“You’ll never find a rainbow if you’re looking down.”

—Charlie Chaplin (1889–1977), actor and director
Kelsy has finally answered the question that most of us do not even have to ask: *Who am I . . . a boy or a girl?* Kelsy already knew that some people are born in female bodies but feel male inside, and some other people have male bodies but feel female. She also knew the meaning of the words *gay*, *unisex*, and *transgender*. They have become very common in the English language (although, frankly, some people still have only a superficial view of the meaning of these words). Today, more people speak freely about their true identities and overcome the fear of being condemned and discriminated against for their feelings. Yet Kelsey had a more complicated challenge—a feeling that neither *male* nor *female* categories were appropriate for her self-identity: She felt she was neither a girl nor a boy.

Growing up, Kelsy was always puzzled when she needed to cross the box on application forms that referred to male or female identity. Then there were the small but important choices at school: Which sports teams to play on? Which locker room to use? Which doors of gender-specific bathrooms to push? This struggle with self-perception was not about being straight or gay. This was not about being “boyish” or a “manly” girl. This was a matter of Kelsey being honest with herself about who she is.

Finally, Kelsey decided to use a pronoun that felt right when describing herself: *they*.


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**The Essence of the Gender Domain**

Society traditionally divides individuals into large categories. *Women* and *men* are perhaps the most common categories of all. People usually use these words in their descriptions of others. Most of us think of ourselves as either a woman or a man. The “male” and “female” boxes commonly appear on various forms and surveys. In almost
every sphere of our lives, we encounter the gender category. Gender has been a very important factor affecting our knowledge of personality (Riger, 2002).

What does the gender domain mean to our study of personality? Given the complexity of the topic, it is not surprising to discover a great variety of views and opinions. We will discuss three main facets of the gender factor: sex, gender, and sexual orientation.

**The Sexes and the Intersex**

In the context of personality, the term sex refers to anatomical and physiological characteristics or features of males and females, the two typically assigned sexes. These features include at least four commonly recognized clusters, such as external genitalia (the body’s reproductive organs), glands, hormones, and chromosomes. For example, females have a uterus and ovaries, and males have a prostate gland and testicles. These anatomical structures are present, by and large, when an individual is born. By looking at a newborn’s external genitalia, a designated person (often a doctor) “pronounces” a newborn either a boy (male) or a girl (female). This act of judgment becomes an official assignment of a sex to a newborn individual. The child’s parents or caregivers are expected to accept the assigned sex (these days, many parents choose to learn about the sex of their future baby before the child is born). The child is immediately referred to as “he” or “she.”

As soon as a certain sex is assigned, people start acting toward the child in accordance with the popular norms and expectations. What is expected and in which ways do they act? Consider a simple question: Would you select a blue or a pink baby blanket for a newborn boy? Consider the names parents give their babies—most are sex-specific. Now try to visualize people whose names are John and Joan. Would most people imagine them as men or women? There are exceptions, of course. In every culture, there are certain names that can be assigned to both sexes, but those names are somewhat rare.

Once a particular sex is assigned, boys and girls often begin wearing gender-specific clothes, usually chosen by the parents. As babies get older, the toys tend to be different, too. Many activities, such as play, are often chosen to match what is considered a typical male or female activity. The growing child and then the mature individual is expected to follow the rules, customs, and perceptions that match (or at least are expected to match) the behavioral and other standards of the assigned sex.

However, this common sex dichotomy (either—or) does not accurately represent reality. Some individuals are born with sexual anatomy or reproductive organs, and often chromosome patterns, that do not fit the typical definition of male or female. This evidence may

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**Sex**  
Sex refers to the anatomical and physiological characteristics or features of males and females, the two typically assigned sexes.

**Photo 11.1** From birth, human beings are typically expected to match the behavior and other standards of the assigned sex. Why is it (or isn’t it) important to maintain such standards in the 21st century?

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TABLE 11.1 • Traditional and Changing Sex Categories

<table>
<thead>
<tr>
<th>Traditional Categories</th>
<th>New Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, female</td>
<td>Three</td>
</tr>
<tr>
<td>Female, intersex, male</td>
<td>Five</td>
</tr>
<tr>
<td>Female, “leaning” female, neither, “leaning” male, male</td>
<td></td>
</tr>
</tbody>
</table>

be apparent at birth or become so later in life (United Nations [UN] for LGBT Equality, 2015). In other words, sex is not strictly dichotomous, but rather a continuous variable. If this is the case, there should be a combination of sex characteristics, such as anatomical structures, that are not exclusively male or female. The intersex category is based on the features that are between distinct male and female characteristics. For example, a person can be born with ambiguous outer genitalia—those that do not have the typical appearance that allows a child to be assigned immediately to a particular sex. Other people, even if they were born with certain characteristics assigned to a particular sex, choose a different sex at will and accept a surgical and physiological transformation of the body to achieve the physical appearance of their chosen sex.

In a brief review, scientists and medical doctors these days commonly identify a third category in between the two known sex dichotomies. Moreover, some researchers believe that the third category can be further expanded into subcategories so that there could be at least five sexes: the two traditional ones and three in between (see Table 11.1; Fausto-Sterling, 2012).

Gender as a Social Construct

Sex as a category is rooted in biological, physiological, and anatomical factors. Gender is a complex set of behavioral, cultural, or psychological features associated with an individual’s sex. Gender as a concept has a significant social component: It is the state of being male or female and practicing informally prescribed cultural norms (such as customs), following expectations about what a person should do as a member of a particular sex, and adhering to formal legal rules (the law) that mandate or prohibit particular actions. If gender is a social category, it can be viewed from two gender dimensions: the internal and external. The internal, or psychological, dimension refers to the degree of experiencing being male or female. The external, or social, dimension refers to the roles that society assigns to each sex. These dimensions, of course, are interconnected and actively interact with each other.

Let’s look at the internal dimension first. Gender identity is an individual’s self-determination (or a complex self-reflection) as being male, female, intersex (between male and female), or neither. The opening vignette introduced the “neither” identity. Or, for example, consider androgyny—a combination, a coexistence, a blend of both male and female behavioral characteristics, features, and reflections. Studies show that for most of us, a gender identity tends to remain stable after we establish it, yet it can change. Therefore, gender identity is a process rather than a “product.” Gender identity can strengthen (when an individual feels stronger about this identity than
before), and it may weaken. Although most children refer to self as “I am a boy” or “I am a girl” at a very early age, their understanding or acceptance of the meaning of these words is likely to develop over a significant period. They may never stop evolving; people constantly learn more about gender and gender identity. It may be rediscovered again.

Why does it change or evolve? Many life circumstances influence the ways we identify self: They include physiological factors, our interactions with our parents when we grow up, our experiences with family members, our friendships, or travels—they all matter. Activities such as play or education, exposure to the media, and other life experiences also affect our gender identity in so many ways.

Most individuals develop a specific gender identity that matches their biological sex assigned at birth. However, it is also possible that a person with an assigned sex (a girl, for example) feels differently about the assigned gender identity and roles and develops a different gender (a boy, for example). Some intersex individuals may be raised as a woman or a man but then identify with another gender or none later in life. Also, there can be a strong, core gender identity and a secondary one developing over the core identity (see Figure 11.1; UN for LGBT Equality, 2015).

