

Sexism in Psychiatry: A Persistent Concern

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Essay Prompt: In the year 2023, the historical impact of bias and sexism on the perception of mental illness is still present in our culture in the United States and world-wide. The citation provided may be viewed through that lens, in that Freud and other early psychiatrists tended to blame everything on the mother/woman (1). Using examples from the citation provided, class interviews, optional reading, and/or your own experiences, please write an essay focused on some type of bias (gender, racial, economic, etc) in mental health (1). Ideas for areas of interest to discuss may be beliefs, perceptions, access to treatment, or consequences of such bias.

Hysteria, a term coined by Freud, often connotes madness, insanity, and irrationality. Its etymology traces back to the Greek word 'hystera,' meaning uterus, reflecting a historical association with women. It has always been viewed through different lenses throughout history, with tangible repercussions evident across history and contemporary society. Prominent examples come from ancient myths like the Maenads, female followers of Bacchus the god of madness; Oizys the goddess of depression, anxiety, and misery; and the three fates of death.

The passage emphasizes the trend of children with schizophrenia having an overprotective mother and a distant father. The question arises: why is the 'schizophrenogenic' label primarily affixed to the overprotective mother and not the absent father? This bias exemplifies the pervasive gender biases within the field of schizophrenia research.

In the passage provided, the main point is that the "schizophrenogenic mother" is the cause of her child's mental illness. Psychologists of that era

seemed convinced that a mother's coldness or overprotectiveness could trigger schizophrenia in their offspring, ignoring the myriad of other potential factors such as genetics and other sources of trauma. An example of schizophrenia not stemming from childhood trauma is a patient with schizophrenia who we met in the first week of the Neuropsychiatric Patient course; she emphasized her happy upbringing and the idiopathic nature of her specific case.

In 1908, Sigmund Freud, the father of psychology, introduced the concept of "penis envy," a stage in adolescent girls where they'd experience distress for not having a penis. To Freud, women had the inferior womb instead of the superior penis, a misogynistic concept that has been thoroughly disproved. Additionally, the 1950s saw the widespread popularity of lobotomies, a procedure involving the division of the frontal lobe using an ice pick inserted through the nose. A study done nationally revealed that almost 60% of the lobotomies performed during the 1950s were

done on women showcasing that this procedure was disproportionately performed on women (2). Particularly, lobotomies were performed on women who were labeled as "disobedient" or "promiscuous" as a means to punish them for non-conformity (3). A notorious example is John F. Kennedy's youngest sister Rosemary Kennedy, who was lobotomized due to her autism and challenges with behavior regulation, leading to lifelong institutionalism. The perception of women as inferior to men facilitated these unethical procedures that punished women throughout the 20th century. Although modern society has made progressive strides, gender biases persist in contemporary psychiatry, leading to ongoing disparities in the treatment of women.

Since males were traditionally the default subjects in medical research, there is a research gap that affects the quality of care for women as their symptoms may differ from those typically observed in men. It also leads to more frequent misdiagnoses in female patients, whose concerns may be dismissed, not just in psychiatry but in all of healthcare. Negligence towards women's health is largely attributed to the sexist notion that women are inherently more emotional and fragile than men. The consequences of these actions lead to women suffering from higher rates of internalizing disorders like depression and anxiety (4). Furthermore, females show a significantly greater delay in referral to mental health services and a considerably higher age at diagnosis of autism spectrum disorder (ASD), compared to males (5). Instances like these contribute to a systemic pattern of women being mis or undiagnosed, ultimately preventing them from receiving the mental health treatment they urgently require.

Sexism has long permeated the field of psychiatry, as evidenced by historical accounts, theories posited by psychologists in the passage, and their enduring repercussions in modern times. Despite these challenges, progress is underway to address gender bias within the field. Initiatives such as conducting research with more diverse test

subjects, fostering inclusivity towards women in research, and challenging gender stereotypes among professionals are all steps toward positive change, which we must continue.

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