Psy 7 for the Academic Year 2012/2013

Gender development: biological, psychological and clinical perspectives
Course Organiser: Professor Michael Lamb (M) Professor Susan Golombok (L, E)

Lecturers

Prof Marcia Collaer, Visiting Professor, University of Cambridge
Dr. Lara Eschler, Psychology, University of Cambridge
Dr. Juliet Foster, Psychology, University of Cambridge
Professor Richard Green, Psychiatry, Imperial College, London, and Psychology, University of Cambridge
Dr Claire Hughes, Psychology, University of Cambridge
Dr. Carlo Acerini, Paediatrics, University of Cambridge
Dr. Vickie Pasterski, Paediatrics and Psychology, University of Cambridge
Ms Helena Rubenstein, Psychology, University of Cambridge
Dr. Deborah Thom, History and History and Philosophy of Science, University of Cambridge

Exam: There will be one three hour unseen exam at the end of the year. Students will be required to answer three essay questions from an undivided list.

General texts:

Required Text:


Additional Texts:


Michaelmas Term: Wed 2-4

Week 1: Dr Pasterski. Sex differences and sexual differentiation: How do human males and females differ psychologically and how large and reliable are the differences? How do genetic factors and gonadal hormones influence physical development as male,
female, or in-between? Might similar genetic or hormonal mechanisms play a role in human neural and behavioural development?

**Required reading:**


**Additional reading:**


**Week 2**: Dr Pasterski. Social and cognitive-developmental perspectives on gender. How does the postnatal environment influence gender development?

**Required reading:**


**Additional Reading:**


**Essay questions:**

How might parents increase or decrease cross-gendered play in their children?
Is the behaviour of men and women similar or different?
Can genetic, hormonal, social learning and cognitive developmental theories of gender development co-exist?

**Week 3:** Dr. Foster. The Social Construction of Gender. The cultural and constructed character of gender categories, and their influence on psychological processes. Social representations as an example of a social constructionist theory.

How do understandings about gender interact with and affect identity, development, behaviour and interaction at all stages of life, from birth through childhood, adolescence and adulthood? The emphasis in this lecture will be on the beliefs and representations of gender and the ways in which these influence social psychological processes.

**Readings** (* indicates key readings)


Gilligan, C. In a Different Voice.


Suggested Essay Titles
In what ways do social representations of gender influence children’s communications with their peers?
From a social psychological perspective the only differences between men and women which need to be considered are the beliefs which people hold about men and women. Discuss.

Week 4: Ms Rubinstein. Gender development later in the life span (men and women after age 40)

A great deal of psychology focuses on development in childhood but there is much less emphasis on how we develop across the lifespan. As we live in a society where people will live longer and be expected to work for longer, understanding psychological development at different life stages will become ever more critical. This lecture focuses on development from middle age onwards and discusses our attitudes to aging and whether there are differences between the genders in terms of identity, social networks, emotional responses, personality development as well as the impact of changing hormones in later life.

Readings


* Journal of Social Issues, June 2005, Volume 61, Issue 2 – the publication is devoted to ageism


**Essay questions**

1. We live in a culture that disparages older people and that values youth and appearance. This has a more negative impact on women than men. Discuss
2. In what way does age stereotyping affect men and women?
3. Is it true that hormonal changes in midlife have a greater impact on women than men?

**Week 5: Dr. D. Thom. The history of Anglo-American psychological thinking about gender.** Darwin, Galton, Hall, Gilligan and the role of women in professional practice in psychology. Darwin and Galton put forward a theory about gender difference based upon assumptions about nature reflecting women’s greater homogeneity and the importance of the species to women. These assumptions were developed by Stanley Hall and other theorists of gender development. Interwar theorists looked at different cognitive skills in emphasising sexual difference while psychometricians downplayed it. In the 1960s the idea of feminity as deficiency was attacked when Carole Gilligan criticised the theory of weaker female moral judgement while others argued that the mind did have a sex in supporting ideas of maternal thinking. In the process of recounting this history the place of psychology as a professional practice is assessed too as one of the few professional areas in which women thrived before the 1980s.

