

# Gender



## **Sex and Gender:**

Sex-role stereotypes. Androgyny and the BEM Sex Role Inventory

## **The role of chromosomes and hormones:**

Testosterone, oestrogen and oxytocin and their role in sex and gender. Atypical sex chromosome patterns: Klinefelter's syndrome and Turner's syndrome

## **Cognitive explanations of gender development:**

Kohlberg's theory, gender identity, gender stability and gender constancy; gender schema theory

## **Psychodynamic explanations of gender development:**

Freud's psychoanalytic theory, Oedipus complex; Electra complex; identification and internalisation

## **Social learning theory as applied to gender development:**

The influence of culture and media on gender roles

## **Atypical gender development:**

Gender identity disorder; biological and social explanations for gender identity disorder

# Paper 3: Gender

## Sex and Gender

### Key Concepts

<b>Sex</b>	This refers to the person's biological status as either being male or female. This will be determined by chromosomes, hormones, as well as differences in reproductive structures and external genitalia.
<b>Gender</b>	Gender refers to the individual's sense of being male or female and the possession of behavioural/personality characteristics that are assigned to a particular gender. These characteristics are heavily influenced by social norms and cultural expectations. So, whereas sex is wholly biologically determined, there is most likely a social/environmental element to gender.
<b>Gender Identity Disorder</b>	For most people, their biological sex corresponds to their gender. However, for some individuals, the two do not correspond, and these people experience gender dysphoria (sometimes referred to as gender identity disorder), where their gender identify does not match their biological sex. In other words, a biological male identifies with being female, and vice versa.

### Sex Role Stereotypes

Sex role stereotypes are a set of shared expectations that people within a society hold about what is usual and desirable behaviour for males and females. For example, in our society, females are expected to be passive, emotional and nurturing, whereas men are expected to be assertive, aggressive and tough. These stereotypes, once in place, are then reinforced by parents, peers, the media as well as other institutions (e.g. schools). For example, boys and girls may be encouraged to play with gender stereotypical toys, or study gender stereotypical subjects at school. Even when parents and schools make efforts to encourage children to break free from stereotypes, those children may still experience pressure from other children to conform



to traditional gender stereotypical behaviour. Although some of the stereotypes may hold true to some extent, some have no evidence supporting them but continue to persist. These gender role stereotypes are likely to lead to sexist assumptions and negative outcomes for both women and men. For example, a female applying for a job in management may not be selected because of the belief that she is more emotional and less logical than a man. A man applying for custody of his children may be denied it because it is presumed that he is not as capable of caring for children as a female.

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### Notes

## Research into sex role stereotyping

**Seavey et al (1975)** told a third of their adult participants that a baby dressed in a yellow jumpsuit was a girl, another third that the baby was a boy, or (the last third) did not say anything about the baby's gender. They were left to play with the baby in a room containing a ball (stereotypically male toy), a doll (stereotypically female toy) or a plastic ring (gender neutral toy). Both male and female participants gave the baby the doll to play with if they thought it was a girl, but were more likely to give it the gender neutral toy if they believed the baby was a boy. When the baby's gender was not known, both male and female participants tried to assess the baby's gender on the basis of its perceived strength. This suggests that adults react differently according to the baby depending on whether they believe it is a boy or a girl, and that the tendency to treat the babies in a gender stereotypical way seems to be stronger if the baby is perceived as female.



**Langlois & Downs (1980)** compared peers' and mothers' reactions to pre-school children playing with opposite-gender toys. When boys played with girls toys, mothers accepted this, but male peers ridiculed and even hit them, demonstrating that male peers show an intolerance of cross-gender behaviour, supporting the idea that peers police gender-role stereotyping

## Further evaluation of sex role stereotyping

<b>Application of the research 1</b>	As there is research to suggest that environmental factors may have an influence on gender stereotypical behaviour, as a society we can encourage the breaking down of negative sex role stereotyping. For example, children can be encouraged to adopt a more positive attitude to non-stereotypical gender behaviour by providing learning experiences that reinforce the idea that positive behaviours can apply equally to men and women regardless of their gender
<b>Application of the research2</b>	The research in this area has already been used to encourage those involved in the media to present less gender stereotypical images of males and females, particularly where negative sex-role stereotypes of females have been used. However, we can argue that this has not been entirely effective, as some of the stereotypical portrayals still persist
<b>Nature versus nurture</b>	It is very difficult to establish from the research in this area just how much of an influence sex-role stereotyping has on gender-role behaviour. This is because it is not possible to separate biological influences on behaviour from social influences. Some cross-cultural studies show a high degree of similarity in gender roles across cultures, suggesting there may be a biological basis to at least some gender stereotypical behaviours. This makes it difficult to establish whether the stereotypes cause the behaviour, or whether the behaviour has led to the stereotypes. However, most would argue that even if there is a biological basis to some gender role behaviours, stereotyping that leads to negative outcomes, usually for females, should be challenged, particularly as it is likely that the extent of these differences have been exaggerated.

## Notes

# Androgyny and the BSRI

## What is androgyny?

Androgyny is defined as a personality type that consists of a high level of both traditional male and female traits, attitudes and behaviours.

It used to be assumed that those who have a good match between their personality characteristics and their biological gender are better adjusted and more psychologically stable than those who don't. However, this was challenged by Bem who suggested that those who display androgyny are better equipped to deal with the demands of modern life, and are therefore more psychologically healthy.

## The Bem Sex Role Inventory (BSRI)



**Sandra Bem (1974)** devised a scale to measure a person's level of androgyny. The scale consists of 20 characteristics that would be commonly associated with being 'male' (e.g. competitive, aggressive), and 20 that would be commonly associated with being female (e.g. tender, gentle). There were also 20 neutral traits included in the scale. Respondents are required to rate themselves on a seven point scale, according to how much they think that trait describes them, 1 being 'never true of me' and 7 being 'always true of me'. Scores are then classified on the basis of two dimensions, masculinity/femininity and androgynous/undifferentiated as follows:

High masculine, low feminine	masculine
High feminine, low masculine	feminine
High masculine, high feminine	androgynous
Low masculine, low feminine	undifferentiated

Bem found that 34% of males and 27% of females were classed as androgynous, according to the scale. This suggests that a sizable proportion of both males and females are androgynous, rather than being wholly masculine or feminine.

