
BLOCK IV

PSYCHOLOGY OF SEX DIFFERENCES



UNIT 13 GENDER AND COMMUNICATION*

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LEARNING OBJECTIVES

After reading this unit, you will be able to:

- Explain how the gender roles impact the communication styles during childhood and adulthood;
- Compare the ways in which the communication styles are different between genders;
- Identify language and linguistic patterns in the context of gender;
- Explain the various non-verbal behaviours influenced by gender; and
- Examine the theoretical perspectives for the gender differences in communication.

13.0 INTRODUCTION

So far, you must have learnt about sex, gender, gender norms, gender roles, stereotypes, and the ways they shape our lives. Now we turn our attention to an interesting scenario. Have you ever wondered why little girls and boys in play, almost always take on the roles of a mother and father respectively? In

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fact, many of us, ourselves might have ‘performed’ such roles. The adoption of such roles is believed to be product of socialization, our perception of the given roles and the value we attach to performance of the given roles. In other words, we are steered towards performing our roles according to our gender, perhaps even before birth and our biology, the social and cultural milieu and our evaluation of it as we grow, determine our own gender awareness. The formation of gender identity has been discussed at length in the earlier Units 3 and 4.



Figure 13.1 Children learn by imitation

Source: <https://discover.hubpages.com/family/Learning-By-Imitation>

Communication is one important aspect where gender plays a role. Do men and women differ in their communication styles? Do women communicate differently with other women and men? Do men communicate the same way? Do the interaction styles differ across age? Do women rely more on non-verbal communication than verbal? If yes, why is it so? Does language play in role in gendered communication style? Do emotions, their expression and accompanying physiological measures vary from women to men? These are few of the questions we are trying to find answers to in the upcoming sections.

We are more likely to believe if we are told that women’s and men’s communication style are different. Because we have been socialized to perceive it that way. However, there is now evidence that suggests that the communication styles of women and men are similar to a great extent. In fact, there are more similarities than there are differences (Dindia, 2006). Nevertheless, let us understand what are the differences and similarities, by tracing it from childhood to adulthood on multiple aspects.

13.1 INTERACTION STYLES IN CHILDHOOD

In childhood, children learn the ways to interact by communicating with parents, teachers, peers, and others in the social circle. However, the most effective way that communication happens is through play. Now the question in front of us is do children have play style based on their sex? Are children socialized to adopt a play style or do they get socialized through engaging in play? Girls and boys do have different approach when it comes to play. Boys are more likely to play in groups whereas girls like to play in dyads (group of two) and both, prefer to play with the same-sex from an early age. In other words, children engage in same-sex play because of socialization and in turn gets further socialized because of same-sex play. Play is considered to be socializing agent that has massive impact on the interaction styles of men and women (Fabes et al., 2014, pg. 283).

Children acquire strong gender-typed behaviours between ages 3 and 5 and the resultant gender typing is strong by the age of 4 (Halim, Ruble, Tamis-LeMonda, & Shrout, 2013). Until the first three years of life, children do not seek out same-

** Please note that the topics discussed here are in binary terms that is women and men, and female and male. The multiplicity of gender identities and sexualities have been discussed briefly.*

sex play partners but once gender labelling happens (refer to Kohlberg's theory of gender identity development in Unit 6), children start to prefer it, at least in the case of girls (Maccoby, 2002) and in boys it happens at around age of four (Hegelson, 2020). It peaks between the ages of 8 and 11 (Braun & Davidson, 2017). Culturally, the same-sex preference for play, is witnessed to be same, with girls preferring it more than boys (Gasparini, Sette, Baumgartner, Martin & Fabes, 2015). Perhaps the gender schema theory can explain this preference. One wonders why do children prefer same-sex play in the first place? According to researchers, there are three primary reasons – playing style, ability of children to engage in cross-play (play with children of different sex), and the ecosystem that encourages children to engage in same-sex play (Maccoby, 1998; Mehta & Strough, 2009).

As mentioned earlier, boys and girl have different playing styles (Fabes et al., 2014; Maccoby, 1998). Table 13.1 presents the styles of play between boys and girls.

Table 13.1 Children's style of play

Boys	Girls
• Play in large groups • "Rough-and-tumble play" • Competitive • To establish dominance • Boisterous, activity-oriented, spatial quality • Based more on outdoors	• More likely to play in a dyad • Prosocial • Relationship-focussed • To establish connection • Is conversational in nature and involves structured activities (drawing, colouring) • More likely to be indoors

Source: Adapted from Hegelson (2020, pg. 284)

