parental, familial and societal models". A case narrative is provided to illustrate the distinction between sex and gender: that of a woman with Mullerian agenesis who has no uterus or vagina (and is, presumably, restrained from

her sexual options due to biological reasons). However, "her sense of gender-appropriate behaviour may drive her to pursue a heterosexual relationship and motherhood via surgical and technological advances". The rest of this section then describes other conditions where the full physical expression of biological sex has not taken place, as in conditions like adrenogenital syndrome and testicular feminisation.

Elsewhere, in a discussion on homosexuality (pp 1608-09), the author draws attention to the potential confusion between terms such as sexual orientation, gender identity and gender role. Whereas sexual orientation refers to "a person's erotic response tendency towards other persons of the same or other sex", gender identity is defined as "the persistent sense of oneself being male, female or ambivalent" while sex is "the biological attributes of being male or female" and gender or sex role is "the degree to which an individual's outer behaviour or appearance can be described as masculine, feminine or androgynous". Gender roles are discussed in detail on p 2919 onwards, where it is defined as "a collection of attitudes and behaviours that are typically male or female". The authors acknowledge that gender roles are largely culturally determined and cite that across many cultures, men are more active, aggressive, and competitive from an early age.

Psychosexual development of children (pp 2546-47) describes the three phases of maturation as the development of gender identity, the development of gender roles, and the development of gender relationships. Gender identity is the child's perception of self as boy or girl. Gender role is the influence gender identity has on behaviours such as play activities. Gender relationship refers to the formation of children's attractions to a particular gender in others. The authors cite that four theories are used to explain psychosexual development in children: biological, cognitive, social learning and psychodynamic. None of these theories alone, they point out, can account for the complex nature of psychosexual development.

Given that the term gender is inherent in some diagnostic categories of mental disorders (for e g, Gender Identity Disorder), it is not surprising that the term 'gender' is listed frequently in the index (2 ½ columns) to which the largest contribution is made by Gender Identity Disorder. Gender Identity Disorders are a DSM-IV diagnostic category consisting of a heterogeneous group of disorders whose common feature is a strong and persistent preference for the status and role of the opposite sex. The most severe form of this disorder is transsexualism, in which the individual attempts to pass off as a member of the opposite sex in society and pursues hormonal and surgical treatments to simulate the phenotype of the opposite biological sex (p 1646). The authors acknowledge that the excess of men reporting this condition than women may have both biological and social roots; the latter includes the greater publicity given to male-to-female transsexuals and the greater cosmetic and functional success of vaginoplasty as compared to phalloplasty.

Thus, one encounters a concept of the term 'gender', which is somewhat different from the understanding of gender in the Indian context. The American notion of gender refers to an internal representation of one's sexuality and sex roles. While societal influences are acknowledged, as the book shows, much emphasis is placed on biological factors such as hormonal influences and genetics. This conceptualisation of gender is evident also in the diagnostic categories used in DSM-IV, where the notion of gender is fundamentally synonymous with how an individual views his or her own sex role. The concept of gender, in the Indian context, as a social construct which defines the way men and women lead their lives and relate to one another is closer to the concept of 'sexism' (as on page 2213-14) in the CTP. Thus, the term gender is used from a narrower perspective in the CTP, and this perhaps reflects the cultural connotation of this term in America.

Sexism is defined (p 1619) as the 'domination and exploitation of women by men' in a discussion on the effects of diverse representations of oneself as a developmental factor in our understanding of sexual orientation. The author writes that:

> growing up as a boy or girl influences the experience of sexuality and sexual orientation in two general ways: through the development of different gender characteristics associated with men and women and through the imposition of different expectations for men and women, which often take the form of limitation and even discrimination based on sex. Gender socialisation of boys and girls is one of the most profound forces influencing the quality of social interaction, and as a result, men and women generally behave in different ways.

This definition, though close to the broader construct of gender, is used specifically in the context of explaining that gender roles influence the behaviour of homosexual men and lesbian women (for example, that gender roles influence boys as a group, regardless of whether their sexual orientation is heterosexual or homosexual and this explains why homosexual men are more sexually active and competitive).