**Gender Roles**

When an individual learns about or identifies with a particular gender, this process involves understanding, evaluating, and accepting particular patterns of behavior. They are called **gender roles**—prescriptions and expectations assigned to genders on the female–male continuum. These prescriptions and expectations are typically...
embedded in cultural norms and transmitted from one generation to the next. Ideology, art, and religion play an important role preserving such expectations about gender roles and become embedded into the law. Popular beliefs and everyday customs are also important mediators of the knowledge about gender roles.

Across most cultural groups, two major clusters of gender roles have appeared: masculine (having the qualities attributed to males) and feminine (having the qualities attributed to females). Masculinity, traditionally assigned to men, is a general set of features associated with physical strength, decisiveness, and assertiveness. On the other hand, femininity, traditionally assigned to women, is a general set of features correlated with beauty, emotionality, and nurture. Notice how imprecise these definitions are. In fact, there is no consensus on how to define these terms. Across cultures and times there was no consistency in what was considered typically masculine and feminine in psychological characteristics, prescribed personality features, or professions. In some cultural settings, gender roles were described as opposing each other, but in others (e.g., Indian philosophies), they were presented and perceived as complementary, adding to each other. Moreover, social prescriptions related to gender roles were changing due to certain political and cultural transformations. The struggle for gender equality has involved gradually eliminating the gaps between gender roles.

Gender roles in history were about the activities the individual should have performed. In traditional cultural settings, women were supposed to be nurturing and caring, while men were supposed to be decisive and physically strong. These prescriptions referred to every area of life, including the family, work, warfare, and education. There were also differences in how social positions and social activities (such as being a warrior or a monk) and occupations (such as being a doctor or a nurse) associated with gender roles. You can easily provide examples from your own experiences.

Contemporary psychology considers gender roles as not exclusively limited to the dichotomous male–female categories. A view that has become increasingly common is that individuals may have many features of masculinity and femininity simultaneously. A person can be physically imposing and dominating (features assigned to masculinity) and at the same time caring and loving (features assigned to femininity). The term transgender refers to the roles that do not fit into the traditionally assigned gender dichotomy. Transgender individuals do not identify with distinct, traditional male and female gender roles. About one in every 450 Americans identifies as transgender, according to a 2011 study by the Williams Institute at the UCLA School of Law (Wilson, 2014).

It is critical for psychologists to understand that we all have a choice in how we think of ourselves. This may or may not be based on the type of chromosomes we have or our external genitals or the way we were brought up. Instead, it may be based on how we see and understand the world, other people, and ourselves (Goldberg, 2014).

**Sexual Orientation**

Being male, female, or transgender, in terms of gender roles, does not necessarily determine our sexuality or sexual orientation. Sexuality is the capacity for erotic experiences and related behavioral responses.
Sexual orientation
A sexual orientation refers to romantic or sexual attraction to people of a specific sex or gender.

Sexual orientation, in most individuals, tends to develop gradually. Although the vast majority of children have a sex assigned to them at birth, and many children have a strong sense of their gender identity, studies show they are not necessarily aware of their sexual orientation. Some children develop this orientation relatively early; some acquire it later in life. Others change it at a certain point in life. For others, sexual orientation is a “work in progress” and remains evolving or undefined throughout their life-spans. Some accept this uncertainty about their sexual orientation. Others struggle with it and may even suffer because of the unsettling challenge of their sexual orientation (Savin-Williams, Joyner, & Rieger, 2012).

Sexual orientation is a continuum. Some people feel asexual. Asexuality is the lack of sexual attraction to another person and diminished interest in sexual activity. Asexuality may also be viewed as the person’s lack of a sexual orientation. Heterosexuality along with bisexuality and homosexuality are at least three main categories of the continuum of sexual orientation. Heterosexuality is an individual’s romantic or sexual attraction to people of opposite sex or gender. In Greek, heteros stands for “different” or “other.” Heterosexuality is romantic or sexual attraction between people of the same sex or gender. Bisexuality is romantic or sexual attraction toward both males and females. In Britain, for example, when people were asked to self-identify in terms of their sexual orientation, 72% placed themselves at the completely heterosexual end of the scale, 4% put themselves at the completely homosexual end, and 19% said they are somewhere in between (YouGov, 2015).

In the United States, the term homosexual originally carried negative connotations, and it was gradually replaced by gay in the 1970s. The terms gay and lesbian became more common by the end of the 20th century. In more recent years, the term LGBT (lesbian/gay/bisexual/transgender) gained popularity; this is an umbrella term for those who are gender nonconforming—people whose gender identity or gender expression does not conform to that typically associated with the sex they were assigned at birth. Some who do not identify as either male or female sometimes prefer the term genderqueer or gender-variant (American Psychological Association [APA], 2015a).

The way we identify ourselves in terms of sex, gender, or sexual orientation influences almost every part of our lives. Society always has paid attention to how individuals acquired sexual identity and expressed their sexual orientation. In a society where gender roles are strictly defined and enforced, people whose behavior differs from such norms have been targeted, isolated, and often prosecuted. These sanctioned sexual orientations were embedded in informal customs, legal rules, and even in politics. There were, of course, societies in which sexual identity and sexual orientation were not strictly defined.

In general, according to the APA (2001), gender is cultural and is the term to use when referring to men and women as social groups; sex is biological and should be used as a term when the biological distinction is prominent.
Key Approaches to Studying Gender

Traditional Views of the Sexes

A key question for personality psychology is how gender issues influence our knowledge about the individual. Which biological and physiological factors help us in understanding personality features of men, women, and intersex individuals?

For centuries, religion has been a major source of knowledge and prescriptions (authoritative recommendations) about what men and women were supposed to do. Religious prescriptions suggested how men and women were supposed to be treated as members of society. In theory, both sexes were born equal. Judaism, Christianity, and Islam, for example, share the belief that Adam and Eve were the original man and the woman created by God. Eve was created from one of Adam’s sides or his ribs so that all people today are descendants from this pair. However, equality wasn’t the case in reality.

Science has emphasized for centuries that women and men were born with different natural anatomical features and therefore should be different in their behavior, feelings, outlooks, and personalities. Up until the 20th century, most scientists emphasized the **natural dominance** of men, which was a general assumption about men’s physical and biological superiority over women. The natural dominance paradigm focused on men’s natural physical strength, firm character, stamina, willpower, intellectual strength, and creativity. As an illustration, the French physician and philosopher La Mettrie wrote that men have solid brains and nerves; therefore, they have stronger personality features and more vigorous minds than women. He wrote that in women, passion is stronger than reason; therefore, women are prone to tenderness, affection, and passing feelings. And, La Mettrie continued, because women generally lack education, men have better opportunities to demonstrate strength of mind and body. Despite men’s toughness, they can be very grateful, generous, and constant in friendship. As if attempting to bring some balance to the description of men and women, La Mettrie mentioned women’s beauty as their superior feature (La Mettrie, 1748/1994).
What were the traditional views of the intersex? Descriptions of intersex individuals appeared in religious and philosophical traditions dating back many centuries. In ancient Egypt, for example, a male god Hapi represented fertility but had distinct male and female features, including breasts and a large belly, which were both symbols of fertility. In India, the god Ardhanarishvara appeared as half male and half female—like a synergy of two types of spiritual energy. The Navaho people in America believe in Ahsonnutli, a god-creator with male and female features. The ancient Greek philosopher Plato theorized that early in history there were three sexes: male, female, and the third—a union of the two. In ancient myths and Greco-Roman art, Hermaphroditus, the two-sexed child of Aphrodite and Hermes, was portrayed as a female figure with male genitals.