**Readings:**

Wendy Holloway, *The capacity to care: gender and ethical subjectivity*, 2006
M. Lewin, *In the shadow of the past; psychology portrays the sexes* 1984
G. Richards, *Putting psychology in its place* chap. 15, 1996
Janet Sayers, *Sexual contradictions* *Psychology Psychoanalysis and feminism* 1993
N Weisstein, ‘Psychology constructs the female or the fantasy life of the male psychologist’ *Feminism and Psychology* 1993 3/2,p.194-245
Wilkinson and Kitzinger eds *Representing the Other; feminism and psychology reader* 1996

**Primary references**

F. Galton *Hereditary genius* 1869
    *Enquiry concerning human faculty* 1883
Cesare Lombroso *The man of Genius*, 1891
Havelock Ellis, *Man and Woman a study of human secondary sexual characters* 1896
G. Stanley Hall, *Adolescence* 2vols 1904
Week 6. Lecture 1. Dr Pasterski. Approaches to studying early hormonal influences on human gender development. In non-human mammals gonadal hormones (androgens, such as testosterone, and oestrogens, such as oestradiol) contribute to the development of behaviours that show sex differences. Human beings exposed to abnormal hormone environments prenatally, e.g., because they have genetic disorders or because their mothers took hormones during pregnancy, provide a window on similar effects in humans. Also, studies have related normal variability in the hormone environment prenatally to normal variability in children’s behaviour postnatally to study the role of early hormone exposures in human gender development.

Required reading:


Additional Reading:


Week 6: Lecture 2. Dr Pastorski. Hormonal influences on behaviour in childhood.

Required reading:

Additional Reading:

Essay Questions:
Why do girls and boys play with different toys?
To what extent can parents determine the toys their children play with?
**Week 7.** Lecture 1. Dr Acerini: Disorders of sex development (DSD, formerly known as intersex conditions): Clinical issues in treating individuals with DSD. Part 1.

Children born with ambiguous genitalia raise some difficult issues for medical professionals and parents. Must a gender be assigned as soon as possible and, if so, should surgery be conducted in infancy to make the genitalia accord with that gender? In this session, questions about sex assignment, ethics, consent and cultural influences will be raised.

**Week 7.** Lecture 2. Dr Pasterski Clinical issues in treating individuals with DSD: Part 2. DSD raise additional issues of disclosure. When and how should a child be told about the DSD? Is it difficult for a phenotypic female to come to terms with the information that she has a Y chromosome?

**Required reading:**

**Additional Reading:**

**Essay Questions:**
Is it important that children born with ambiguous genitalia be sex assigned as soon as possible after birth?
What causes variability in gender identity in individuals with disorders of sex development?

**Week 8: Prof. Green Part I. GENDER IDENTITY’S RAINBOW:**

Most common is cis-gender: the conventional map of body and minds. Then cross-gender: the mismatch with transsexuals, transgenders, transvestites. There is also the third-gender: the blend and, finally, the non-gendered, the absence. Do any of these warrant clinical intervention?


**Week 8. Part II. Gender Identity in Children: Relation to Adult Sex and Gender**


Relevant websites:

www.beaumontsociety.org.uk
www.mermaidsuk.org.uk
www.gendertrust.org.uk

Essay question: Should gender identity be a psychiatric diagnosis?

**Lent Term: (Wednesdays 2 – 4)**

**Week 9: Dr Pasterski (sexual orientation and gender identity)**
This lecture looks at the causes of variation from one individual to another in sexual orientation and in gender identity, and at the possibility that sexual orientation is flexible or changeable within an individual. Issues relating to defining sexual orientation are also discussed.

**Required reading:**

**Additional reading:**


Essay questions:

Can sexual orientation change?

Reparative therapy for sexual orientation is unethical. Discuss.

Week 10: Dr. Eschler: Evolutionary perspectives on gender development. The lectures will examine gender differences from an evolutionary standpoint. They will first briefly cover basic terminology in evolutionary theory such as natural selection, fitness, sexual selection and parental investment theory. As evolutionary theory would predict that most striking gender differences are linked to reproduction and sexuality, the readings will focus specifically on gender differences in mate choice, socio-sexuality, sexual strategies, jealousy, parenting and partnering. We will discuss how conflict between the sexes might have given rise to sexually dimorphic adaptations and whether these are likely to be seen cross-culturally and remain stable over time. Finally, we will briefly touch on intra-sex variation in sexual strategies.

Readings:


**Essay question:**

Do men and women’s mate choices differ in ways that are predicted by evolutionary theory?