Distribution of male and female characters in case narratives, figures or narratives about persons with mental disorders: The CTP has case narratives throughout the book. The narratives are used to illustrate a particular subject matter, and are most commonly used in the chapters describing clinical syndromes. I have not done a full count of all the narratives, but have examined three particular chapters, viz, Chapter 8 on 'Clinical Manifestations of Psychiatric Disorders'; Chapter 11.2 on 'Alcohol-related Disorders'; and Chapter 14.6 on 'Clinical Features of Mood Disorders'. Chapter 8 was chosen because it had the most number of case narratives and dealt entirely with clinical features which, presumably, should have been reflected in an even distribution of sex in the case narratives. However, of the 36 narratives, only 13 were using female characters (36 per cent). Chapter 11.2 was chosen because alcohol related disorders are more common in men, but drinking problems in women are often disregarded or minimised. Of the eight narratives, three related to women, which in my mind is an equitable distribution. Chapter 14.6 was selected because mood disorders are significantly more common in women; this was well reflected in the distribution of narratives in that seven of the 12 described women.

The impact of severe illnesses, such as cancer, on sexuality is discussed with equal importance being placed on male and female sexual needs and concerns (p 1867). The role of sexuality and gender in influencing intimate relationships is explicitly discussed on p 1889, although, as explained earlier, the concept is much attuned to the American cultural norm where women are presumably able to express their sexual needs and concerns on par with their male partners. Thus, there is no impression given that, in the communication patterns which express gender role expectations and form an intrinsic part of most close relationships, there is a consistent inequality between men and women as a result of larger societal values and attitudes.

Coverage of women's mental health problems: As has been discussed earlier, mood disorders are the most common mental

disorders appearing more among women while alcohol and other drug use disorders are the most common in men. However, a number of other issues pertaining to women's mental health are important. These include the mental health consequences of sexual and physical violence; mental disorders associated with pregnancy and childbirth and other reproductive or gynaecological events; mental health issues pertaining to lesbian relationships and female sexuality; and less common mental disorders which are more frequently encountered in women such as eating disorders and borderline personality disorder. In all these respects, the CTP has a commendable depth of information. Mood disorders is one of the most comprehensive sections of the book with extensive discussions on all its aspects. Eating disorders, and a number of mental health problems more commonly seen in women, are also given due regard. Separate chapters are devoted to postpartum psychiatric syndromes, the relationship between psychiatry and reproductive medicine, and premenstrual dysphoric disorder. Domestic violence, rape and sexual harassment are also described in depth, both in specific sections focusing on these issues as well as in reference to other mental health issues. Lesbian mental health issues are described in detail.

An entire chapter is devoted to the psychiatric aspects of reproductive medicine (ch 28.2) which take a life cycle approach from childhood sexuality to menopause and aging. In this chapter, (p 1935) the subject of 'gender' forms a separate section. Here, we are presented with the American concept of gender again, where gender is defined as a person's self image and sex role identity (discussed earlier). The discussion on sexual disorders also reflects the equity in the discussion on male and female sex disorders (for example, female sexual arousal disorder on p 1589). Sexual dysfunction in women is also discussed separately on p 1940, where both interpersonal and biological factors are given due regard.

Whether gender is discussed as a factor in explaining sex differences in the risk for various mental disorders: Gender is discussed in great depth in the CTP, both in specific sections on gender and development, as well as in the context of specific mental disorders. However, as mentioned earlier, the concept of gender is narrower from the one I have assumed is the relevant concept in the Indian context. Consider, for example, the discussion on the aetiology of postpartum psychiatric syndromes on p 1277. Psychosocial factors, though acknowledged as playing an important role, are given much less importance in terms of word count than hormonal factors. Within the discussion of psychosocial factors, there is no mention of gender; although it is said that 'stressful life events' are important risk factors, the fact that many of these are associated with gender issues is not acknowledged.

In the discussion on sexual disorders, there is no mention of the potential role of the links between exhaustion due to overwork and other gender factors with female sexual arousal disorders. It is, however, acknowledged (p 1593) that vaginismus (the involuntary constriction of the outer vagina which prevents penile insertion) may be caused because of problems in interpersonal relationships; "a woman who feels emotionally abused by her partner may protest in this nonverbal fashion". On the other hand, when discussing the sex differences in the rates of mood disorders (p 1301), the authors state that psychosocial explanations are the most likely causes and cite the role of increased stress on account of women having to "maintain multiple roles such as homemaker, professional, wife and mother". This suggests that the unequal distribution of social roles according to sex causes the higher rates in women, and is thus an implicit acknowledgement of gender (though this term is not used).

The role of social constructions of the ideal body image is cited as one of the possible aetiological factors for the higher rates of eating disorders in women. The authors write that "slenderness as an expression of attractiveness is prominently emphasised in western culture. Much wilful dieting occurs for the purpose of being more attractive" (p 1665). However, it is also apparent that this image is not only confined to women; thus, traditional male occupations such as wrestling and jockeys are also associated with dieting and a higher risk for eating disorders. In another section of the book (p 2555), the authors are more explicit in the acknowledgement of a gendered construction of women's body image. They write that "early teenage girls are more vulnerable to comparisons with cultural standards of the ideal female as an ultrathin person, subsuming her personal assertiveness, competence, and individuality under the desire to please others." Later, they write that "adolescent girls' self-development also needs supportive, affirming subcultures to buffer the 'girl-hurting-isms' such as sexism, consumerism, and 'lookism'".