## Additional research into androgyny

**Flaherty & Dusek (1980)** found that androgynous individuals have a higher degree of self-esteem, a better sense of emotional well-being and more adaptable behaviour, supporting the idea that androgyny is correlated with psychological wellbeing.

**Taylor & Hall (1982)** suggest that masculinity, in both males and females, is a better predictor of psychological wellbeing than androgyny. **Taylor (1986)** found that wellbeing is more strongly correlated with masculinity than femininity on the BSRI. This suggests that perhaps traditional male traits are beneficial to both sexes, whereas traditional female traits do not give the same advantage.

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## Notes

## Further evaluation of the BSRI

<p><b>Validity and reliability of the scale</b></p>	<p>The BSRI was developed by asking 50 male and 50 female judges to rate how desirable each of 200 traits were for men and women. The traits that were the highest scorers in each category became the 20 masculine and 20 feminine traits on the scale. The BSRI was then piloted with over 1,000 students and the results broadly corresponded with the participants' own description of their gender identity. This suggests the BSRI has a degree of validity. A smaller sample of the students were then re-tested on the scale a month later and similar scores were found. This suggests the scale has high external reliability</p>
<p><b>Culture/gender bias</b></p>	<p>It may be that because of the masculine bias in western society, where traditional masculine qualities, like independence and competitiveness, are valued more highly than feminine qualities, such as co-operation and nurturing, that masculine traits correlate with positive mental health, as these are the traits that are likely to lead to the best outcomes in these societies. We cannot assume that masculinity is a precursor of good mental health universally. It may be in collectivist cultures, where traits such as co-operation and interdependence are valued, that traditional feminine traits would lead to better mental health.</p>
<p><b>Temporal validity</b></p>	<p>The BSRI was developed over 40 years ago and so may be considered outdated. Behaviours and attitudes that are regarded as typical and acceptable for each gender have changed dramatically in that time. The scale is made up of stereotypical traits that are no longer relevant in today's society. The way attitudes to gender have changed is demonstrated in the recent terms 'metrosexual' and 'ladette'. The former refers to a male who is particularly preoccupied with grooming and appearance and enjoys spending time shopping – traditionally considered female traits. The latter refers to young women embracing the drinking culture, football and loutishness, which previously were regarded as the exclusive domain of young males. These additions to our language, reflect the changing roles of males and females and indicate that the lines between what is considered male and what is considered female are becoming increasingly blurred.</p>




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## Notes

# The role of chromosomes and hormones in sex and gender

## The role of chromosomes

There are 46 pairs of chromosomes in the human body, arranged into 23 pairs. The 23<sup>rd</sup> pair determine the biological sex of the child. The formation for females is XX and for males it is XY. The first chromosome is passed onto the child by the mother. As females only carry X chromosomes, this is always an X. This means that it is the father who determines the biological sex of the child. If he passes on an X chromosome the child will be female and if he passes on a Y chromosome, the child will be male. The Y chromosome carries a gene called the 'sex-determining region Y' or SRY. The SRY causes testes to develop in the foetus. These then secrete androgens, which are male sex hormones. Androgens cause the foetus to develop into a male. Without them, the foetus will remain female. Female hormones are not required for the foetus to develop into the female form.



*XY formation*

## The role of hormones

Chromosomes determine whether the foetus will develop into a male or a female, but it is hormones that cause the physical development that defines each sex. These hormones also have an effect on the brain of the developing foetus. At puberty, a burst of hormonal activity triggers the development of secondary sex characteristics, such as breasts, pubic hair and beard growth.

## Testosterone

Both males and females produce testosterone, but males have it in much greater quantities. Prenatally it causes the development of the male sex organs and masculinises the brain by speeding up development in certain areas, such as those that are responsible for spatial awareness. Testosterone is also linked to traditional male-type behaviours, such as competitiveness and aggression. There are also differences in the area of the hypothalamus known as the sexual dimorphic nucleus. It is believed that differences in this area of the brain are also down to the action of sex hormones, such as testosterone, although this has not been confirmed.

## Oestrogen

Oestrogen is primarily a female hormone which promotes the development and maintenance of female characteristics of the body, such as the development of breasts in puberty, and, later on, regulates menstruation. Oestrogen is also associated with traditional female-type behaviours, such as sensitivity and co-operation.



## Oxytocin



Oxytocin is a hormone which is typically produced in greater amounts in women, particularly as a result of giving birth. It facilitates bonding. For this reason it is sometimes referred to as the 'love hormone'. Oxytocin is released in massive quantities during labour and after childbirth and makes new mothers feel 'in love' with their baby. Both sexes produce oxytocin in similar amounts during sex.



## Evaluation of the role of chromosomes and hormones in sex & gender

<p><b>Validity of the research</b></p>	<p>Much of the research in this area is conducted on animals, or based on case studies. Both are problematic. There may be a problem with our ability to generalise the results of animal studies to humans, as the brain functioning of animals is much more simplistic than it is for humans. Human behaviour is influenced by culture and socialisation, and therefore we may find that hormones have less of an influence over our behaviour. The problem with case studies is that we may not be able to generalise the results to the wider population as there may be something specific about that situation that accounts for the findings. For example, in the case of David Reimer, Reimer's mother may have unconsciously transmitted her distress or discomfort at the reassignment, which may account for his rejection of the female role.</p>
<p><b>Supporting Research</b></p>	<p>There is research that supports the role of chromosomes and hormones in gender development. David Reimer lost his penis as a baby in a medical accident and was subsequently raised as a girl. Although the transition was initially reported as a success, it later emerged that Reimer was never comfortable in the female role and suffered severe psychological problems. When he was finally, at the age of 14, told the truth about his birth sex, he decided to revert back to being a male. This would suggest that as Reimer's brain was masculinised in the womb as a result of testosterone production, he was pre-programmed to be male and socialisation was unable to override this.</p> <p>Imperato-McGinley and her colleagues (1974) studied thirty-seven children in the Dominican Republic who had inherited a <b>mutant recessive gene</b>. They were born with apparently female genitals and were brought up as girls even though they all had XY chromosomes. When they reached puberty, the surge in testosterone levels, led to the production of a male hormone (dihydrotestosterone) which they had lacked before birth. This hormone led to their masculinisation and the sudden development of male genitals. These people reported no difficulty in adopting the male gender despite being reared as girls. This suggests that the role of socialisation was overridden by biological factors</p> 
<p><b>Reductionist</b></p>	 <p>The research into the role of hormones in gender development is reductionist, as it attempts to reduce gender role behaviour down to a single hormone. This may be considered too simplistic. Hormones are often part of a biological mechanism that involves other actions, so it may not be possible to pinpoint the hormone itself as the sole cause of the behaviour. There is also an over-emphasis on nature, that is not supported by research. Maccoby and Jacklin (1974) found significantly more differences within the sexes than between them, suggesting that hormones are not the major contributor to sex role behaviour</p>

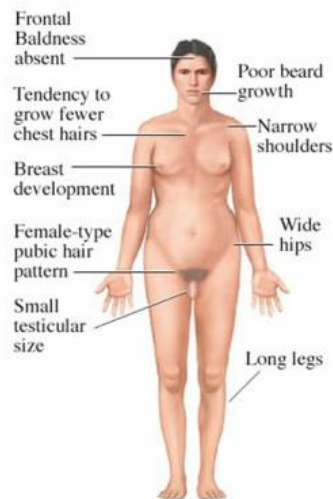
### Notes

# Atypical Sex Chromosome Patterns

## Klinefelter's syndrome

Klinefelter's syndrome affects between 1 in 500 and 1 in 1,000 people in the population. People who have this condition are biological males with the anatomical appearance of a male, but they have an **additional X chromosome**, giving them a formation of XXY. It is thought that around two thirds of people who have Klinefelter's syndrome are unaware of it. The **physical effects** of the syndrome include reduced body hair, sometimes some breast development at puberty, and a softening or rounding of body contours. These individuals tend to have long gangly limbs, underdeveloped genitals and can sometimes exhibit problems with co-ordination and clumsiness. They are also susceptible to health problems that more commonly affect women, e.g. breast cancer. The psychological effects include poorly developed language skills and reading ability. They tend to be shy, passive and lack interest in sexual activity. Many respond badly to stress, and they may exhibit problems with memory and problem solving

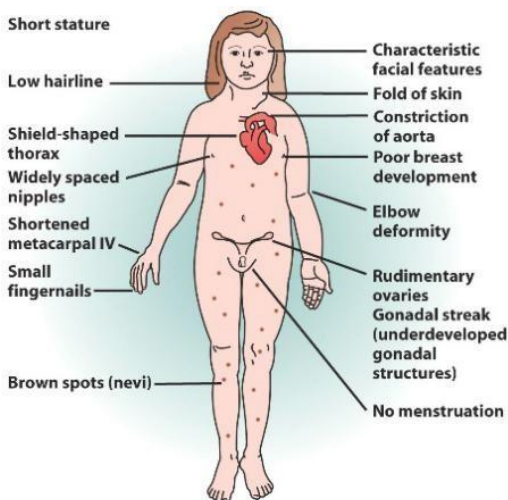
## Klinefelter syndrome



- Lower IQ than sibs
- Tall stature
- Poor muscle tone
- Reduced secondary sexual characteristics
- Gynaecomastia (male breasts)
- Small testes/infertility

## Turner's syndrome

Turner's syndrome affects approximately 1 in every 5,000 females. It is caused by the **absence of one of the X chromosomes** on the 23<sup>rd</sup> pair, giving a formation of XO. The **physical characteristics** that are associated with Turner's syndrome are an absence of the menstrual cycle, ovaries fail to develop, therefore these individuals are infertile. They do not develop breasts at puberty and instead have a broad 'shield' chest. Turner's syndrome is also associated with low set ears and a 'webbed' neck (an area of folded skin that runs along the neck to the shoulders). There is a high waist to hip ratio, in that there is little difference between the waist measurement and the hip measurement. Generally, adults with Turner's syndrome are physically immature and tend to retain the appearance of a pre-pubescent girl. The **psychological characteristics** of Turner's syndrome include a higher than average reading ability. However, performance on spatial, visual memory and mathematical tasks is lower than normal. They also tend to be socially immature, having trouble relating to their peers and fitting in.



## Notes

## Evaluation of research into atypical sex chromosome patterns



<p><b>Nature vs nurture</b></p>	<p>Studies of people with atypical sex chromosome patterns are useful as they contribute to our understanding of the nature-nurture debate in gender development. By comparing people who have these conditions with chromosome-typical individuals, it becomes possible to see psychological and behavioural differences between the two groups (such as the finding that people with Turner’s syndrome tend to have higher verbal ability and tend to talk more than ‘typical’ girls). It might be logically inferred that these differences have a biological basis and are a direct result of the abnormal chromosomal structure. This would suggest that innate influences have a powerful effect on psychology and behaviour</p>
<p><b>Validity of the research</b></p>	<p>However, there may be issues in concluding that the differences observed above are down to biological factors. We cannot establish a causal relationship between the chromosomal formation and the behaviour observed. It may actually be that environmental and social influences are more responsible for the behavioural differences seen in these individuals. For example social immaturity observed in females with Turner’s syndrome may arise from them being treated ‘immaturely’ by the people around them. Parents, teachers and others may react to the pre-pubescent appearance of people with Turner’s in a way that encourages immaturity and this may have an indirect impact upon their performance at school, hence the specific learning and developmental problems outlined as a feature of the disorder</p>
<p><b>Application of the research</b></p>	<p>Continued research into atypical sex chromosome patterns is likely to lead to earlier and more accurate diagnoses of both syndromes, and could lead to more positive outcomes in the future. <b>Herlihy et al (2011)</b> found that those who had been identified and treated from a very young age had significant benefits compared to those who had been diagnosed in adulthood. Also, testosterone replacement therapy can help people with Klinefelter’s syndrome increase their hormone levels towards a normal range, which can help produce bigger muscles, deepen the voice and stimulate facial and body hair growth, potentially increasing the quality of life for these individuals. Growth hormone injections are beneficial for some individuals with Turner’s syndrome, increasing their adult height by a few inches. These injections often begin in early childhood, therefore without early detection of the disorder, made possible by the research, this benefit could not be achieved. However, as both Klinefelter’s syndrome and Turner’s syndrome can be diagnosed prenatally, the research is socially sensitive, as it may lead to mothers opting to have their pregnancies terminated on discovering that the foetus has the atypical chromosomal pattern</p>



**Notes**

# Cognitive Theories of Gender Development

## Kohlberg's theory of gender development

The theory is based on the idea that a child's understanding of gender becomes more sophisticated with age, as their intellectual reasoning becomes more developed. Gender development is thought to progress through three stages. The ages suggested by Kohlberg are approximate and reflect the fact that the transition from stage to stage is gradual rather than sudden. The three stages are as follows:

**Stage 1 - GENDER IDENTITY:** The child recognises that they are male or female but the knowledge is fragile and child may not realise that little boys grow into men, and little girls grow up into women.

**The child enters this stage at around the age of 2**

**Stage 2 - GENDER STABILITY:** The child realises that they retain their gender for a lifetime, but are unable to apply that logic to other people. They still believe that if someone engages in behaviour that is typical of the opposite sex, that that person's gender changes. For example, they might believe that if a man puts on a skirt, he becomes a woman. They also rely on superficial characteristics to determine someone's gender, e.g. hair length, so a man who has long hair will be judged to be a woman.

**The child enters this stage around the age of 4**

**Stage 3 - GENDER CONSTANCY:** At this stage, the child realises that gender is permanent and remains consistent across time and situations for others as well as for themselves. So although they may regard a man wearing a dress as strange and unusual, they still recognise that he is a man. Once the child achieves gender consistency they come to value the behaviours and attitudes associated with their gender, and identify with adults who possess these qualities.

**The child enters this stage around the age of 6**



## Research Evidence

**Slaby & Frey (1975)** gave questions to 2-5 year old children to assess their level of gender constancy and then several weeks later showed them a film of a man and woman performing gender stereotypical activities. Children with high levels of gender constancy paid more attention to the same-sex models than children with low levels of gender constancy, which suggests that high gender constancy leads to children watching their own gender to acquire information about gender appropriate behaviour, supporting Kohlberg's theory that children who reach gender constancy seek to behave in a gender appropriate way

**Rabban (1950)** found through questioning about gender that children's thinking changes as they age. By three years, most children demonstrated gender identity, but did not have an understanding of what gender they would grow into. By five years, 97% demonstrated gender stability, supporting the view that understanding of gender develops as Kohlberg suggested

**McConaghy (1979)** found that if a doll was dressed in transparent clothing so its genitals were visible, children of 3-5 years judged its gender by its clothes, not its genitals, supporting Kohlberg's belief that children of this age use superficial characteristics to determine gender

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## Notes

## Further evaluation of Kohlberg's theory of gender development

<p><b>Issues with the validity of the research</b></p>	<p>Kohlberg's theory was developed using interviews with children who were, in some cases, as young as two or three. Although the questions asked were tailored to that particular group, it may not have been acknowledged that very young children often lack the vocabulary to express their views adequately. Also, some of the research that supports the theory could lack internal validity if the environment affected the children's answers to the questions. For example, a very young child may think it's a trick question, (e.g. 'is this a boy or a girl' if a male is dressed in a skirt) or by posing the question twice (e.g. 'is it still a boy?' after changing the external appearance), this may give the child the impression that a different answer is required. Also, it has to be considered that a doll does not really have a fixed gender, and therefore it <i>is</i> possible to change the gender of a doll through superficial means. This does not mean, necessarily, that children cannot understand that humans cannot change their gender so easily</p>
<p><b>Issues with the reliability of the research</b></p>	<div data-bbox="555 775 1018 1122" data-label="Image"> </div> <p>Kohlberg's theory is undermined by the observation that many children begin to demonstrate gender-appropriate behaviour before reaching the stage of gender constancy. Bussey &amp; Bandura (1992) found that children as young as 4 reported 'feeling good' about playing with gender appropriate toys and 'feeling bad' about doing the opposite. It is widely believed that the ages at which children are supposed to reach the stages are too old. Although research evidence suggests that the concepts of gender identity, stability and constancy occur in that order cross-culturally, supporting the idea that the stages do occur through the process of natural maturation, as suggested by Kohlberg</p>
<p><b>Gender bias (beta bias)</b></p>	<p>Evidence suggests that boys have a much less flexible concept of gender role than girls, and boys show much greater resistance to opposite-sex activities than girls. These differences are likely to be social/cultural in origin, and are difficult to explain in terms of Kohlberg's cognitive/developmental theory, which suggests that children's gender role is formed through the natural maturation of thought processes. It also highlights a beta bias in the theory, as it does not pay attention to the differences between the two genders, presuming that girls and boys develop concepts of gender in the same way</p>

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### Notes

## Gender schema theory

Like Kohlberg's theory, this is a cognitive-developmental theory of gender, but unlike Kohlberg's theory, it is not a stage theory

### What are schemas?

Schemas are mental frameworks that help people organise and understand information; they also allow you to predict what to do in certain situations.