These were, of course, “spiritual” realities. In terms of the realities of human society, intersex individuals are traditionally perceived not only as different but also as odd. But true intersex individuals do live openly in some societies. In India, there is a large category of people known for centuries as the Hijra, or the third gender, according to some translations. Some Hijras, born with male sex characteristics, undergo an initiation into the cluster by surgically removing their penis, scrotum, and testicles (Nanda, 1998). In Europe, the 19th-century literary sources contained descriptions of people whom we refer to as intersex today (Kennedy, 1981). However, the social stigma attached to the intersex remains strong. This negative perception is also a source of social discrimination against intersex individuals.

By the early 20th century, an increasing number of doctors and researchers argued that an individual’s sex could be determined not only by the external genitalia but also by at least several other biological factors. In some cases, assigning sex to a child became a challenge because some may be born in between the male and female sexes (Dreger, 2000). Another problem was that doctors did not always agree which physical characteristics should be considered as male or female. For example, physicians across countries would agree that testes should be considered as male characteristics and ovaries as female. In other cases, disagreements were vast: British doctors, for instance, considered facial hair on women as a sign of mental illness (it was assumed that women were not supposed to have masculine features), while in France it was a sign of physical strength (Dreger, 2000).

Early in the 20th century, the developing science, medicine, and experimental psychology fields paid increasing attention to the scientifically proven differences between men and women in terms of their physical characteristics, motor reactions, sensory thresholds, behavioral patterns, and cognitive skills (Dumont, 2010). Scientists in greater numbers were challenging traditional assumptions about the typical men’s superior functioning and women’s naturally submissive, passive, and nurturing roles.

Evolving Views of the Sexes

Modern studies focus on finding particular physiological, genetic, or evolutionary facts that help to explain sex as a biological category. Contemporary research also supports the view of sex as a continuous variable.
Genetics, Anatomy, and Neurophysiology

Modern genetics (see Chapter 2) has established that females have two of the same kind of sex chromosomes (XX), while males have two distinct sex chromosomes (XY). However, there can be other combinations. Modern science shows that intersex individuals are born with mosaic genetics—some of their cells have XX chromosomes, and some have XY. Genetics research constantly provides new evidence in support of the view that sex is a continuous variable; however, you should remember that in today’s society, sex is supposed to be assigned.

Researchers have been identifying particular anatomical brain structures associated with various characteristics of males and females (Kruijver et al., 2000). Studies also identified certain groups of neurons in the hypothalamus that could be related to individuals of the intersex category (Zhou, Hofman, Gooren, & Swaab, 1995). Overall, however, studies show that the human brain can be compared to a dynamic heterogeneous mosaic of different male and female characteristics that should be placed on a continuum. According to research, what is determined as “sex” is influenced by many social and environmental factors unfolding during prenatal and postnatal periods. These “outside” factors influence the brain’s structures and specific neuroanatomical types (Joel et al., 2015).

A number of studies over the last couple of decades used various neuroimaging methods to demonstrate the differences in responses between men and women. Their analysis is not our goal here, but just to illustrate, some studies showed that women tend to have more neurons relayed to language, hearing, and relational skills compared to men (Brizendine, 2007). Men and women, as groups, showed somewhat different types of responses in the brain related to making moral choices (Jaffee & Hyde, 2000). Females, compared to males, showed increased activity in brain regions associated with caring behavior; males, compared to females, showed increased activity in regions associated with justice-based judgments and behavior (Harenski, Antonenko, Shane, & Kiehl, 2008). Other studies revealed mixed findings, so the discussion of these and other studies continues.

As groups, men and women have different physical characteristics. Take height, for example, which is likely to be determined genetically. Overall, globally, men are taller than women. Yet in different parts of the world, the numbers are different. In the United States, for example, the average male is around 5 feet 9 inches, and the average female is 5 feet 4 inches. So women as a group in the United States are shorter than American men but taller than men in Indonesia, whose average height is 5 feet 2 inches. Conversely, women in the Netherlands, whose average height is 5 feet 7 inches, on average, are almost as tall as men in North America.

There are differences between men and women in prevalence of certain illnesses as well. Men have higher rates of autism spectrum disorder (the incidences of autism are 7 times to 10 times greater in boys than in girls), substance abuse, and AIDS. Women have higher rates of breast cancer, Alzheimer’s disease, and eating disorders. Although men are stronger than women in throwing velocity and throwing distance, women, globally, on average, live longer than men by about five years.
Two comments are important to make here: Some differences are mostly genetic, as in cases of autism spectrum disorder, but physical characteristics and rates for diseases vary significantly across countries and regions. Second, these and other differences are often strongly linked to socioeconomic and social conditions in which people live—chronic poor nutrition, for example, significantly affects body growth and development. Social factors and gender roles often determine what many people do, how they act, take risks, and take care of their bodies and minds.

Evolutionary Theories

Modern evolutionary studies (see Chapter 2) try to identify certain natural mechanisms for explaining the differences between men and women. These studies focus on comparative research and on discussion of natural selection as the main mechanism for determining major sex differences. Several conclusions have been drawn based on this research:

- Evolutionary science does not claim that all behaviors are genetically programmed, but predispositions to acquire them seem to be (Dumont, 2010).
- Evolutionary scientists maintain that sexual selection (the method of selection of a mate) is the strongest factor determining most differences between males and females. Men and women develop certain behavior and “shape” individual features to attract the best possible partners (Geary, 2009; Rusch, Leunissen, & Van Vugt, 2015).
- Children across cultures are raised as boys and girls for a reason, evolutionary scientists claim. The prime reason is survival and preservation of humans as species (Archer, 1996).

How do these conclusions refer to the study and understanding of personality? Evolutionary scientists maintain that women are more likely to be interested in a set of personality traits in men that would secure the future and safety of their children and family. Men tend to be interested in women who display behaviors that are communal, nurturing, and socially oriented. In other words, there must be some evolutionary purpose for men and women to have somewhat different personality features. Men tend to invest more attention to new mates and activities, while women tend give more to parenting. The general difference between men and women is that women naturally tend to act altruistically to show that they can share resources. Alternately, men tend to act heroically or at times greedily to demonstrate that they can protect these resources (Miller, 2000; Rusch et al., 2015).

Societal Practices

Although the differences between males and females can be found on the biological and physiological levels, they are not necessarily significant. Social and environmental
factors also shape the behavior of males and females. Human behavior cannot be explained without including psychological mechanisms with cultural and social inputs (Buss, 1996). Social practices continue to influence judgments about an individual’s sex.