The CTP has a good record in discussing trauma and violence, including gender based violence, as a major risk factor for mental disorders in relevant sections of the book. An entire chapter is devoted to physical and sexual abuse of adults, and another chapter on abusive experiences in childhood. In both settings, the fact that males are the vast majority of both perpetrators and victims is mentioned, a fact which is often not well recognised in public health discourse (i e, where we are often led to believe that while men are most likely to be perpetrators, women are most likely to be the victims). The difference lies in the context of the violence; thus the high rates of male victimhood is related to crime, accidents and war; most of the violent experiences women bear occur in the context of intimate family relationships. The authors point out that research has shown a considerable gender bias towards women so that there is little known about the mental health consequences of violence in men. This could be because men are much less likely to report their own victimisation because "in forcing the victim to experience utter helplessness, victimisation challenges a very basic component of male identity". The chapter points out that high levels of violence are associated with high levels of mental disorder and medical use. In the context of domestic violence and rape, where women are the overwhelming majority of victims, the authors write that "most rapists commit other violent crimes as well and use sex to dominate, hurt and debase their victims". The chapter includes sections on date rape; they cite data suggesting that half of young men subscribe to "myths that predispose to rape tolerance-that women don't mean it when say no to intercourse" (p 2006). Sexual harassment is another instance where the overwhelming majority of victims are women. The chapter describes gender sensitive education materials to reduce sexual harassment in the workplace.

Whether gender is discussed as a factor influencing the access, response to effective therapies and adequately addressed in the care-giving role: This is well discussed in a number of sections of the book, especially when dealing with issues of lesbian relationships (see below) and in a chapter devoted to gender aspects of aging (51.6f) where the inequity in access, research and services for women is explicitly described. There is an explicit acknowledgement of the role of females as carers, notably in the

care of elderly persons where daughters are identified as the most common person caring for elderly parents (p 2986).

Whether there is any bias in describing women's (or men's) mental health, for example, use of gender stereotyped descriptions: In earlier textbooks of psychiatry, stereotyped descriptions of women usually centred around diagnostic categories such as nymphomania, neurotic and hysterical disorders. The CTP has benefited from a general effort to reduce gender biases in such descriptions in psychiatry, which have led to the rejection of terms such as hysterical disorders (and their replacement by more gender neutral terms like conversion and dissociative disorders). The condition 'nymphomania' continues to occur (p 1601) though the authors acknowledge that 'there are few scientific studies of this condition' and there is an adjacent description of the identical syndrome (excessive desire for coitus) in men ('Don Juanism' or satyriasis).

Is there any evidence of gender insensitivity, for example, in descriptions of mental disorders or their treatments: I found the CTP sensitive in its efforts to avoid stereotypical descriptions of women and men in the context of mental health problems. Thus, the inclusion of female characters in narratives of alcohol use disorders is an example of an effort to acknowledge that women also suffer drinking problems, although these are often unrecognised and ignored by healthcare providers. Another example of an effort to avoid stereotypes is in the discussion on how to deal with 'seductive patients' during a psychiatric examination (p 664). Here, the authors ensure that both male and female characters are used to describe instances of 'seductive' patients.

The importance of ensuring that psychotropic drugs are given with caution to women who are pregnant or lactating is well highlighted, both in specific sections on specific drugs, and in the general principles of psychopharmacology (p 2239). The authors say that "the basic rule is to avoid administering any drug to a woman who is pregnant (particularly during the first trimester) and who is breastfeeding a child."

Is there any specific discussion on gender issues, such as feminist approaches to psychotherapy and discussion of lesbian and gay sexuality and mental health?

The CTP has a good representation of issues with a comprehensive discussion of lesbian issues in mental health, and a separate section on feminist psychotherapy. The development of sexual orientation in women is discussed alongside homosexuality and lesbianism (pp 2920-21) in a section on gender identity rather than in a section on sexual disorders, thus clearly separating homosexuality in men and women from mental disorders. Mental health issues which arise in lesbian (and gay) relationships are extensively described in a chapter which covers both normal human sexuality and sexual disorders; the anti-gay and anti-lesbian biases which operate in society and within the mental health profession are also explicitly discussed (pp 1625-30). The principles guiding feminist psychotherapy are described as being based on the notion that "the personal is political" and that mental health problems in women must be seen through the lens of the "millennia of sexist attitudes" and their adverse impact on the "socialisation of women". It suggests that oppression leads to feelings of impotence and to true impotence, low self-esteem and conflicts. In this regard, this description is the closest I came across to the larger social construct of gender. The authors, however, also caution about the potential pitfalls of a rhetorical notion that all women's suffering is caused by societal oppression; this may lead to the false notion that women do not have their own internal conflicts, quite independent from societal factors.