Girls are also more likely to engage in fantasy play for characters such as play house whereas boys will imitate the superhero characters (Hegelson, 2020). During play, girls have different conversational style than boys, and are seen to be more polite than boys during play. While boys engage in behaviour that is labelled as egoistic dominance that includes defying orders, interrupting friends in the group, creating hierarchy, etc., girls will take on guiding the others in the group, sympathise, include younger children through exhibiting prosocial dominance. In this context it is important to discuss the impact of same-sex play preference on the different play styles of children. When same-sex children spend more time together playing, it leads to increased influence from the same-sex peers which then in turn reinforces the same-sex play preference, that strengthens sex-stereotypical play (Fabes et al., 2014). Martin and colleagues (2012) explained this phenomenon as "Gender Segregation Cycle" and according to this cycle,

Activity 1

Draw a diagram to represent the Gender Segregation Cycle proposed by Martin and colleagues (2012).

the more time that children spent with same-sex peers, more stereotypic thinking happens, positive attitude towards same-sex members, increased negative attitudes about the other sex peers that makes them believe that it is difficult to play with the other sex. This

further leads to increased preference for same-sex play and the cycle continues. For instance, parents of a girl give her a doll to play who will seek other girls to play with, they in turn engage in gender stereotypical play like feeding the doll, cooking for the doll's family, and it continues.

The impact of gender segregation cycle is seen across many aspects. It leads to children finding it difficult to interact with other-sex peers (DiDonato, Martin, & England, 2014). One way of negating this impact could be to encourage other-sex play. Fabes and colleagues (2014) have inferred from their study that when children engaged in other-sex play that reduced stereotypical play styles. The role of parents also contributes to the stereotypic thinking and it appears children (2-4 years age group) of lesbian and gay parents showed less of gender-stereotypic play than children of heterosexual couples (Goldberg, Kashy, & Smith, 2012). Though it is to be noted here that the homosexual couples are expected to have more liberal gender attitudes because of their own lived experiences than heterosexual couples.

The second reason stated by Hegelson (2020) for same-sex play preference is that there are difficulties faced by girls when it comes to influencing boys. In fact, studies have shown that girls are more likely to interact with same-sex peers as they believe the girls are more responsive than boys, less likely to interrupt (Xiao, Cook, Martin, Nielson, & Field, 2019), whereas boys are more likely to be demanding in the play.

The social institutions play an important role in encouraging and reinforcing different play styles and same-sex play preference and vice-versa. The support for children to engage in gender-appropriate play styles or choose same-sex play partners is dependent on the positive feedback loop that connects this behaviour with the institutional

system like family and school. Children model their behaviour on the interaction styles of the parents and see their parents typically have same-sex friends. Parents' interaction style with their own children influences the children's style. This comes from the gender-typical behaviour that girls learn from their mothers and sons from their fathers or from other family members of the same sex. In fact, infants as young as one month old receive sex-stereotypical gifts like miniature cooking set for girls and blocks for boys. In the recent times, gendered colouring books are available in the market!! Parents also reinforce their children when they exhibit gender-typical behaviour. A girl is encouraged not to fight, cooperate, and promote harmony while a boy is not reprimanded when they pick up fights, if anything they are endorsed further. Schools also promote gender-segregation by reinforcing gender-division. Students are often addressed as "boys" & "girls", and opposing teams of boys and girls are created in sports and games.

What still remains unresolved is whether same-sex play style leads to same-sex play preference or because of same-sex play preference (by individuals and social institutions), same-sex play style evolves. Whatever may be the means, the fact remains that length of time spent with same-sex peers strengthens the gender-segregated play styles.

Food for thought!

Can you connect any gender development theories (from Unit 5 & 6) to this phenomenon of gender segregation and explain the attitude of parents towards same-sex play?

Food for thought!

What are the advantages and disadvantages of gender-segregated educational institutions? For e.g. all boys schools, women's colleges, etc.

Check Your Progress 1

1) How do children acquire same-sex preference for play?

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2) What are the three primary reasons for children to engage in same-sex play?

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13.2 INTERACTION STYLES IN ADULTHOOD

The interaction styles of adults mirror the styles of childhood discussed in the previous section. Research on behaviour of people in small groups has revealed that men behave in a more direct, dominant, hierarchical and task-oriented fashion (e.g., offering opinions, asking questions) (Wood & Karten, 1986; Wood & Rhodes, 1992; Hegelson, 2020). In comparison, women tend to be supportive, cooperative, and relational and exhibited more positive social behaviour (e.g., agreeing with others, encouraging others to share, direct efforts to maintain group solidarity) (Wood & Karten, 1986; Smith-Lovin & Robinson, 1992; Wood & Rhodes, 1992). By contrast, men tend to engage in more negative social behaviour that are antagonistic that can lead to conflicts (Wood & Rhodes, 1992).

Why do these differences between men's and women's interaction styles exist? Let us take the aspect of men being task oriented. The nature of the task can decide the orientation towards it. In other words, in a 'masculine situation', men are more task-oriented while women are, in 'feminine-oriented situations'. That means, women are likely to offer information, ask questions, provide suggestions in scenarios where they possess some knowledge about it and similarly for men. Since, the situations involving men are focused upon more, we tend to believe that men are more task-oriented than women (Hegelson, 2020).