Globally, with only few exceptions, an intersex person today has to be officially identified as either male or female simply because it is required by tradition and law. In many countries for the last several decades, hormonal treatment and sex change surgery were recommended for those who were born intersex. In Western countries today (as well as in a few other non-Western countries), adults are able to make a decision to change their sex medically, which usually takes several years (Creighton, 2001). To a certain point, gender reassignment is a reversible process, and there are some who change their minds about the procedure (Dreger, 2000; Goldberg, 2014). Yet social norms require and the laws prescribe that a “precise” sex—either male or female—should be given to every individual.

Most studies in psychology so far have focused on similarities and differences among men and women. Research of intersex individuals is still insignificant, but some comparative studies have shown that they do not differ in most characteristics of physical or mental health (Warne et al., 2005).

**Traditional Views of Gender**

Religion was a major source of human values related to gender. Traditional religions maintained, in general, a contradictory view on gender and gender roles. In theory, men and women were supposed to be equal in the eyes of God, but in reality, they were treated differently. Customs in most countries prescribed women only limited educational choices: elementary education or simple reading-and-writing skills. Women were also expected to play the traditional home-based role of mother and wife. Just a century ago, women were still being strongly cautioned against becoming scientists, engineers, or doctors!

Theoretically, both men and women should practice moderation, self-control, modesty, and chastity. In real life today (and for centuries past), however, women more than men face more serious restrictions and regulations affecting their behavior and individual traits in regard to their clothes, specific behaviors, manners, and even emotional expressions.

In visual arts and literature, androcentrism, or placing males or the masculine point of view at the center of a theory or narrative, has always been common. However, written religious traditions contained female images and narratives about women, and there are female saints in Christianity, Islam, and Judaism, as well as female goddesses in Hinduism, even though written religious sources are mostly male (Kinsley, 1986). Science history shows that for centuries scholars believed that prescribed gender roles should exist because they were convenient, customary, and seemingly guaranteed societal stability (Eagly, 1997).

However, during the past 2 to 3 centuries, more philosophers, scientists, and physicians began to understand gender as a social construct. By the 19th century, many believed that although there were some natural differences between men and women, these differences were rooted in societal norms. Furthermore, these norms could
change. The popular English philosopher John Stuart Mill (1806–1873) was particularly admired among progressive-minded scholars. Mill’s (1869/2010) historic essay *On the Subjection of Women* advocated gender equality, claiming that the differences between men and women were largely the product of social customs and should be overcome.

**Ambivalent Prejudice**

Many influential scientists, psychologists, and psychiatrists early in the 20th century accepted the view that women should be equal to men. Seventy and 80 years ago, anthropologists such as Margaret Mead, psychologists such as Lev Vygotsky, and behaviorists such as John Watson all claimed that the socialization practices prescribed particular roles to boys and girls to follow were inaccurate. The American psychologist Leta Hollingworth was among the first to find evidence that women’s performance on cognitive, perceptual, and motor tasks was consistently similar to that of males (Shiraev, 2015).

However, women were still viewed as lesser than men. Sigmund Freud, for example, believed in women’s anatomical and psychological inferiority compared to men. Alfred Adler wrote about women’s *masculine protest*—a psychological reaction of opposing male dominance. He supported gender equality but was skeptical of the masculine protest because it challenged women’s natural roles as mothers and caregivers (Dumont, 2010). The Austrian American psychologist and therapist Helene Deutsch believed that women should abandon the traditional roles of mothers and wives, yet she also believed that many women were not ready for this because they would encounter significant psychological difficulties in the process (Deutsch, 1944, 1945).

**Gender Discrimination in Psychology**

Early in the 20th century and especially in the 1900s, many experimental psychologists in the United States shared the view that only a specially selected and trained group of highly skilled observers could perform the collection and compilation of scientific data in psychological labs—in other words, only trained professionals could conduct scientific observations in strictly controlled conditions of an experiment. Who could argue about the necessity of professional training? The problem was that these trained professionals were expected to be men. What was the logic behind this assumption? Successful researchers were expected to be scrupulous and careful observers, and they were not supposed to show any emotion while conducting research. Women were considered unfit as researchers because at that time many thought they were emotionally unstable and overly sentimental (Keller, 1985). Some male experimental psychologists even stated that women should play only secondary, subsidiary roles in psychological research because of their involvement in relationships and their commitment to their families and children. A better role for a woman was research assistant, not principal investigator (Noon, 2004). As a result of these beliefs, scores of skilled women were underestimated, overlooked for promotion, or simply ignored.
Functional Inequality

In the first half of the 20th century, many social scientists described gender inequality as functional inequality. According to this concept, a person was predisposed to perform a certain function in society. Men were expected to perform mostly instrumental functions, which involved physical work, protection, hunting, and construction. Society assigned expressive functions to women, which involved managing interpersonal conflicts, providing care, educating the young, and so forth. These role differences have created different expectations about what women and men should do. Different expectations placed men and women in different educational and economic sectors and even prescribed behaviors and skills to men and women (Parsons & Bales, 1956).

After the 1950s, more studies focused on gender similarities. They showed the complex interaction between biological and social factors that shape male and female behavior and experience.

Evolving Views of Gender

Gender Studies

Contemporary gender studies is a multidisciplinary field dedicated to studying gender and a wide range of gender-related issues. This field has made a significant contribution to personality psychology as a great discussion is taking place about the mechanisms of social construction of gender. Gender is now commonly perceived as a continuum—there is no absolute, invariable “maleness” or masculinity and “femaleness” or femininity in individuals (Rothblatt, 2011a). If gender is a social construct, it is clear that men and women may be different due to different socialization practices and social norms. How significant are such differences? Are there “male” and “female” personalities?

Feminism

One of the most influential sources of gender studies has been feminism, which originated in political and social sciences. Feminism is the view that women should have equal rights and opportunities with men, and global changes are needed to achieve social justice (Hirschman, 2010). At least three points are relevant to personality psychology.

First, feminists reject the notion of a “female brain,” or significant inborn and physiological changes that distinguish women from men. Second, there are gender differences because, historically, most important positions of power have gone to men, and through them men created customs, laws, and policies that systematically discriminated against women and thus satisfied men’s needs to dominate and possess. Indeed, even still today, more than 90% of the world’s heads of government are men (outside Western countries, women seldom play a significant role in the positions of power). Third, feminists say, most customs of today’s society are rooted in a masculine culture that accepted war and violence rather than consensus and peace (Cohn,
1987). For centuries, male-dominated societies considered wars essential for conquering, achieving glory, testing patriotism, and dominating the weak. Femininity was little more than “ritualized submission” (Goldberg, 2014), and women’s propensity for peace and constructive cooperation were not fully taken into consideration (Ayman & Korabik, 2010).

In modern society, women have gained more power, and 23% of married American women with children now outearn their husbands, up from 4% in 1960. Few women in developed countries now need a man’s support to raise a family (Carbone & Cahn, 2013). Feminist scholars continue to argue that women should have the freedom and opportunities to make their own choices in everyday life (Snyder-Hall, 2010).