Textbook of Postgraduate Psychiatry

This is a multi-authored, Indian, textbook of psychiatry. The first edition was launched in 1992 and the editors claim that this was the first multi-author textbook of psychiatry in India at the time. The book is targeted primarily to the postgraduate student of psychiatry and allied mental health fields, as well as a reference for qualified psychiatrists. The book is one of the most widely used textbooks for trainees in MD (Psychiatry) and DPM programmes in India.

Occurrence and context of the use of the term 'gender': The term gender is not recorded at all in the index. Quite apart from its lack of presence in the entire book, what is also evident is that there is virtually no acknowledgement of the role of gender factors in virtually any section of the textbook. This lack of sensitivity must be seen in the light that the book takes a strong biomedical approach to psychiatry and downplays the role of all psychosocial factors in the aetiology of mental disorders. For example, in the discussion on the aetiology of anxiety disorders (pp 249-53), there is not even a mention of psychosocial factors. However, even when psychosocial and cultural factors are given emphasis, gender is simply absent from the discussion. For example, of the 14 columns of text devoted to the discussion the aetiology of mood disorders, less than one column describes the role of life events and environmental stress. Even here, there is no mention of gender, and despite the vast literature on the subject, the authors state that "the relationship between life events and depression is difficult to study and some social psychiatrists still doubt whether life events can cause depression". Elsewhere, in a discussion on the influence of socio-cultural factors on substance abuse, the authors allude to the "cultural tradition and permissiveness" of some states like Punjab and Goa, as a factor (p 93). The single most important epidemiological finding on substance abuse in India is that men are overwhelmingly more likely to abuse substances than women; this finding is not explained at all!

There are several instances when the word gender is used in the book, but in all of them the word is used as an alternative to biological sex (for e g, on p 93, in Table 5.5.1 and on p 156). The closest description to the concept of gender I could find was in the discussion on leadership patterns and role assignment in families (p 844) where the authors suggest that 'males and females have distinct sex roles'. However, in the same section, we are told that 'formal roles' such as 'nurturing children' are based on 'the unique characteristics of individuals' and that a person has 'no choice over selection' of these roles which can be said are allocated on the 'basis of achievement'. I could not quite follow this assertion. Does this imply that women are good at certain functions and thus their roles are defined according to this? If so, then this would be a disturbing example of perpetuating gender biases in social role expectations. According to the authors, 'informal roles' (no examples given) are not 'stylised or patterned' and persons can choose these roles. The gender based construction of roles is, as everywhere else in this book, totally ignored.

Even the chapter devoted to 'Life Stresses and Psychiatric Disorders' (ch 67) does not mention the role of gender in the aetiology of mental disorders. However, there is a much stronger description of gender factors in the following chapter (ch 68)

on 'Sociology and Psychiatry and Mental Health Issues in Women' (ch 69) [see below]. On p 920, the author writes that "the female has for long been an underdog in the Indian culture, being forced to be the feeder and breeder, following the leader who is the male. Often she has no voice, particularly in orthodox families…the social roles played by women…are responsible for a greater vulnerability to psychiatric disorders". Later in the same chapter, the author writes "the eldest son in the Indian society has the most privileged position with regard to inheritance and receives preferential treatment from all family members…the eldest daughter is expected to share the responsibilities of the mother and household in general", These statements are perhaps the most explicit acknowledgement of the role of gender on mental health in the entire book.

Distribution of male and female characters in case narratives, figures or narratives about persons with mental disorders: The book does not have any case narratives. In many chapters, gender neutral identifiers such as 'psychiatrist' and 'patient' are used; however, in some chapters, the male pronoun ('he') is used far more commonly than the female ('she'). A good example of this can be found in the very first chapter of the book where, whenever a sex pronoun is used, it is always a male pronoun. Generalisations regarding psychiatric disorders are also, occasionally, attributed using male pronouns, as on p 814 where the authors state that "Man's joy and sorry, his love and hate, his fear and courage are similar everywhere" and later, "the conclusions of psychoanalysis are not valid for all men" (I assume the authors also include women in scope of these statements). In chapter 71 on transcultural psychiatry, in a discussion on the transcultural differences in basic needs, we are told that "all men are born with certain undeniable basic biological needs, such as nutritional, eliminative and sexual needs". Only men? In the penultimate chapter (ch 77) on ethics in psychiatry, a paragraph is titled: 'Respect for the Patient and His Human Rights', another example of a gender neutral subject where the male pronoun is used. In fact, I could not find a single location where a female pronoun when the subject being discussed was gender neutral. Perhaps, the only place in the book where the female pronoun is used to describe a health professional, is in the chapter on 'Psychiatric Nursing' where 'she' is used liberally to describe a nurse carrying out her duties. This is in contrast to the use of 'he' when describing a clinical psychiatrist in Chapter 1.