### The theory

Gender schema theory argues that gender identity develops through both cognitive and social processes and unlike Kohlberg doesn't suggest that children need to know that gender is permanent to develop gender schema. The child's gender schema develops around 2/3 as soon as the child notices differences between boys and girls and can label the two groups reliably. Having developed the schema, the child then looks for information that helps them to develop their schema. Martin and Halverson suggest that there are two types of sex-related schema: the "in-



group out-group" schema and the "own-sex" schema. So a girl might begin by identifying toys which are for the in-group (a doll for a girl) or out-group (a train for a boy) and then move on to the "own-sex" schema by thinking: 'A doll is for a girl. I am a girl. A doll is for me'. These schemas help children interpret and organise their experience. Children tend to pay more attention to information that is relevant to their own gender identity, rather than to that which is relevant to the opposite sex (out group). By the age of 6 years old, the child has a rather fixed and stereotypical idea about what is appropriate for its gender, but by the age of 8, gender schemas have become more complex, and by late childhood/early adolescence, schemas become more flexible and children are not as likely to stick so rigidly to gender stereotypical behaviours.

## Research evidence

**Martin & Halverson (1983)** found that children under the age of six were more likely to remember photographs of gender-consistent behaviour than photographs of gender-inconsistent behaviour when tested a week later. Children tend to change the sex of the person carrying out the gender-inconsistent activity when asked to recall them. This supports the idea that children distort information so that it fits with their existing schemas

**Masters et al (1979)** found that children aged between four and five years selected toys by their gender label (boy toy/girl toy), rather than which gender was seen playing with the toy, suggesting that existing schemas have more of an impact on gender role behaviour than modelling



**Aubry et al (1999)** performed a longitudinal study into preferences for gender-related items. Once a belief had taken hold that an item was for the opposite sex, a reduced preference for that item developed, illustrating how gender schemas affect behaviour

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## Notes



## Evaluation of gender schema theory

<p><b>Challenging research</b></p>	<p><b>Eisenberg et al, 1982</b> found that when describing toys that other children would like, 3 and 4 year old children used sex-role-oriented thinking to justify their answers, however, they used significantly less of this type of reasoning to justify decisions regarding their own toy preferences. After a session of free play they did not justify their toy choices by referring to gender, but by referring to the toys themselves and what they could do. This is a challenge for gender schema theory because it suggests that children's behaviour is not being shaped by their schemas, but rather that they may fall back on schemas when seeking to make sense of behaviour they may not know the motives for</p> 
<p><b>Comparison with Kohlberg's theory</b></p>	<p><b>Martin and Little (1990)</b> found that children under the age of four, who showed no signs of gender stability or constancy, nevertheless demonstrated strongly sex-typed behaviours and attitudes. This contradicts Kohlberg's notion that gender constancy has to be achieved before stereotypical behaviours emerge, and supports gender schema theory, showing that only a basic understanding of gender is required for sex-role stereotyping to occur</p>
<p><b>Explains why gender stereotypes persist</b></p>	<p>The emphasis on selective attention means that the theory can account for the fact that young children tend to hold very fixed and rigid gender attitudes even in the face of contradictory evidence. This is because the contradictory evidence is likely to be ignored if it doesn't fit with the child's schema. It also explains why sometimes children continue to cling to stereotypical beliefs and behaviours even when attempts are made by parents and teachers to break them down</p>
<p><b>Ignores the role of other factors in gender behaviour</b></p>	<p>It is likely that the importance of schemas in determining behaviour has been exaggerated at the expense of other environmental factors that might better explain behaviour, such as the role that reinforcement plays in shaping the child's sex-appropriate behaviour. It also doesn't explain why, even when schemas change, a change in behaviour does not always follow. This is reflected in the fact that many married couples have strong views about gender equality and equal division of labour in the home, but research suggests that this rarely has much effect on their behaviour</p> 

## Notes



# The Psychodynamic Explanation of Gender Development

According to Freud, children go through five psychosexual stages of development: oral, anal, phallic, latency and genital. The third of these stages, the phallic stage, which occurs between the ages of 3 and 6, is when the focus of attention of the libido (sexual energy) moves to the genitals. It is also the stage in which gender identity is established. Freud believed that children have no concept of gender identity before this time. According to the theory, gender development occurs through slightly different processes for boys and girls. Boys experience the **Oedipus complex**, and girls the **Electra complex**

## The Oedipus Complex

During the phallic stage boys become sexually attracted to their mothers and experience jealousy towards their fathers, as they view him as a bigger and better rival for their mother's affection. This leads to the boy wishing that his father was dead so that he may possess his mother. However, the boy also fears that his father will castrate him for his feelings towards his mother (**castration anxiety**). In order to deal with this conflict, the boy represses his love for his mother and identifies with his father (becomes like him). This is a defence mechanism known as '**identification with the aggressor**'. This leads to the boy internalising his father's behaviour and values. According to Freud, male gender role development is a result of this process.



## The Electra Complex

According to Freud, the first object of love for both sexes is the mother. However, during the phallic stage, girls experience **penis envy**: they notice that they do not have a penis, and that their mother also does not have one. This leads the girl to blame her mother for her lack of penis, and therefore her sexual attraction passes to her father. This leads to the girl becoming her mother's rival for her father's affection. Fearing that she will lose her mother's love, the girl represses her love for her father and **identifies** with her mother, leading to the **internalisation** of her mother's behaviour and values. This results in female gender development. According to Freud, girls never recover from penis envy, but they regard the ability to bear children as a substitute.



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## Notes

## Research evidence

**Freud (1909)** carried out a case study of a five-year-old boy known as ‘Little Hans’. Hans had developed a phobia of horses, especially those with black bits around their mouths, which Freud interpreted as representing his father who had a moustache. Therefore, Freud believed that Hans was afraid of his father, rather than horses, which is in-line with what the theory of the Oedipus complex would predict. Hans was also seen to overcome his Oedipus complex by having two fantasies – one where a plumber came and exchanged his bottom and widdler (penis) for larger ones, and a second where he fathered several children. This indicated that Hans had identified with his father and internalised his male gender