**Comparative Research**

In the past 20 years, a significant number of studies examined similarities and differences between men and women and found noteworthy as well as inconsistent or insignificant variations. For example, studies of violent behavior show that violent behavior across the globe is more prevalent in men than it is in women: Young boys are referred to social workers more often than girls (Hyde, 2005); boys are more disruptive at school (Organisation for Economic Co-Operation and Development [OECD], 2011); globally, men are almost 4 times more likely to be murder victims than women. In addition, compared with women, twice as many men commit suicide (United Nations Office on Drugs and Crime [UNODC], 2015; WHO, 2015). Most telling, in America in the 21st century, men have committed approximately 90% of murders and constitute almost 90% of the prison population.

To offer contrast, in terms of higher education women outnumber men as university students in every region except South Asia and sub-Saharan Africa. In the most economically developed countries (such as the United States, Canada, France, or Germany), women earn 58% of college degrees, and this number is on the rise. In the United States, four women graduate from college for every three men (Birger, 2015). At school, boys read somewhat less and do less homework than girls (OECD, 2011). Teenage boys in developed countries are 50% more likely than girls to fail in three basic school subjects, namely, math, reading, and science. Globally among low-achievers in reading, math, and science, boys consistently outnumber girls in poor achievement. More boys than girls are failing at school. In Sweden, for example, among 15-year-olds, 18% of boys were underachievers compared to only 11% of girls; in the United States, the ratio was 15:9 (OECD, 2011). However, considered as groups, girls are somewhat better in verbal reasoning, while boys, as a group, tend to be better in math.

Personality research has systematically found gender differences in two of the three dimensions of the Eysenck model: neuroticism and psychoticism (Escorial, 2007). Studies also consistently show that in the context of the Big Five theory, women tend to produce higher scores than men on extroversion, agreeableness, and neuroticism (Weisberg, DeYoung, & Hirsh, 2011).

Cross-cultural research obtained on samples from more than 25 countries reveals an important finding: The differences between male groups and female groups across
the studied countries were small; however, the variations within both groups were significant and consistent with gender perceptions. Women's scores, compared to men's scores, were somewhat higher in neuroticism, agreeableness, warmth, and openness to feelings, whereas men were higher in assertiveness and openness to ideas (see Table 11.2; Costa, Terracciano, & McCrae, 2001).

How can we explain some gender differences obtained in psychological studies? Consider two types of answers discussed by researchers.

**The Variability Hypothesis**

The variability hypothesis is a view that men and women are likely to be similar on many behavioral and psychological measures; nevertheless, men's scores tend to group around the opposite ends of the spectrum. For example, at school there are more boys than girls with extremely high and extremely low grades and test scores (Hyde, 2005). In other words, men are supposed to have a wider range of talents as well as weaknesses and defects than women. Although this hypothesis was tested, the outcomes were inconclusive. To complicate the results, not all gender differences appear equal—some of them are significant and others are not (Hyde & Plant, 1995). In general, again, behavioral and psychological differences within the gender are in most cases far greater than differences between the gender groups.

**The Gender Similarities Hypothesis**

From the viewpoint of the gender similarities hypothesis, males and females are alike on most—but not all—psychological variables. The early research comes in publications of Eleanor Maccoby and Carol Jacklin (1974). Their most influential work, *The Psychology of Sex Differences*, is based on the review of more than 2,000 studies of gender differences, including memory, aptitudes, personality features, and social behavior. They found that there were differences between men and women on verbal
skills, visual spatial ability, math skills, and aggressive behavior. However, the book challenged several common assumptions related to personality, such as girls have lower self-esteem compared to boys; men are less suggestible than women; men do better on difficult cognitive tasks, while women do fine on simple ones; and women have lower achievement motivation than men (Maccoby & Jacklin, 1974). These assumptions were criticized and even dismissed, but the debates about low self-esteem in girls compared to boys has continued for decades later (Hyde, 2005; Pipher, 1994).

Recent research, however, including meta-analysis, gives more support for the gender similarities hypothesis. Men and women as groups may be slightly different in motor skills or aggression. However, other gender differences vary substantially in magnitude at different ages and are based on the context in which measurements occur. For example, there are small gender differences in computational skills (favoring girls) in elementary and middle school, but there are no gender differences in computation in higher grades. Also, there were small gender differences favoring males in solving complex problems, yet this difference surfaces in high school and does not show up in earlier years (Hyde, 2005). Testing conditions matter, too. When they believe that a math test is designed to show gender differences, women underperform (Spencer, Steele, & Quinn, 1999). Many parents as well as teachers expect that boys, compared to girls, should be better at math, thus the adults often overlook many mathematically talented girls. Parents have lower expectations for their daughters' math success than for their sons' (Hyde, 2005).

In the end, men and women are not that different psychologically (Hyde, 2005; Hyde, Lindberg, Linn, Ellis, & Williams, 2008). In part, the beliefs about gender differences were supported by popular stereotypes about female “emotionality,” male “assertiveness,” and so on. Just remember that stereotypes change with time, and so do social realities. Remember the discussion earlier in the chapter about the difficulties women would have faced 100 years ago as psychology researchers? In 1950, only 15% of all doctoral degrees in psychology were awarded to women. By 1960, the number had risen to just 18%. Yet in the 1970s, the number of women earning doctorates in psychology began to steadily increase, and by the early 1980s, this number had increased dramatically: For the first time in history, the proportion of women doctoral recipients was equal to men. If this trend continues, by 2020 women will receive more than 70% of the doctoral degrees in psychology earned in North America (Stewart, 2009).

**Evolving Views on Gender Roles**

Views on masculinity and femininity are also changing. Earlier in the chapter, we discussed *masculinity* and *femininity* and how imprecise the definitions of these terms are. Modern developments add more facts and scientific knowledge about the evolving gender roles and the personality and behavioral features associated with these categories. Traditionally, in the past, men were expected to embrace masculinity—that is, to be physically resilient, tough, emotionless, confident, and ambitious. Masculinity was about being heterosexual and also about avoiding femininity at
all costs (Levant & Kopecky, 1995). Femininity, on the other hand, was traditionally linked to emotionality, compassion, gentleness, and nurture. It was also about being heterosexual, or attracted to men (Brownmiller, 1985). Although there were some historic and cultural variations, they were few and far between (Shiraev & Levy, 2013).

In which ways are views of masculinity and femininity changing? First, modern global society has become increasingly less demanding about the gender roles that boys and girls and men and women are expected to follow. The perceptions seem to be shifting from labeling human beings who do not follow the prescribed gender roles as womanly men or manly women to new perceptions that focus less on gender but more on the unique individuality of them.

Studies from some years back showed that many people maintained particular expectations about where men and women were supposed to work, according to the standard gender roles (Eagly, 1997). Today, it appears that women tend to increasingly abandon these stereotypes: They adapt, adjust, and learn new professions better than men do. More women study for and obtain degrees and places in professions that were stereotypically “male.” Unfortunately, men have not embraced so-called female professions as eagerly. Women also appear to better embrace new job opportunities. Of the 30 occupations expected to grow fastest in America in the coming years, women dominate 20 of them, including nursing, accounting, child care, and food preparation (Rosin, 2013).