Coverage of women's mental health problems: Perhaps the most striking finding of my review is the virtual absence of any discussion of the role of gender based violence and women's mental health. This is evident throughout the book, right from the first chapter on clinical examination. Given the high rates of domestic violence in India, and the strong association between violence and mental health problems, there is no suggestion to specifically inquire about the experience of violence during history taking. While details of the marital history should be elicited, along with details of parental background and childhood and so on, the actual experience of violence by parents or spouse is absent. Similarly, when taking a psychosexual history (p 6), the author has only used the male pronoun throughout and there is no reference at all to unwanted sexual experiences. Indeed, there is virtually no mention of family and societal violence in the entire book. Violence is only discussed in two chapters. First, it is discussed in the section on psychiatric emergencies (p 523) where the context is the management of aggressive behaviour. However, in the same chapter, the association between male drinking and domestic violence is altogether absent. To my amazement, the authors state that "the quality of the marital relationship contributing to the development of substance use disorders in the spouses of either gender has been documented" (implying that dysfunctional marital relationships can lead to substance abuse in either men or women); however, the much better documented fact that substance abuse, to a large extent by men, itself is a major contributor to marital dysfunction, is not acknowledged. Later in the same chapter, when complications of alcohol abuse are discussed, there is no mention of violence even though a brief paragraph alludes to the fact that 'patients suspect their spouses of infidelity' and that this may 'influence various aspects of personal and social life'. The use of a gender neutral term here may potentially lead a reader to believe that this kind of behaviour is seen in both men and women, when the reality is vastly different. Violence is also briefly discussed in chapter 69 where we are told that the "scope of violence against women is of a stunning magnitude" and the author questions the reader "are we enquiring about them [violent experiences] in our case histories?" (p 928). Unfortunately, this golden opportunity to discuss gender issues to explain the high rates of violence is missed. The subject of rape is also, in my view, given very cursory attention (p 525).

There are entire chapters devoted to postpartum psychiatric syndromes, premenstrual dysphoric disorders, eating disorders and mental health issues in women. However, gender is absent in the discussion on the aetiology of these mental disorders which occur only, or predominantly, in women. In the chapter on eating disorders (ch 18), for example, gender factors such as marketing visual imagery on specific body shapes as one of the potential causes for the rising rates of eating disorders in young women in urban settings is barely given any notice. Instead, the role of fasting as a political tool is described (though its relationship to eating disorders is not) and while it is acknowledged that "the current culture of slenderness is perhaps linked to the increasing occurrence of eating disorders in females", the authors state that the data is "mainly correlational in nature and does not provide specific evidence" (p 358); the fact that most aetiological data is correlational is not critically assessed in other sections of the chapter.

In the chapter on 'Postpartum Psychiatric Disorders' (ch 19), stress is laid on biological explanations, even though there is precious little evidence for a biological explanation of postnatal depression, which accounts for over 90 per cent of postpartum mental disorders. The emphasis on the social aetiologies is placed on the woman's 'lifestyle' (p 372). Thus, the "new mother has to take care not only of her new infant but has also to *adjust* to her husband's and other children's schedules" (emphasis mine). It is evident that the issue is that the woman has difficulty in adjusting to her new role; the role of fathers or the extended family in adjusting to the woman's new role is not considered. Recent evidence showing that marital violence and the birth of a girl child play an important aetiological role in the genesis of postnatal depression are also not discussed [Patel et al 2002; Chandran et al 2002]. This bias is further demonstrated on p 374 when the authors state that the "husband can share the mothering role while the patient is recovering". What is the 'mothering role'? Is there an equivalent 'fathering role'? Can the absence of an equitable distribution of infant care roles be a cause of stress? What happens after the mother recovers? I believe that the word 'parenting role' is more appropriate here.