## Evaluation of the psychodynamic explanation of gender development

<p><b>Lack of empirical research support</b></p>	<p>The evidence supporting the psychodynamic explanation of gender development is weak. Case studies are open to researcher bias, and this is a particular issue in the Little Hans case, as Freud was conducting the study aimed at supporting his own theory and was therefore motivated to interpret Hans’ behaviour in line with his beliefs. Others have argued that Hans’s phobia could be explained in other ways. Also, the focus on the unconscious as a motivator of behaviour makes the theory virtually untestable and therefore unscientific as it is not possible to falsify it, limiting the support the evidence is able to provide for the theory</p>
<p><b>Challenging evidence</b></p>	<p>There is more evidence challenging the theory than supporting it. Many boys grow up in single-parent families or have parents of the same gender and research has shown that they go on to develop a normal gender identity. In addition, Freud’s theory implies that sons of very punitive and harsh fathers should go on to develop a more robust sense of gender identity than other boys because higher levels of anxiety should produce stronger identification with the aggressor. However, this is not supported by evidence, and in fact the reverse would seem to be true – boys with more liberal fathers tend to be more secure in their masculine identity</p>
<p><b>Lack of temporal validity</b></p>	<p>Many have argued that Freud’s view of gender development is outdated and reflect the patriarchal Victorian society that he lived in. The emphasis on penis envy as a motivating factor in girl’s gender development, may be born out of the greater power that men held within that society. In other words, it might have been more likely that girls envied the greater power held by males, rather than be concerned about physical ownership of a penis. As society has become more gender equal, the ‘envy’ that girls may have felt may no longer be relevant, and thus not a driving force in their gender development. Also, Freud was writing at a time where single parent families were rare and same-sex parent families unheard of. His model of gender development is based on the concept of the child being raised in a household with two opposite-sex parents. Therefore, the theory fails to explain how children from modern family structures develop their sense of gender identity</p>



# Social Learning Theory as Applied to Gender Development

Social learning theory (SLT) suggests that gender roles are learned and are acquired through the observation and imitation of significant people in the child's life, e.g. parents, peers, teachers (models) and also through the influence of media and culture. The primary role model tends to be the same sex parent.



The child **identifies** with the model (wants to be like them), hence they are motivated to imitate their behaviour. Therefore, if a girl **observes** her mother cooking the dinner and cleaning the house, she is likely to learn those behaviours. The child will also take note of the consequences of the model's gender appropriate or inappropriate behaviour. If the child sees the model's behaviour being positively reinforced then they are more likely to imitate it. For example, if a girl sees her mother putting on make-up and being praised by her father for being beautiful, she may then try to put make-up on herself. Conversely, they are less likely

to imitate the behaviour if they see it being punished. This is a process known as **vicarious reinforcement**. Children's gender behaviour is also shaped by **direct reinforcement**, for example, if a girl is praised for playing nicely with her doll, then that behaviour is likely to be repeated, whereas if her parents show disapproval at rough and tumble play, then that type of behaviour is less likely to be repeated. Boys, of course, will be rewarded for behaviours that conform to society's model of male behaviour, e.g. being active and assertive and engaging in rough and tumble play. The fact that the two sexes are treated differently is known as '**differential reinforcement**'. It is through differential reinforcement that children learn their gender identity. Social learning theorists have proposed four mediational (cognitive) processes that are central to learning gender role behaviour: **attention** – The child observes what the role model is doing (e.g. dad is playing football), **retention** - the child remembers what he saw (e.g. the specific skills he dad demonstrated), **motivation** – the child identifies with the model and wants to be like him, **motor reproduction** – The behaviour is reproduced (e.g. the child plays football in the playground with his friends).

## Research evidence

**Fagot & Leinbach (1995)** found that four-year-olds displayed more gender role stereotyping and used gender labels earlier in 'traditional' families where the dad worked and mum cared for the children at home than in 'alternative' families where parents shared childcare. This supports the view that parents' gender role behaviour influences their child's gender development.

**Block (1979)** found that boys are positively reinforced more for imitating behaviours reflecting independence, self-reliance and emotional control, while girls are reinforced for dependence, nurturance, empathy and emotional expression. This supports the view that parents use differential reinforcement to shape the child's gender role development.

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## Notes

## Evaluation of the social learning theory explanation of gender development

<p><b>Fails to explain developmental changes</b></p>	<p>Critics have argued that social learning theory does not provide an adequate explanation of how gender role behaviour changes with age. It assumes there are no developmental changes, but research suggests this is not the case. Dubin (1992) suggests that although the child may take note of the behaviour of the same-sex role models at an early age, selection and imitation of gender role behaviour does not come until later on. This is in line with Kohlberg's theory that children do not start to display gender role behaviours until they have reached the stage of gender constancy, suggesting that developmental processes play a part in gender development.</p>
<p><b>Explains changes across time and culture</b></p>	<p>Unlike the biological approach, which presumes that gender is fixed in genes and hormones, the greater flexibility of the social learning theory means that it is better able to explain changes in gender roles across time and culture. Our society has seen radical changes in gender roles over the last 60 years. This is more easily explained through social factors rather than biological ones.</p>
<p><b>Minimises the role of peers in shaping behaviour</b></p>	<p>Social learning theory places most emphasis on the role of the parents in shaping children's gender role behaviour, but some evidence suggests that peers have a larger role to play, particularly as the child gets older. This may explain why, even when parents attempt not to gender role stereotype, the child still sticks rigidly to gender role behaviour. Therefore it may be that the theory exaggerates the influence of parents in gender role development.</p>




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### Notes



# The Influence of Culture and Media on Gender Roles

## Culture and gender roles

Cross cultural research in psychology is important as it enables us to further our understanding of the influence of **nature** and **nurture** in behaviour. This is because if we find that, for instance, gender role behaviour is consistent across cultures, it suggests that there is a **biological** basis to the behaviour. On the other hand, if we observe differences in gender role behaviour between cultures, then this indicates that **socialisation** must play a part. Although most cross cultural research shows consistency in gender roles, there are some variations



**Mead (1935)** Carried out an early study into cross cultural differences in gender roles. She studied three tribal groups on the island of New Guinea:

**The Arapesh** – both males and females were gentle and caring, thus displaying behaviours in line with the western stereotype of femininity

**The Mundugumor** – both sexes were aggressive and hostile, thus displaying behaviours in line with the western stereotype of masculinity

**The Tchambuli** – the females were dominant and organised village life, while the men were passive and considered to be ‘decorative’. This is a reversal of traditional western gender stereotypes

This implies that gender roles are not biologically determined, and that social factors must shape gender role behaviour. However, Mead later conceded that she had underestimated the biological differences between males and females, but suggested that the extent to which innate behaviours are expressed are determined by cultural norms.