Second, gender roles themselves became more fluid. The term metrosexual appeared in the popular literature and then in sociological and psychological research. It means a style of thinking and behavior in men who, contrary to the prescriptions of traditional gender roles, tend to develop and display some feminine features and habits, especially related to appearance, clothes, and grooming (Bais, 2012). Only a few studies have been done; for example, a study in Thailand of urban men who identified themselves as metrosexual showed that they scored higher than average men on traditional femininity and also had high scores for appearance-related variables, such as watching the quality of their body and everyday appearance (Lertwannawit & Gulid, 2010). Metrosexual men can be heterosexual, bisexual, or gay (although most use the term metrosexual in reference to heterosexual men). There is a debate in popular sources about whether women can be metrosexual, too, by adopting some traditional masculine features and still paying attention to appearance and romance. In some ways, metrosexuality is about avoiding strict standards of gender roles (Simpson & Hagood, 2010).

Third, in the era of global changes, there is an inevitable resistance coming from the supporters of traditional values and gender roles. The rejection of nontraditional roles and bias and discrimination against individuals who do not fit into the traditional standards (under the motto “Men should be men, and women should be women”) are likely to continue in some parts of the world and in some cultural groups.
As in the case of gender, religion throughout the ages has remained a key source of human values (see Chapter 1) about an individual’s sexual orientation. Over the past few centuries, most major world religions maintained a strict moral position on what type of sexual orientation individuals should have. With only few exceptions, religion portrayed a heterosexual person as a norm. Any deviation from heterosexuality was considered immoral and thus punishable. Women customarily faced more restrictions related to sexuality and sexual orientation than men. Social customs and laws prosecuted individuals who were accused of homosexual behavior (see Table 11.3).

Traditional views on sexual orientation influence scientists. Consider an example. Austro German psychiatrist Richard von Krafft-Ebbing (1840–1902) provided one of the earliest and most detailed scientific analyses of individual sexuality in his famous book *Psychopathia Sexualis* (1886). He maintained a traditional view, according to which heterosexuality was normal, and homosexuality was pathological.

### Traditional Views of Sexual Orientation

As in the case of gender, religion throughout the ages has remained a key source of human values (see Chapter 1) about an individual’s sexual orientation. Over the past few centuries, most major world religions maintained a strict moral position on what type of sexual orientation individuals should have. With only few exceptions, religion portrayed a heterosexual person as a norm. Any deviation from heterosexuality was considered immoral and thus punishable. Women customarily faced more restrictions related to sexuality and sexual orientation than men. Social customs and laws prosecuted individuals who were accused of homosexual behavior (see Table 11.3).

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<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Legal Status</th>
<th>Moral Status</th>
<th>Medical Status</th>
<th>Social View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>Legal</td>
<td>Acceptable within marriage</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Nonheterosexual (homosexual or bisexual)</td>
<td>Illegal, criminal</td>
<td>Unacceptable</td>
<td>Abnormal</td>
<td>Prejudiced, discriminated against</td>
</tr>
</tbody>
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### Check and Apply Your Knowledge

1. Explain the natural dominance of the male paradigm.
2. What are the key differences between the traditional and evolving views of the sexes?
3. What is androcentrism?
4. Explain ambivalent prejudice.
5. What are the main assumptions of feminism?
6. Explain the variability hypothesis.
7. Explain the gender similarities hypothesis.

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In medical research and psychiatric practice, people who had homosexual feelings were assumed to be ill and, therefore, in need of treatment or even punishment (Laqueur, 2004). Most early psychologists until the middle of the 20th century maintained a generally negative view of homosexuality and bisexuality and considered it a form of pathology or even disability. Individuals prone to homosexual and bisexual behavior were expected to receive treatment until they “recovered.” In the Soviet Union until the early 1990s, homosexuality was considered a crime punishable by a lengthy prison term. Today, in some countries such as Iran, openly gay and lesbian individuals can be sentenced to death because homosexuality is considered a major offence against religion.

**An Evolution of Legal Knowledge**

The evolution of views of homosexuality and gays and lesbians is a powerful example of how popular beliefs, science, legal rulings, and ideology have been evolving in the United States over the past 7 decades. Most people’s views of gays and lesbians changed along with changing scientific views and legal rulings. Seventy years ago, New York had laws against cross-dressing, onstage depictions of gays, and gatherings of gays in clubs. In the 1930s, the Motion Picture Production Code banned any discussion of or allusion to homosexual behavior. Leading psychiatrists commonly labeled homosexuals as *sexual psychopaths*. President Dwight Eisenhower signed Executive Order 10450, which banned, among other things, “sexual perversion” in government and banned lesbians and gays from working in the federal government. About 50 years ago, homosexual acts were illegal in every state but Illinois. There were no openly gay
political candidates or public officials. Even in the liberal press, homosexuality was attacked (Ross, 2012). The popular 1969 bestseller *Everything You Always Wanted to Know About Sex (But Were Afraid to Ask)* said that homosexuality was fixable and curable as long as people asked a psychiatrist to help.

Yet the clinical perceptions and legal ruling were changing. The classification of homosexuality as a mental disorder was scrapped in 1973 from psychiatric manuals in the United States, and by the early 1980s, most states had dropped anti-gay laws. Some public figures, including politicians and celebrities, began openly discussing their sexual identity. Other countries were making changes, too—Russia officially stopped imprisoning gays in the late 1980s. In the 21st century, scores of countries, including the United States, recognized same-sex marriages.

Globally, people do not view homosexuality the same way they treat heterosexual behavior. In a global sample of 40 countries, 59% viewed homosexuality as unacceptable, and only 20% viewed it as acceptable (Pew, 2014). The changes in attitudes are slow. In most African states, homosexuality is still illegal. Russia, for example, recently has adopted a new harsh anti-gay law that limits both printed and online discussion of homosexuality. In some countries, being openly gay and lesbian is punishable by death (Halperin, 2012; Ross, 2012; Warner, 2000).

**Evolving Views of Sexual Orientation**

Several major developments took place in the 20th century that significantly changed scientific views of sexual orientation. Empirical research was one such development. In the first half of the 20th century, most studies of sexual orientation were conducted within psychiatry and primarily focused on psychopathology. The research samples involved a few individuals, usually patients. The publication of Alfred Kinsey's (1894–1956) *Sexual Behavior in the Human Male* (1948/1998) and later *Sexual Behavior in the Human Female* (1953/1998) were significant developments partly because they were based on large samples. Kinsey, an American physician, and his colleagues believed that humans were not strictly “heterosexual” and “homosexual.” Based on the interviews, Kinsey described several types of sexual orientation: those who identified themselves as exclusively heterosexual with no experience with or desire for sexual activity with people of the same sex; those who identified themselves as exclusively homosexual; and those who would identify themselves as bisexual, with varying levels of desire for sexual activity with either sex (Kinsey, 1948/1998). More studies showed that sexual orientation is a continuum with several orientations that may be present in one individual, evolving over time (Sell, 1997). Research also showed that people are not necessarily “stuck” in either of the described groups or categories—although most people do not change their sexual orientation, some evolve during their lives (Savin-Williams et al., 2012). In other words, some individuals are sexually “fluid,” and sexual fluidity can be recognized as a kind of sexual orientation (see Figure 11.2; Diamond, 2008, 2009).