It is worth noting, however, that the mental health issues pertaining to women's cancers, such as the impact of mastectomy on women's mental health and their marital relationships, are sensitively discussed in chapter 27. Similarly, there is a clear description of suicide of women within seven years of marriage, which if combined with evidence that she had been subjected to cruelty or harassment by her in-laws due to dowry, is grounds to indict the person/s causing the harassment for her death. Unfortunately, though, the implications of this important penal provision on assessment of suicide attempters (for e g, specific questions regarding harassment and abuse) is absent. The risk assessment, for example (p 544) does not include inquiry about the quality of the marital relationship or relationship with in-laws (which earlier was described as being the most important causes for suicidal behaviour in women). Similarly, there is no mention of promoting healthy marital relationships and combating negative practices such as dowry, as a potential preventive strategy.

Whether gender is discussed as a factor in explaining sex differences in the risk for various mental disorders: The first notable feature is that sex disaggregated rates are not consistently presented in the book. For example, in presenting findings on the rates of specific mental disorders, the authors present sex differences in rates reported in some international studies such as the National Co-Morbidity Survey from the US. However, this is not consistently done for the review of Indian studies. Thus, Table 3.1 does not show sex disaggregated rates and there is no data presented on whether there are sex differences in the rates of substance use disorders or neuroses (which, epidemiological studies have shown have marked sex differences in India). In other chapters as well, there are allusions to the influence of sex, but no elaboration; for example, in the discussion on the epidemiology of schizophrenia (a disorder which, to the best of my knowledge, is roughly as common in men and women), the author states that sex is one of the factors which has been 'discussed in epidemiological studies' but there is no further explanation of this statement.

Elsewhere, it is reported that males with schizophrenia have a poorer prognosis than women in India (p 157); however, this statement must be explained further in particular by explaining how prognosis was judged. For example, there is evidence suggesting that women with severe mental disorders often get much poorer care and less treatment [Shiva 1992]: Was the prognosis judged on the basis of external criteria such as ability to work (which in a gendered society would imply paid work outside the house for men and housework for women)? This gender bias is evident on p 183, when the discussion on job placement in rehabilitation for persons with schizophrenia uses male characters to describe working in a paid job ("if a person who has a good job develops schizophrenia and recovers from the illness, he can return to his job.."). On the other hand, "in the case of women engaged essentially in domestic work, training and refresher courses could be offered to help them reinstate themselves in their homes". It also mentions that depression was more common in elderly women, and that many elderly depressives were widowed (p 899). Could gender factors which specifically discriminate against widows, or place elderly women in the role of being primary care-givers of their spouses when they suffer chronic disabling disorders, play a role in explaining this excess?

Similarly, another area where a gender bias is likely to be relevant is in the area of personality disorders. This is acknowledged on p 330 when the authors note that the diagnosis of 'hysterical personality' has been overwhelmingly used for women and may be prejudical (the authors are citing Scandinavian researchers in this context). However, apart from this statement, the overwhelming bulk of the discussion on causes focuses on genetic and biological explanations for personality disorders. The role of gendered social roles and biases in labelling behaviors is notable for its absence.

The authors state that sexual desire disorders (p 333-36), in particular, hypoactive sexual desire disorder (persistent or recurrent deficiency or absence of sexual fantasies or desire for sexual activity, which causes marked distress or interpersonal difficulty) and sexual aversion disorder (persistent or recurrent aversion to, and avoidance, of all genital sexual contact with a sexual partner, which causes marked distress or interpersonal difficulty) are more common in women. This statement is presented as if there was evidence to support it in the Indian context; to the best of my knowledge, there is no such evidence. Furthermore, given the vast literature on gendered influences on male and female sexuality, I am amazed that the authors have not alluded to this anywhere in the chapter. Indeed, while there is considerable discussion of the aetiology of male erectile disorder, there is no such discussion on female sexual arousal disorder. The implication is that women are more likely to feel less sexually aroused than men, and we have no understanding why! Later in this chapter (pp 342-43), Indian studies on sexual disorders are described uncritically and without any attempt to relate this to the social context of marital relationships in India or to the extent to which clinic based studies in a country where there is huge stigma regarding sexuality and very low likelihood that persons with sexual difficulties would consult doctors (least of all women), can be generalised. The focus of most studies is, unsurprisingly, on male sexual difficulties. The authors have simply failed to even note these gender issues in the entire chapter.

There are a few places, however, where gender factors have been sensitively discussed. For example the role of socio-cultural factors in the aetiology of mental retardation (p 577) where issues such as a mother's poor nutritional status and multiple roles, may place her children at risk. However, the gendered nature of these experiences is implicit, rather than explicitly stated. Sterilisation of mentally retarded girls can pose ethical concerns; thus, parents may request this procedure to protect their children from becoming pregnant following sexual experiences (which may be coercive). The authors wisely advise that each case should be carefully considered on a number of parameters and that legal advice may be sought (p 583). Another good example of using gender as a way of explaining sex differences can be found in chapters 68 and 69. There is an explicit discussion on the role of work and multiple responsibilities, which women bear and their risk for mental disorder and stereotyped attitudes towards marriage (p 921). In explaining the finding of the higher rates of neuroses in married women, the author attributes this to "early marriage…the risk of early pregnancy…the responsibilities of rearing children, in addition to the multiple chores of a housewife" and "old orthodox customs in certain parts of India" (referring to the example of sati). There is an acknowledgement that domestic roles played by women are 'unstructured', isolating and "greatly limited as a source of gratification". Working women, on the other hand, are disadvantaged when compared to working men in terms of salaries and promotions, and are faced with conflicts of family aspirations versus professional interests (p 920). Chapter 69 is entirely devoted to women's mental health

and provides epidemiological evidence on sex differences in rates of mental disorders; unfortunately, a gendered persepective on explaining these differences is much less evident. On the contrary, there are some rather sweeping statements which are potentially sexist (see later).

Whether gender is discussed as a factor influencing the access, response to effective therapies and adequately addressed in the care-giving roles: As a general rule, this is not discussed in the textbook in any meaningful way. For example, we know that girl children with mental health problems are less likely to be brought to child guidance clinics, in part because their school performance is given less emphasis by parents. Issues such as this differential access is not mentioned in the relevant chapters. In the first chapter which focuses on clinical examination skills, there is no discussion on special issues which may arise when interviewing women, for example, the presence of a husband or in-law in the room, and the need to specifically inquire about gender issues.

When discussing family therapies for substance abuse (p 127), the authors state that "dysfunctional and burdened families have strongly negative responses towards patients, resulting in increasing substance use by the patient" as one of the justifications for family therapy. Here, the family is conceptualised as one of the causes for alcohol abuse. The contrary process, that alcohol abuse leads to family dysfunction, is treated on par with the former process, and there is no mention at all of the fact that most abusers are men, and that in the gendered context of Indian families, the likelihood of families causing use is far less than the other way round. In addition, the issue of cessation of violence as an immediate, first step, in family therapy is totally absent! There is an acknowledgement that substance abuse in women is often ignored and that it is stigmatised, leading to "increased barriers to their treatment and excessive victimisation of these women" (p 136). While gender is cited as one of the factors which influences treatment process and outcome in substance abuse (Table 5.5.1, p 141), there is no discussion on what this means (for example, does this mean that a particular sex is likely to respond better) nor what its implications are for clinical practice. Furthermore, there is no discussion at all on the hidden burden of substance use disorders in women.

Elsewhere in the book, there is a mention of sex differences in the approach to mental disorders. For example, men with mental disorders are more likely to be perceived as mentally ill or admitted for longer periods (p 920), although the explanation that this is because "symptoms of distress and hospitalisation are considered to be common among females" was not clear to this reviewer. In the same section, the author states that the finding that a higher proportion of male patients register at psychiatric clinics is not indicative of a higher rate of disorder in men; instead, factors such as the lack of education, presence of superstitions, bleak matrimonial prospects and stigma may prevent women from seeking help. In chapter 69, the issue of gender differences in treatments 'rendered and received' is raised, but not discussed in terms of specific differences between the two sexes.

The influence of gender in the application of the rules regarding termination of marriage (p 1007) ought to have been critically analysed; for example, although severe mental illness can be grounds for the annullment of marriage, in reality has the law been applied equally for men and women? It is widely acknowledged that women are the main care-givers when there is a sickness in the family. This is especially true for chronic mental disorders such as schizophrenia and dementia. Dementia is a progressive degenerative disorder which affects elderly persons. The impact of care-giving has also been documented; the fact that many women care-givers of persons with dementia are elderly spouses themselves adds to the burden of care. Yet, in the entire discussion on dementia in chapter 4, this fact is barely acknowledged. In the assessment section, the focus is only on the patient; no description is made about interviewing the care-giver. In the section on treatment (p 54), the 'family' as a generic unit is described as needing support. While this is correct, the fact that one person in the family, most often a woman, bears the lion's share of the care-giving burden, is not acknowledged. The issue of relieving her burden from time to time, and enabling a more equitable distribution of care-giving duties is, similarly, not discussed.