**Week 11. Lecture 1.** Dr. C Hughes (gender and aggression)

The framework for this lecture comes from Moffitt, Caspi, Rutter and Silva’s longitudinal cohort study in Dunedin, New Zealand and focuses on two well-known
facts about antisocial behaviour: (i) it is more common in males than in females; (ii) it peaks in adolescence. As these authors argue, the findings from this study suggest that a developmental perspective provides a simple yet powerful explanation; namely that there are two distinct problems:

• One form of antisocial behaviour is a neuro-developmental disorder, which has an early onset and afflicts males in particular
• Another (more common) form of antisocial behaviour emerges in the context of social relationships and affects both males and females

In tracing out the evidence for these conclusions, this lecture will address several key topics, including

• Developmental influences (e.g., puberty)
• Friendships with deviant peers
• Partner violence
• Intergenerational transmission

**Required reading:**

**Week 11:** Lecture 2. Prof Collaer (Androgen and aggression). It is widely assumed that androgen promotes aggression and that this explains why males are more physically aggressive than females. However, studies correlating androgen levels in adults with aggressive behaviour have not shown consistent relationships, and studies where androgen is manipulated in men also have generally not shown increased aggression. There is some evidence, however, that androgen levels prenatally may contribute to aggressive behaviour postnatally.

**Required reading:**

**Additional reading:**


**Essay titles:**

Why do boys appear to be more aggressive than girls?

What would be the best approach to diminish violent aggression in Britain?

What is the relationship between androgen and aggression in men?

**Week 12**: Prof Collaer (cognitive abilities) There are sex differences in some specific cognitive abilities, and there are sex differences in some aspects of human brain structure and function. How do these come about and what do they mean?

**Required reading:**


**Additional reading:**


Week 13: Prof Collaer (Gender segregation in work, including parenting) Why are there more men than women Professors in math and the physical sciences? Why are there more female than male elementary school teachers? Why do women do more childcare and housework than men do? Why are there more men than women at the top of most professions? What factors influence interest in parenting? Do males and females differ in parenting ability? Looking at the same evidence, different scientists have reached different conclusions. This week we will try to find out why.

Required reading:

Vital Statistics: Girls are becoming as good as boys at mathematics, and are still better at reading (2008) The Economist, May 29th. And associated readers’ comments.

Additional Reading:


**Essay questions:**

Are women better parents than men are?

Are there sex differences in intelligence?

Is it inevitable that more men than women are engineers, mathematicians or physical scientists?

What strategies could increase spatial ability in females?

**Week 14:** Prof Collaer: Clinical issues I. Gender and psychopathology. Processes of sexual differentiation might be involved in the development of psychological disorders that are more prevalent in one sex or the other. Such disorders include depression, obsessive compulsive disorder (OCD), Tourette syndrome (TS), conduct disorder, dyslexia, autistic spectrum conditions and paraphilias. In addition, for some psychological disorders, there are sex differences in age of onset or in severity. Here we talk about sex differences in disorders and begin to discuss why psychological disorders might differ for males and females, as well as how studying sex differences might help prevent disorders in both males and females.

**Reading:**


**Essay questions:**

Why do more women than men seek help for depression?

Does testosterone cause autistic spectrum conditions?

Why do females appear to be more likely than males are to develop eating disorders?

**Week. 15:** Prof. Green. Clinical Issues II:

**Lecture 1. SEX AND GENDER ISSUES AS MENTAL DISORDER**

Formerly/currently atypical patterns have been/are diagnosed as mental disorder. Examples are homosexuality, pedophilia, transsexualism, gender identity disorder of childhood, transvestism. Are these people “crazy”?

**Readings:**


**Lecture 2. WHERE HAVE ALL THE GIRL PERVS GONE?**
Why are females pitifully under-represented in the paraphilias such as fetishism, transvestism, transsexualism, pedophilia, bestiality, voyeurism?

Readings:


Reference:
www.objectum-sexuality.org/welcome.htm

Week 16: Prof. Collaer: Sex, gender, genes, hormones, experience, the brain and behavior. How does it fit together? Critical issues in evaluating research on sex differences in the brain and behavior. Discussion of current research directions, including infancy and adolescence as periods of brain re-organization, and epigenetics.

Readings:
