

**Announcements**

- Exams back at end of class; exam grades posted
- Video and speaker on Thursday

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**Ch. 12 OVERVIEW**

- Psychological disorders more common in women than men:
  - *Depression*
  - *Eating disorders*
- Treating psychological disorders in women

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**QUESTIONS FOR TODAY**

- How is depression defined and what is its prevalence?
- What are some of the reasons why depression is more common in women than men?
- What are some of the effects of depression on other people in the depressed person's life?
- What are the prevalence and causes of eating disorders and body dissatisfaction?

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### CRITERIA FOR MAJOR DEPRESSIVE EPISODE IN DSM-IV (1994)

- At least 2 weeks of depressed mood or loss of interest/pleasure in nearly all activities most of the day nearly every day
- At least 4 of these symptoms:
  - changes in sleep, appetite, weight
  - fatigue or decreased energy
  - feelings of worthlessness
  - difficulty thinking or concentrating
  - recurrent thoughts of death/suicide
- Symptoms cause clinically significant impairment in functioning

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### Prevalence of Major Depression

- Kessler et al. (1994):
  - National Comorbidity Study; n = 65,000
  - Major Depressive Episode in lifetime:
    - 21% of Women 13% of Men
- DSMIV (APA, 1994)
  - Major Depressive Disorder in lifetime:
    - 10-25% of Women 5-12% of Men
- Overall depression prevalence estimates:
  - 20% of Women, 10% of Men
  - 2:1 ratio

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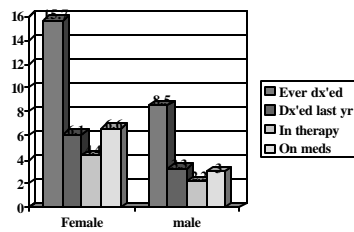
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### Depression in college students (American College Health Association, 2003)




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### SAMPLE SELF REPORT DEPRESSION MEASURE

In past week, how much were you distressed by:

- Thoughts of ending your life
- Feeling lonely
- Feeling blue
- Feeling no interest in things
- Feeling hopeless about the future
- Feelings of worthlessness

0 = not at all  
1 = a little bit  
2 = moderately  
3 = quite a bit  
4 = extremely

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### Reasons for Gender Differences in Depression

- Clinical bias:
  - Physicians tend to overdiagnose depression in women and underdiagnose depression in men
- Reporting differences:
  - women are more likely to report symptoms of depression on self-report measures
- Bias in measures:
  - measures may not assess symptoms of depression experienced by men

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### Reasons for Gender Differences – 2 Discrimination against women Klonoff et al. (2000)

- Sample: 180 female and 75 male college students (average age = 27, range = 17 to 68); 46% minorities
- Measures: Schedule of Sexist Events - 20 item measure of frequency of discriminatory, sexist acts/event in women's lives (lifetime and past year)
- Self-report measure of depressive symptoms
- Results: Women with high levels of sexist events had more symptoms of depression than women with low levels of sexist events and men

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### Reasons for Gender Differences - 3

- Higher poverty rates among women
- Greater emphasis on women's physical appearance
- Higher rates of sexual violence among women
- Greater role strain/stress among women, especially if partner underestimates stress
- Relationships: Women give more support than they receive; women also more affected by lack of support than men are

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### Women's Relationships: Unmitigated Communion

- A focus on others to the exclusion of the self
  - Associated with depression
  - Women score higher than men
- Unmitigated communion is also associated with:
  - lower self-esteem and basing one's sense of worth on other's opinions
  - More comfortable providing support than receiving it
  - being more distressed by others' problems

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### Effects of Depression on Others

- For every depressed person, three more people are affected according to WHO
- Infants born to depressed mothers mirror mothers' depressive symptoms
- Untreated depressed newborns grow into depressed infants - slower to walk, weigh less, less responsive
- If untreated, depressed infants grow into depressed toddlers - behavior problems, brain activity suggestive of chronic depression
- Among older (8-16) kids, those with depressed moms had poorer functioning in several domains