**Barry et al (1957)** found that in non-Western cultures, nurturing was regarded as a predominantly female characteristic, while self-reliance was regarded as a predominantly male characteristic. As these findings reflect western views of gender roles, they suggest that gender roles have a biological basis.

**Williams & Best (1990)** found that there was universal agreement across cultures about which characteristics were masculine and feminine, with men perceived as dominant and independent, and women as caring and sociable, with children from these cultures also exhibiting the same attitudes. This also supports the view that gender roles are biological in nature.



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## Notes



## Evaluation of cross cultural research into gender roles

<p><b>Researcher bias</b></p>	<p><b>Margaret Mead</b> initially proposed that gender roles were determined by environmental/cultural factors, but then changed her mind and suggested that biology played the major role. <b>Booth (1975)</b> argued that this dramatic conversion was due to Mead marrying a man with very traditional views on gender roles, and to her having her own child. This suggests that Mead's research was strongly influenced by her own personal views and circumstances, and therefore not objective. It therefore calls into question the validity of her observations and the conclusions drawn from them. This criticism is further supported by <b>Errington &amp; Gewert's</b> finding from a later study of the Tchambuli (<b>1989</b>) which did not support the existence of the traditional gender role reversal that Mead reported.</p>
<p><b>Cultural bias</b></p>	<p>Cross-cultural research is typically undertaken by Western researchers. There is a danger that these Western researchers use the theories and methods that have been developed in their own culture and impose them on the culture they are observing. This is known as an <b>imposed etc.</b> These methods may be meaningless when applied to other cultures and lead to a misinterpretation of the behaviour being studied, therefore affecting the validity of the conclusions.</p>
<p><b>Nature vs nurture</b></p>	<div data-bbox="424 819 826 1294" data-label="Image"> </div> <p>It is difficult to establish from the research the precise role of biology or socialisation in the development of gender roles. This is because almost as soon as the child is born, the socialisation process begins, therefore it is impossible to separate the two. Even the observation from some research that there is universality of gender roles does not confirm a biological basis, but may be better explained through the biosocial approach. A female's biology in terms of her reproductive role, may mean that she is naturally assigned to the role of caring for children, and that this is reflected in her socialisation. We would expect this to be consistent across cultures, but it doesn't necessarily confirm that there are innate personality differences that would make her more suitable for that role, simply that her biology has led her to be socially prepared for that role.</p>
<p><b>Temporal validity</b></p>	<p>Globalisation may be lessening the cultural differences in gender role behaviour, as Western values start to filter through to non-Western cultures. There has also been a global reduction in the differences between masculine and feminine gender roles, implying that socialisation does play a part in gender role development. It also suggests that some of the older research into gender role differences across cultures may no longer be valid.</p>

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### Notes

## Media and gender roles

The media provides **role models** with whom children may identify with, and therefore imitate. Children are more likely to imitate same-sex models, and those who display gender appropriate behaviour. They will also take note of the consequences of the model's behaviour before deciding whether or not to imitate it (vicarious reinforcement). Therefore, the way the media presents male and female behaviour may influence children's gender role development.

**Bussey & Bandura (1999)** found evidence that the media do provide rigid gender stereotypes. Men are portrayed as independent, ambitious 'advice givers', whereas women are depicted as dependent, unambitious 'advice seekers'

**Huston & Wright (1998)** found that in US TV programmes males almost always outnumber females, especially in children's programmes, with men shown in dominant roles and with higher occupational status and women in a narrow range of inferior roles and less able to deal with problems, thus mirroring traditional Western gender stereotypes

**Gunter (1986)** found that children categorised as 'heavy' viewers of television hold stronger stereotyped beliefs than 'lighter' viewers, supporting the view that stereotypical gender portrayals depicted on TV have an influence on children's gender schemas

## Evaluation of research into media and gender roles

<b>Lack of internal validity</b>	Although the research is able to establish that sex role stereotyping occurs in the media, we are unable to establish the extent to which this stereotyping influences children's behaviour. As with all correlational research, a cause and effect link between media exposure to sex role stereotypes and children's stereotypical attitudes and or behaviours are not supported. This is because we are unable to rule out the influence of extraneous variables, or establish the direction of the effect. For example, in Gunter's study, it may be that children from lower socio-economic backgrounds tend to watch more TV than those from higher socio-economic backgrounds. Therefore the study could be measuring class differences in gender role stereotyping, rather than the effects of TV, or it may be that the media reflects existing differences, rather than being a cause of them
<b>Practical applications</b>	The research has potentially important practical applications. If we are aware that media exposure to gender role stereotypes increases potentially limiting sex-role stereotypical behaviour in children, then, as a society, we have to ability to control this exposure and remedy the problem. In June 2019, the Advertising Standards Agency banned sexist adverts, following a review that concluded there was evidence to support the view that gender stereotyping in adverts can be harmful, showing that the research in this area has had a direct effect on media content
<b>Lack of reliability in the research</b>	However, not all the research in this area supports the view that counter stereotyping is successful in reducing stereotypical behaviour. Pingree (1978), found that gender stereotyping was reduced when children were shown TV adverts featuring women in non-stereotypical roles, however, it was also found that pre-adolescent boys' stereotypes became stronger following exposure to the non-traditional models. This 'backlash' calls into question, not only the usefulness of the research in terms of its application, but also the influence that media exposure has on children's sex role behaviour.