Debates continue about the most significant factors that influence an individual’s sexual orientation. Many studies maintain that sexual orientation, at least to some
degree, has biological causes, as classical studies of the British-born researcher Simon LeVay showed (1991, 1993). The degree of this connection is further discussed in various studies. Researchers, for example, found that if an identical twin is gay, there is about a 20% chance that the sibling will have the same sexual orientation. That percentage is more than random, but it is lower than expected for two people with the same genetic code (Kremer, 2014). Gay men tend to have more gay brothers, and lesbians tend to have more lesbian sisters than their heterosexual counterparts (Wilson & Rahman, 2008).

Science, however, does not confirm that homosexuality is exclusively or predominantly genetic. Moreover, it is still unclear whether or not the genetic factors and other biological mechanisms for determining male and female sexual orientation are similar (Jeffreys, 2003; Kremer, 2014). Overall, studies have not revealed a clear genetic cause for being gay, lesbian, bisexual, or fluid. Sexuality and sexual behavior are under the control of a complex set of centers in the brain and are certainly shaped by a person’s social experiences (LeVay, 2010).

This means that many social and cultural factors play a significant role, too. Homosexual men, for example, tend to be later-born children in respect to their brothers. A similar, yet less strong pattern is found for women (Jones & Blanchard, 1998). Socialization experiences and societal customs play a role, too. Studies show that male participants report more sexual behavior (masturbation, pornography use, and casual sex) and more permissive attitudes (for example, about casual sex) compared to female participants. The gender difference in reported sexual satisfaction is insignificant (Hyde, 2005). Contemporary comparative studies show that, consistent with the gender similarities hypothesis (see earlier in this chapter), most gender differences related to attitudes about sex and sexual behavior are small, and gender differences related to sexuality change over time (Petersen & Hyde, 2010).

**Transvestism, Cross-Dressing, or . . . ?**

This short case should illustrate the evolution of the individual’s sexual orientation and behavior. Magnus Hirschfeld, a German physician, published the first academic study of transvestism in 1910. In the book *Die Transvestiten*, he described the desire
and the practice of some individuals (men more often than women) to dress in the clothes of the opposite sex (Hirschfeld, 1910/1991). At the time of the publication, European countries condemned and outlawed cross-dressing. In Germany, for example, people who wanted to cross-dress (mostly men wanting to wear women’s clothes) had to apply to the police departments for special permissions (Benjamin, 1966). Doctors considered transvestism as a type of pathological, attention-seeking kind of homosexuality, which was viewed as mental illness. Hirschfeld rejected these views more than 100 years ago. He showed that not only gays and lesbians but also straight individuals could choose transvestism. And it was not a flamboyant act of a capricious individual. For many, cross-dressing was a normal expression of their true personality and individuality. In his publications and lectures, Hirschfeld appeared as an active advocate for equality for gays and lesbians; he fought widespread prejudice and discrimination against them (1910/1991).

More than a century after Hirschfeld’s initial publication, prejudice toward cross-dressing still has not disappeared. Some people continue to use the label cross-dresser and attach it to individuals as if cross-dressing was a personality type (the same way some people use the labels criminal or mentally ill to describe someone’s entire personality). Cross-dressing has many underlying causes. To some who do it, cross-dressing is an expression of their gender identity. To others, cross-dressing is rooted in their histrionic tendencies (see Chapter 12) and the desire to impress, surprise, and even to shock. Some males cross-dress because they have erotic feelings at the thought of oneself as female, which is called autogynephilia (Blanchard, 1989; Goldberg, 2014). Yet to others, the desire to wear particular clothes is not necessarily sexual—they simply admire the opposite sex and want to imitate their behavior. It is important to stress that clinical psychologists and psychiatrists today recognize the term transvestic fetishism as a disorder: a condition in which an individual’s sexual fantasies, urges, or behaviors that involve cross-dressing also cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**CHECK AND APPLY YOUR KNOWLEDGE**

1. Behavior considered normal, abnormal, illegal, or acceptable has changed throughout history. This probably means that some of today’s definitions of normal and abnormal in our behavior may no longer be valid a few years from now. Which types of behavior (if any) that we consider abnormal (or pathological) today do you think future generations will consider acceptable or even normal? Explain your view.

2. Consider a woman wearing her brother’s T-shirt for a workout and a man wearing his sister’s leggings for the same workout. What kind of comments can they both expect behind their backs at the gym? How would you respond to these comments if you heard them?
Applying the Gender Domain

LGBT Psychology

A modern branch of psychology that studies and assists individuals whose orientation is transgender or gender-variant, LGBT psychology is a theoretical and applied field that is gaining support and recognition globally. People who identify with LGBT may have many concerns and challenges for which they seek advice and help.

Many people who identify as transgender have to deal with significant psychological challenges. The San Francisco Unified School District, for example, surveyed middle school children in 2011 and discovered that 50% of transgender kids had attempted suicide (for a wide range of psychological reasons), compared with 6% of straight youth (Wilson, 2014). A 2015 study showed that transsexual youth had a twofold to threefold increased risk of psychological problems, including mood and anxiety disorders, as well as suicide attempts (Reisner et al., 2015).

Another problem that needs recognition and action is the ongoing stigmatization, discrimination, and even open hostility against individuals who are gay, lesbian, transgender, or gender-variant. Homophobia is aversion to homosexuality and LGBT individuals. Biphobia is aversion toward bisexuality and bisexual people as a social group or as individuals. People of any sexual orientation can experience such feelings of aversion. Biphobia and homophobia are often based on negative stereotypes or irrational fear. In many countries, as we know, homophobia and biphobia are incorporated into the law. People can face significant prison terms for speaking openly on...
behalf of the LGBT community, defending their rights, or just discussing intersex or transgender issues.

True, there are plenty of legal and political issues around the globe related to sex and gender, but public awareness, which can lead to significant social action, is necessary to induce political and social change.

Reducing Gender Stereotypes

Do human names have anything to do with the destructive power of hurricanes? Apparently, they do. The World Meteorological Organization assigns a name to every hurricane: Katrina, Marco, Sandy, Omar, and so on. A study published in the *Proceedings of the National Academy of Sciences* examined 92 most recent hurricanes that made landfall in the United States; it showed that hurricanes with women’s names seem to have killed more people than did those with men’s names. Why is that? The researchers came to the conclusion that some people do not take hurricanes with women’s names as seriously as they take those with men’s. As a result of this biased perception, some people tend to act carelessly. They assume that a hurricane named after a woman is not supposed to be that destructive (Jung, Shavitt, Viswanathan, & Hilbe, 2014).

Such biased assumptions are called stereotypes. They are categorical expectations that all members of a given group have particular traits or features. Stereotypes tend to be resistant to change—even when they are fraught with errors. People tend to overlook or reject valid information when it is not consistent with their stereotypes. Propensity to stereotype is one of the most fundamental and pervasive of all human psychological activities. Stereotypes are a form of biased thinking and result in us anticipating what another person will do because we expect this behavior.