Whether there is a bias in describing women's (or men's) mental health, for example, use of gender stereotyped descriptions: One of the major reasons for the fact that the term hysteria was dropped from psychiatric classifications was its pejorative use to describe women. Indeed, the origin of the word 'hysteria' is from the Greek word 'hystera' meaning uterus. The disorder was once thought to be an exclusively female condition, caused by the wandering of the uterus in the body. The association of hysteria with women persisted over the centuries and the term became more commonly used to describe women's behaviour which was stereotyped as being 'exaggerated' or 'melodramatic'. The term was recently replaced by Conversion and Dissociative Disorders in modern classifications. In the discussion on the terminology on p 294, the authors cite 17 contexts of the use of the term hysteria, but not one of them mentions the fact that women were by far much more likely to be at the receiving end of the stigmatising or discriminatory ones.

In the chapter on obsessive compulsive disorders (p 264), the authors describe a syndrome of 'suchi bai', and state this has been "recognised in Bengali widows" and is characterised by "repeated washing and purity rituals". I am not familiar with this syndrome, but I do believe that such narratives merit a citation to the work which described the syndrome, and an analysis of whether this is really a mental disorder or an extension of the gender-determined social roles of widows in our society.

In the discussion on somatoform disorders, the authors state (on p 283) that a recent Indian study reported that most patients with these disorders are predominantly married women from low-income groups. There is no supporting citation, nor any discussion on whether this finding is representative of the community, or what its explanations or implications are. It is plausible that married women from low income groups may experience a number of gendered stressors such as increased work load or the greater risk of domestic violence which, in turn, is known to be associated with multiple physical complaints (a core feature of somatoform disorders). Similarly, on p 583, we are told that between one-fourth and half of mildly retarded persons living in the community marry, and that women are married much more commonly than men. There is no reference for this statement, nor any potential explanations for this sex difference. My concern is that findings of one or two studies are presented as facts, with no critical appraisal of their larger significance (which is essential in a textbook), nor of their meaning or contexts.

Is there evidence of gender insensitivity, for example, in descriptions of mental disorders or their treatments? There is, as noted before, an uncritical acceptance of findings of isolated studies, which are then presented as facts. A glaring example of gender

insensitivity in this context is the statement on p 310, in the discussion on the aetiology of dissociative disorders, that "there appears to be a pattern of assortative mating between hysterical women and sociopathic men". Quite apart from the fact that, earlier in the same chapter, the authors give 17 reasons why the term hysteria should not be used, this is a statement which is hard to believe has any scientific validity. In the discussion on postpartum psychiatric disorders (p 374), the authors state that obstetricians should "be aware that ambivalence is a universal response of all women to conception which may be verbalised or expressed in somatic complaints like sleep problems, nausea, vomiting or may present with mood changes". This is an incredible statement! The common physiological syndrome of nausea in the first trimester is equated to 'ambivalence' and this is cited as being a universal response to becoming pregnant! This is surely misinformation. We are also told that "women, pregnant for the first time" usually believe that childbirth will lead to "disastrous changes in her". Later we are told that we should reassure mothers that "women with a child enjoys better status in Indian society than women without a child". Is this not perpetuating gender stereotypes and roles? If a depressed woman has had a boy child, should we then reassure have that a boy child is better than a girl child in our society and thus hope she feels better? Should we advocate prejudical attitudes as reassurance?

In the chapter on dermatological disorders and mental health, the authors state that a condition of excessive blushing can lead to 'erythrophobia' or a fear of blushing. While I am not familiar with this condition, I was surprised to read that the condition was more common in women (for which statement, the cited reference is from 1947) and that "such patients suffer from emotional difficulties and inhibitions". What does this mean? One can only surmise that this implies sexual inhibitions which, in my mind, has no factual basis and is a gender insensitive statement. We are told that marital therapy is useful for depressed women (p 869), but no explanation is given for the apparent implication that it may not be useful for depressed men. In explaining the differences between men and women's vulnerability for mental disorders, we are told that "women tend to be less delighted about life than men"! (p 927)

Is there a specific discussion on gender issues, such as feminist approaches to psychotherapy and discussion of lesbian and gay sexuality and mental health?

There is no discussion of these issues in this textbook. In fact, there is an implication that homosexuality is a disorder in the chapter on behaviour therapy when aversion therapies are uncritically presented as treatments for homosexuality (p 868). Indeed, the author writes that "those patients in whom increasing heterosexual responsiveness must be the major focus for treatment" include persons with 'exclusive homosexuality'.

It is important to recognise that gender is a key component of a larger public or community health model of health education. Sensitisation of authors may be carried out in a workshop in which the editors of leading Indian psychiatric books are made aware of gender issues and how these might be dealt with in their books. Ultimately, psychiatric education in India will be best dealt with a book that has been written by authors who have direct clinical experience in India but who are also able to ensure that the social realities of mental disorders in the Indian context are adequately covered. EPW

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