

From the dawn of time, we have speculated on the physical and emotional similarities and differences between men and women.

Historical, philosophical debates have led to reams of research on the subject. Today, medications that were tested only on men are no longer assumed to have the same effects in women. Professionals no longer consider women as defective or deviant if they don't follow the male path of psychological development. But it was considered the norm for years, even by some women in the psychoanalytic field.

Even as we learn to better study our differences, much tension remains surrounding our failures to fully understand and appreciate them. So our biases as men or women creep into how we see many situations. We also deal in stereotypes, where we assume all men or all women are alike. We sometimes forget that we're far more different as individuals than we are alike according to our gender.

Bridging the Gap Between Venus & Mars

by Charlene Whelan, LCSW, MBA,
ACA Health Educator

“Women get sick; men just die.”

There is, however, usually at least one grain of truth in stereotypes. Furthermore, research continues to document gender differences in generalities. For example, women are much more likely to go to the doctor and be admitted to hospitals than men. Yet, although they have been labeled the “weaker sex” for generations, they outlive men on average, lending weight to the old saying, “Women get sick; men just die.” The culprit? Research shows the need for men, especially young men, to include dominance over others in their definition of masculinity. This means they are not supposed to be (or even appear to

be) vulnerable to others. One recently published study of Scottish men concluded, “It’s caveman stuff, but that is to a certain extent how guys still operate,” in describing their subjects’ reluctance to seek help.

The big difference between the sexes in seeking help extends especially into the emotional health arena. Women are twice as likely as men to suffer from depression or attempt suicide. However, they are also far more likely than men to report depressive symptoms. Studies also show most of their suicide gestures are not a true wish to die, but a desperate attempt to force change in their circumstances. They reach out to others, including healthcare providers, for support. This is thought to be the reason why three out of four actual suicides are “solutions” chosen by men, not women.

Carol Wallace, an amputee, is a certified rehabilitation counselor, experienced in working with people with limb loss and author of the book *Challenged by Amputation: Embracing a New Life*. She sums up gender differences by saying that men “hibernate and stew and keep it all in,”



whereas “women are compelled to discuss everything.”

Men don't cry.

Carol's quote doesn't suggest that men have fewer emotions than women — only that they address them less often. They are more likely to deny them, even to themselves, as they try to diminish the power that emotions hold over our choices. This very denial leads men who have experienced a trauma to unrealistically declare themselves “over it” simply because they don't have access to their feelings. But the energy consumed by this denial leaves them disconnected from themselves and others. This leaves men with fewer tools with which to heal emotionally. Many (if not most) returning veterans, mostly men, have great difficulty in accepting that war, by its very nature, is a trauma that takes its toll on one's humanity. When these veterans can't talk about this truth, and the many feelings that go with it, they are far more likely to be afflicted with problems such as clinical depression and post-traumatic stress disorder.

In a heart-wrenching episode of *The Wonder Years*, a show about growing up in the 60's, a loving mother was tortured over not being able to comfort her son after being hurt in a football game. The pre-adolescent child was struggling with his own desire to be held and comforted by his mother, but he realized he was now “old enough” that he needed to avoid looking like a “sissy.” In her empathy, the mother knew he needed to grow up in this manner, meeting the demands of a society that defines men as being independent and needing no such help. Otherwise, he would be an outcast among his friends. Recent news stories have described the brain-damaging consequences of this attitude in football players, who suffer concussions but continue to play, denying their obvious symptoms to themselves and others.

Redefining normality.

One of the most important elements of trauma that demands attention while recovering from limb loss is the disruption of what is termed “body image.” “Body image” disturbance is the anxiety over how we imagine we look — not through our own eyes, but



through the potentially judging eyes of others. We may be taught that beauty is skin-deep, but in this realm we all want to be seen as “normal.” Dr. Beatrice Wright, founder of the Division of Rehabilitation Psychology of the American Psychological Association, emphasizes that we all “tend to idolize normality.” We are taught from childhood to believe this is necessary for us to be accepted by others.

One of the many benefits of attending ACA's annual conference has been for people with limb loss to find themselves as part of a majority for a change. This allows them to redefine what is “normal,” an incredibly empowering experience. In the words of one ACA peer visitor, “Where else can you take your leg off and pass it around for others to look at? And where else will you not be embarrassed as people tease you playfully when you knock over chairs trying to maneuver your prosthesis to get into your seat?”

Men and women both struggle over body image. Carol Wallace says she was surprised to learn how many men have body image issues like women do. While women with lower-limb loss seem to have an obsession with shoes that men do not share, men have other “vanity” and sexuality concerns in common with women. The primary difference is — as you might have guessed — men don't discuss these concerns with others. In addition, studies show that men are more concerned than women with the “functional” aspects of a prostheses that let them continue working and engaging in strenuous activities. Women, while still valuing function, are more concerned over the form, or “aesthetic,” aspects of prostheses that look more realistic and help them preserve their sense of femininity.

But enough about me – how do you think I look?

Excessive concern over appearance has historically been interpreted as “vanity” in women. It is true that there are women (and equally true that there are men) who admire themselves obsessively, with or without a mirror, as if this is *their* universe – they just allow the rest of us to live in it. We know these individuals in social settings, for example, as those who often monopolize entire conversations, speaking admiringly only of themselves while criticizing others. This emotional disorder is called narcissism; it indicates a “false self” covering up for a deep insecurity about one's true value and ability to deal with the ordinary anxieties of life.

However, women's obsessive returns to the mirror have historically been driven by shame, not narcissism. Women are checking for defects, not admiring themselves. “Do I have lipstick on my teeth?” “Have I smudged my eye makeup?” “Is that mascara running down my cheek?” “Has the wind blown my hair out of place and made me look awful now?” “Is my slip showing?” Forms of shame like this are universal to any “second class” group of people who have been devalued by a group with more power. In the political arena, it's called “internalized oppression,” the unfortunate consequence of trying to adapt to a culture not of one's making, called the “dominant culture.” It is the inability to deal with this shame that is thought to be the explanation for the higher rate of depression among women.

No man (or woman) is an island.

As women have gained voice in defining our society's values and have participated in making rules that reflect these values, there have been some cultural shifts. For example, what was once considered weakness or dependency in women has begun to be seen as the recognition of others' importance in our lives. Cooperation has replaced competition and the desire to dominate others as a means of interaction in many successful groups and organizations. This follows the truism that, as human beings, we are social creatures; therefore, relationships are central to peaceful coexistence. And to our health and well-being. ■