In your daily encounters, you can apply the three following strategies to help in overcoming gender stereotypes:

- **Be aware.** Try to monitor the extent to which your gender stereotypes (based on prior beliefs, knowledge, and expectancies) can affect your current experience, impressions, and perceptions. Try to become as aware of your own and other people’s stereotypes. Awareness of them will be the first step to increase your ability to modify them.

- **Look for multiple causes.** When you explain gender differences, look for multiple factors that may either explain the differences or show that they are not that significant. Why do girls tend to earn better grades in school than boys? Why are men still far more likely than women to earn degrees in the fields of science, technology, engineering, and mathematics? And why are men on average more likely to be injured in accidents and fights than women (Geary, 2009)?

- **Promote new perceptions.** Reducing gender stereotypes is only a first step in applying your knowledge. The task is to form more accurate perceptions based on facts, including sound psychological research. It is true that in North America more men than women earn doctorate degrees in physics. Does this mean that women are not so great in advanced studies? No. At least half of doctorate degrees in molecular biology and neuroscience are awarded to women. True,
there are more men getting graduate degrees in economics and philosophy, but women get more doctorate degrees in history and psychology (Leslie, Cimpian, Meyer, & Freeland, 2015).

**Overcoming Sexism**

A vivid case in point of sexism is provided by Dawes (1994), who tells of an incident involving flagrant gender bias in decision-making. The dean of a major medical school, perplexed as to why his institution was unsuccessful in its attempts to recruit female students, asked a colleague of Dawes to investigate the problem. What emerged was striking: One of the interviewers had been rating applicants with respect to their “emotional maturity,” “seriousness of interest in medicine,” and “neuroticism”; as it turned out, the vast majority of females did not receive positive evaluations on any of his criteria. Specifically, whenever the woman was not married, he judged her to be “immature.” When she was married, he concluded that she was “not sufficiently interested in medicine.” And when she was divorced? “Neurotic,” of course. On the bright side, this example was shared more than 20 years ago, and norms and practices have changed since then. Or have they?

**Sexism** is prejudice resulting in discrimination based on the views of sex or gender, especially against women and girls. Sexism is often associated with the belief that one sex is superior to or more valuable than another one. Sexism imposes limits on what men and women can and should do. For years, psychologists drew attention to sexism to raise awareness about the oppression of girls and women. Later, sexism as a concept was expanded to include awareness of the discrimination against any sex, including men/boys and intersexual/transgender individuals.

Learning about sexism is about gaining professional knowledge and good citizenship skills. Sexism has many forms. It can be open or hostile—think of a person who states that women are incompetent and inferior to men to justify a certain decision, such as hiring or firing a woman. Sexism can also be hidden and disguised (Glick & Fiske, 1997). For example, someone may state that “women are not inferior to men, but they are weak and unprotected; therefore, they need additional help.” Sexism incorporates stereotypical statements that explain or prescribe particular behaviors for the entire group.
Traditional views consider sexual orientation as strictly attached to each sex and heterosexuality as a norm; modern views see sexual orientation as fluid.
Summary

• The term sex refers to anatomical and physiological characteristics or features of males and females, the two typically assigned sexes. These features include at least four commonly recognized clusters, such as external genitalia (the body's reproductive organs), glands, hormones, and chromosomes. The intersex category is based on the features that are between distinct male and female characteristics.

• Gender is a complex set of behavioral, cultural, or psychological features associated with an individual's sex. Gender identity is an individual's self-determination (or a complex self-reflection) as being male, female, intersex (between male and female), or neither.

• Gender roles are prescriptions and expectations assigned to genders on the female–male continuum. These prescriptions and expectations are typically embedded in cultural norms and transmitted from one generation to the next. Ideology, art, and religion play an important role in preserving such expectations about gender roles. Masculinity, traditionally assigned to men, is a general set of features associated with physical strength, decisiveness, and assertiveness. Femininity, traditionally assigned to women, is a general set of features correlated with beauty, emotionality, and nurture.

• Sexual orientation, in most individuals, tends to develop gradually. Although the vast majority of children have a sex assigned to them at birth and many children have a strong sense of their gender identity, they are, as studies show, not necessarily always aware of their sexual orientation. Some children develop this orientation relatively early; some acquire it later in life.

• LGBT stands for lesbian, gay, bisexual, and transgender. This is an umbrella term for people who can be called gender nonconforming—that is, those whose gender identity or gender expression does not conform to the one typically associated with the sex to which they were assigned at birth. Some who do not identify as either male or female sometimes prefer the term genderqueer or gender-variant.

• For centuries, science emphasized that women and men were born with different natural anatomical features and therefore should be different in their behavior, feelings, outlooks, and personalities. Modern studies focus on finding particular physiological, genetic, or evolutionary facts that help explain sex as a biological category. Contemporary research also supports the view that sex is a continuous variable.

• Human behavior cannot be explained by biological factors alone without including psychological mechanisms with cultural and social inputs. Social practices continue to influence judgments about an individual's sex.

• Religion was a major source of value-based knowledge about gender. Traditional religions maintained, in general, a contradictory view of gender and gender roles. In theory, men and women were supposed to be equal in the eyes of God. In reality, they were treated differently. Traditionally, many influential scientists, psychologists, and psychiatrists early in the 20th century accepted the ambivalent view that (1) women should be equal to men; (2) but they are not, and there is a justifiable reason for that.

• Contemporary gender studies is a multidisciplinary field dedicated to the study of gender and a wide range of gender-related issues. Gender studies has many roots and
sources. One of the most influential has been feminism, originated in political and social sciences.

- In the past 20 years, a significant number of studies examined similarities and differences between men and women and found both major and insignificant differences, as well as inconsistencies.

- The variability hypothesis and the gender similarities hypothesis attract significant research and discussion.

- Over the past few centuries, most major world religions maintained a strict moral position on what type of sexual orientation individuals should have. With only a few exceptions, religion as well as traditional science portrayed a heterosexual person as a norm. From the beginning of the 20th century, scientific knowledge related to sexual orientation has been changing.

- Gender stereotypes are categorical expectations that all members of a given group have particular traits or features. Sexism is prejudice and results in discrimination based on the views of sex or gender.

- LGBT psychology is a theoretical and applied field that is gaining support and recognition globally.

**Key Terms**

- androcentrism 345
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**Evaluating What You Know**

Describe the key points of the gender domain in personality psychology.

Explain the sexes and the intersex.

Define *gender roles* and *sexual orientation*.
What are the traditional views of the sexes?
What are the traditional views of gender?
What are the traditional views of sexual orientation?
Explain the essence of the changing views of the sexes.
Explain the essence of the changing views of gender.
Explain the essence of the changing views of sexual orientation.
Explain LGBT psychology.
Give examples of gender stereotypes and sexism.

A Bridge to the Next Chapter

Sex, gender, and sexual orientation, of course, were not the only topics that underwent significant revision within contrary science during past 50 years or so. Mental illness was another important area, the views of which have significantly evolved after the apparent decline of psychoanalysis. These views continue to change. The clinical domain will be our next area to examine in the following chapter.

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