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### DSM-IV DIAGNOSTIC CRITERIA FOR ANOREXIA NERVOSA

1. Intense fear of gaining weight or becoming fat even though underweight
2. Refusal to maintain adequate body weight, defined as 85% of expected weight
3. Body weight/shape has undue influence on self-evaluation
4. Absence of at least 3 consecutive menstrual cycles
  - Over 90% of those with anorexia are female
  - About 1% of women have anorexia

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### DSM-IV DIAGNOSTIC CRITERIA FOR BULIMIA NERVOSA

1. Recurrent episodes of binge eating
  - (a) eating larger than normal amount of food in a short amount of time
  - (b) sense of lack of control over eating
2. Recurrent compensatory behavior - e.g., vomiting, taking laxatives, excessive exercise
3. Both 1 and 2 on average at least twice a week for 3 months
4. Self evaluation overly influenced by body shape/weight
  - At least 90% of those with Bulimia are female
  - About 3-4% of women have bulimia

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### Eating Disorder Behaviors (Neumark-Sztainer et al., 2002)

- Sample: 4746 male and female public high school students in Twin Cities
  - 48% White
  - Average age = 15
- Measures:
  - Actual weight
  - Weight related attitudes/concerns
    - E.g., body satisfaction
  - Weight related behaviors/conditions
    - E.g., extreme weight control behaviors

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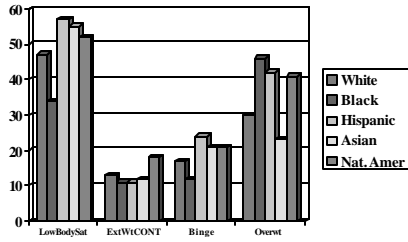
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## Girls' Weight Concerns/Eating Problems




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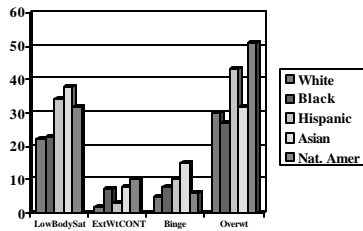
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## Boys' Weight Concerns/Eating Problems




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## Conclusions

- Eating disordered behavior common
  - e.g., 17% of girls reported bingeing in past year
- More than twice as common in girls than boys
  - E.g., 8% of boys binged
- Not just a white girl thing
  - 24% of Hispanic girls binged (highest %)
- Large differences across gender and ethnic groups

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**Why are eating disorders more common in women?**

- Cultural factors:
  - Media images of overly thin women
  - Women less satisfied with bodies than men
  - People rate women as more appealing if they eat smaller amounts
  - Women are aware of this and modify their eating habits accordingly (eat less around attractive opposite sex partners)

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**Stice (2002) Meta-analysis of research on risk factors for eating disorders**

- Only used prospective or experimental studies because only these studies can determine "risk"
- Used effect size  $r$  to measure relation between each factor and increase in eating pathology
  - .10 = small, .30 = medium, .50 = large

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**Stice (2002) Effect sizes for prospective studies**

- Modeling by family/peers:  $r = .16$  (n = 2)
- Dieting:  $r = .15$  (n = 9)
- Body dissatisfaction:  $r = .13$  (n = 13)
- Pressure to be thin:  $r = .12$  (n = 5)
- Negative affect:  $r = .09$  (n = 13)
- Internalization of thin ideal:  $r = .08$  (n = 4)
- Impulsivity:  $r = .07$  (n = 4)
- Substance abuse:  $r = .07$  (n = 5)
- Perfectionism:  $r = .06$  (n = 5)
- Body mass:  $r = .04$  (n = 11)
- Early menarche:  $r = .04$  (n = 5)

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**Summary**

- How is depression defined and what is its prevalence?
  - 20% women; 10% men
- What are some of the reasons why depression is more common in women than men?
  - Several cultural and psychological factors
- What are some of the effects of depression on other people in the depressed person's life?
  - Depression in Moms can create depression in kids
- What are some of the causes of eating disorders and body dissatisfaction?
  - Several cultural and psychological factors

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**Key Terms**

- Major Depressive Disorder
- Ruminative style
- Anorexia nervosa
- Bulimia nervosa
- Binge-eating disorder
- Culture of slimness
- Nonsexist therapy
- Feminist therapy

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