Psychiatric disorder is deeply entangled in a sociocultural web, of which gender is one strand

hen noting an obvious gender difference in the prevalence of a psychiatric diagnosis, it would seem evident that it is ethically and morally (let alone scientifically) unacceptable to conclude that the one gender is the normal against which the other gender fails to measure up in some manner. However, this is precisely what genetic and other psychobiological models of psychiatric disorder are implying. What such broad gender differences should actually alert us to is the investigation of both the meaning being ascribed to the biological differences, and the possible economic, cultural, social and political causes of gender differences in behaviour and emotion.

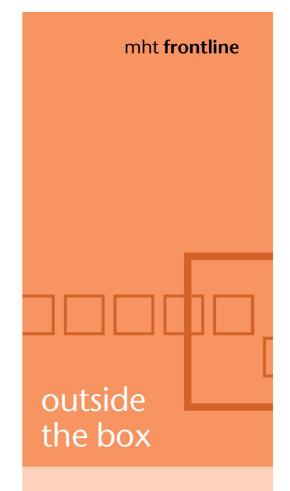
The two most obvious gender differences in psychiatric diagnosis are the three-to-four times more common diagnosis of psychiatric disorders among boys compared to girls (mostly made up of 'behavioural' presentations such as ADHD, autism and conduct disorder) and the two-to-three times more common diagnosis of psychiatric disorders among women compared to men (mostly comprising 'emotional' presentations such as depression and anxiety). Simply stating these facts is already to comment on aspects of modern culture that are problematic (both in terms of our implied understanding of what should be considered 'normal' and possible social causes). What this highlights is that modern, western culture has a problem with what we might loosely call the 'boisterousness' of boys and the 'emotionality' of women.

What is likely to be involved is a complex interplay of notions of masculinity and femininity, the role and position of men and women in society, and the relentless progression of 'individualism', which is, in many ways, the social and psychological hallmark of the value system on which free market economies depend. Free market capitalism can be seen as the most complete and organised example of a political, social and economic system based on the values of masculinity that the world has ever seen. Its social and psychological values are based on aggressive competitiveness, putting the needs of the individual above those of social responsibility, an emphasis on control (rather than harmony), the use

of rational (scientific) analysis, and the constant pushing of boundaries. Such a system produces gross inequalities (both within and between nations), and has reduced the status and importance of nurture, and therefore the esteem attached to the role of mother. As a consequence more and more women are brought into the workplace, both to increase the workforce needed to service the market economy's demand for continuous growth, and to 'give' women back their self-esteem. This movement out of the family sphere and into the public sphere has not been matched by a corresponding reverse movement of men out of the public sphere into more family and nurturing roles.

At the same time, there has been a movement towards childcare becoming a professional (mainly female) activity. Thus, what appears to be happening in the psychological space of childhood is an increasing feminisation in many aspects, particularly educational ones. Educational methods currently used in most western schools (such as continuous assessment and socially orientated work sheets) work better with girls than boys. This is reflected in the national exam results where girls are now consistently achieving higher grades than boys, even in some traditionally 'male' subjects like maths and science. Boys also dominate the special needs provision, where they are marked out as having disproportionately high (again in the region of four to one) problems with poor reading and poor behaviour. With schools under political pressure to compete in national league tables, and poorperforming boys thus becoming a liability for schools, it is hardly surprising that boys are the 'failed' gender, provoking anxiety in their (primarily female) carers and teachers.

So in the modern world women have to juggle continuing expectation that they will take responsibility for children at the same time as competing in the masculine job market, while boys are becoming the failed sex in the feminised space of childhood. Of course this is a generalisation to make a point. The point is that 'psychiatric disorder' is deeply entangled in a socio-cultural web. However tempting it is for the sake of simplicity to ascribe mental problems to internal states, we cannot ignore the role



The monthly column by consultant child psychiatrist Sami Timimi that tests the boundaries of mental health politics and practice

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