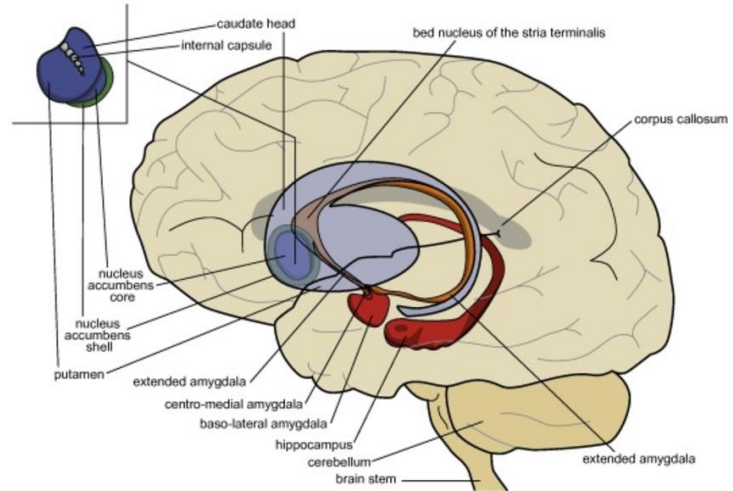
# Atypical Gender Development

## Gender Identity Disorder (GID) Also referred to as gender dysphoria

This refers to where there is a mismatch between the individual's biological sex and their gender identity where no intersex condition is present. These individuals identify with the opposite sex to the one they were assigned at birth. For many people who experience this, it is source of stress and discomfort and many individuals will identify as transgender and opt to have gender reassignment surgery in order to change their genitalia and external appearance to match that of the sex they identify with.

## Biological Explanations

**Brain sex theory** suggests that GID is caused by specific brain structures that are incompatible with a person's biological sex. Particular attention has been paid to those areas of the brain that are **dimorphic**, in other words, take a different form in males and females. Zhou et al (1955) studied the bed nucleus of the stria terminalis (BSTc) which is around 40% larger in males than it is in females. Post mortem studies of 6 male to female transgender individuals found that the BSTc was found to be a similar size to what would be expected in a typical female brain.



There is evidence that there may be a **genetic basis** to GID. Heylens et al (2002) compared 23 MZ twin pairs with 21 DZ twin pairs, where one of each pair had been diagnosed with GID. They found that 9 of the MZ twins (39%) were concordant (i.e. both twins with diagnosed with GID), whereas none of the DZ twins were, supporting the view that there is a genetic basis to GID

## Evaluation of the biological explanation of GID

<p><b>Challenging evidence</b></p>	<p>It is claimed that the BSTc is fully formed at the age of 5, and therefore cannot be affected by hormone treatment that the transgender person may be given as part of their transgender therapy. If this is true, then it would support the view that the BSTc plays a causal role in GID. However, Pol et al (2006) found that transgender hormone therapy <i>did</i> affect the size of the BSTc. This means that we cannot rule out the possibility that the size of the BSTc is a result of treatment, rather than being the cause of the condition.</p>
<p><b>Validity of the research</b></p>	<p>Twin studies only partially support a genetic link in GID. This is because the concordance rate is much below 100% for MZ twins (39% in Heylens' study), therefore it suggests that even if there is a genetic element to GID, there must be other environmental factors involved for the condition to be triggered. Also, the research typically involves very small samples, so generalisation is an issue</p>
<p><b>Reductionism</b></p>	<p>The explanation attempts to reduce GID to simple biological factors, which is probably too simplistic a view to allow us to fully understand the origins of GID. There is no account taken of how environmental, social or cultural factors may play a part. The fact that incidence of GID has increased in recent years would suggest a social/cultural element. Therefore, the interactionist approach (considering a range of different factors) is probably a more realistic</p>

## Social psychological explanations

**The psychoanalytic explanation** argues that GID in males is caused by extreme separation anxiety before gender identity has been established. The child fantasises about a symbiotic fusion with his mother to relieve the anxiety, and thus the danger of separation is removed. The consequence is that the child becomes his mother, and in doing so, adopts a female gender identity.



**Social explanations** would suggest that GID is learned in the environment through, for example, operant conditioning. This would suggest that GID individuals have been positively reinforced for cross-gender behaviour. Many young children experiment with gender roles, e.g. a young boy dressing up in his mum's clothes, and learning theory argues that parents of gender dysphorics may have reinforced the condition by encouraging and complimenting their children for such behaviour. Social learning theory could also play a part, as children may imitate cross-gender behaviour they observe in the environment, which then becomes internalised and incorporated into the child's identity.

## Evaluation of social psychological theories of GID

<p><b>Supporting evidence</b></p>	<p><b>Stoller (1973)</b> reported that in interviews with GID males, they were seen to display overly close mother-son relationships that would lead to greater levels of female identification and confused gender identity, supporting the psychoanalytical explanation.</p> <p><b>Rekers (1995)</b> reported that in 70 gender dysphoric boys there was more evidence of social than biological factors, and there was a common factor of a lack of stereotypical male role model, supporting the view that social learning factors play a role in the condition</p> <p><b>Zucker et al (2008)</b> performed a longitudinal study on gender-dysphoric females who had been referred to a clinic (average age 8ys). Only 12% were still gender dysphoric at age 18. An equivalent study on males found that only 20% were still gender dysphoric as adults. This supports a social environmental basis to GID, as if genetic or neuroanatomical factors were the cause, we would not expect the effects to be transient.</p>
<p><b>Issues with the validity of the research</b></p>	<p>The psychoanalytic explanation does not offer an adequate explanation of GID in females. In addition, Rekers research suggests that gender disturbance in boys is more likely to be associated with the absence of the father, rather than fear of separation from the mother. Furthermore, the assumption that GID is caused by separation anxiety is very hard to test. The fantasies that trigger the condition are thought to exist at an unconscious level and are therefore inaccessible to the conscious mind. This means that evidence is limited and the theory is little more than speculation.</p>
<p><b>Doesn't account for biological factors</b></p>	<p>Increasingly, evidence suggests that the influences of hormones and genetics is the main cause of GID, but there is little evidence to suggest a totally biological explanation. Therefore, social psychological explanations of GID may be useful in understanding the factors that contribute towards the development of GID, but are unlikely to be sufficient as a stand alone explanation</p>

## Notes