A second way to establish the interaction style was proposed by Charness and Rustichini (2011) using the Prisoner's Dilemma task. Three pairs of individuals (male, female, mixed) played the game in front of audience who were either of the same-sex or other-sex. It was observed that the pair of male players became more competitive when the audience were of same sex and women became cooperative in the presence of same-sex audience. The competitiveness in male players and the cooperativeness in female players were comparatively less in front of other-sex audience. The study also revealed that across the male and female players pairs, the degree of cooperativeness remained the same i.e. men and women were equally cooperative. It is inferred that the behaviour of men and women varied mostly when they were watched by members of their same sex. In new and strange situations, we tend to rely on sex stereotypes to guide our interaction style (Aries, 2006) but as familiarity increases, sex becomes less of a determining factor in interaction style.

Check Your Progress 2

- 1) How do the interaction styles of men and women differ?
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- 2) Why do the differences in the interaction styles of men and women occur?
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13.3 LANGUAGE

Language is a prominent feature of analysing communication styles from a gender perspective. That is to say that men and women differ in various aspects of language and it can be understood from their speech patterns. Well, when the interaction is with same-sex members, it is easy to distinguish the language style than in mixed-sex interactions. In fact, according to the speech accommodation theory by Giles et al. (1973), the conversation partner, the topic of conversation and the setting, all three factors affect the speech of an individual.

Box 13.1 Examples of two conversations between two pairs of individuals	
Scenario 1	Scenario 2
Person 1: Hey, how are you? How are your parents? Person 2: I am much better now! Thanks for asking. It's been such a long time since we spoke. Person 1: Yes, I know!! I was just so busy with work at office and home. Just didn't have energy to do anything else. Sorry I could not speak with you. Person 2: I hope things are better now. How is your son? Is his health improving? I remember you being so worried about him. Person 1: Yes, his health has improved a lot. So, how are your in-laws?	Person 1: Hey. Person 2: How are you? Person 1: Same old! Did you sell your car? I had sent you the contact details of the dealer. Person 2: I sold it off to my car mechanic. Got a good deal. Person 1: Great! Person 2: Are you watching the football match tonight? Portugal better win this time! Person 1: Yes. They better not give away any goals this time!

In Box 13.1, two scenarios are presented with examples of two conversations happening between two individuals. It is easily identifiable that Scenario 1 is a conversation happening between two women and Scenario 2, the conversation is happening between two men. Now let us dive into the differences in language of men and women.

We tend to carry the perception that women are more talkative than men i.e. women use language more than men! It so happens that among children, girls talk more than boys, difference is insignificant and small (Leaper & Smith, 2004)

but the difference was larger in younger children. In comparison, among adults, men were found to talk more than women (Leaper & Ayres, 2007). The nature of the relationship, the method used in measurement of language, and the gender of the individuals involved during the communication, together act as moderators of the language difference between men and women. Men spoke for longer time, used more words when it was their turn to speak, and directed towards asserting dominance. Similar results were seen in mixed-sex group wherein the men are interacting with both men and women.

Does language have gender markers? Yes. In fact, in a study by Schwartz et al. (2013), statistical models could predict with 90% accuracy the gender of social media users through their posted content. There are specific language features that can reveal the gender of the speaker. Mulac, Giles, Bradac and Palomares (2013), compiled the markers that can be used to differentiate language by gender. It was seen that women tend to use more of tentative language (example, ‘sort of’, ‘kind of’, ‘may be’, ‘not sure’), than men and also use intensive adverbs (example, ‘really’, ‘extremely’, ‘totally’). The use of tentative language is not empirically established as a meta-analytic review found only a small difference between men and women (Leaper & Robnett, 2011). Women also tend to use social words and are more likely to express agreement. Men tend to refer to quantity in their speech (example, ‘I studied four more hours today’, ‘I am now earning double now in comparison to my previous job’), more likely to use self-reference (usage of ‘I’) in sentences, use more directives, use judgement adjectives (example, ‘The crowd was mad!’) and also tend to use offensive language (example, slangs, slurs). More women than men use words of emotions, use longer sentences, ask questions, give space for others to speak by using minimal response (example, ‘oh’, ‘okay’). Men tend to talk more about sports, and used assertive language.

Based on the three dimensions of language – Direct vs. Indirect, Succinct vs. Elaborate and Instrumental vs. Affective (Mulac, Bradac & Gibbons, 2001), it is understood that in men, language tends to be direct, succinct, and instrumental whereas in case of women, language is indirect, elaborate and affective (Table 13.2). Similar findings are reported in case of children as well wherein boys tend to use more of assertive language and in case of girls, it is more affiliative.

Box 13.2 Examples of two conversations between two pairs of individuals

Dimensions	Women	Men
Direct vs. Indirect	Indirect (ask questions, use qualifiers, tag questions, etc.)	Direct (use directives, ordering)
Succinct vs. Elaborate	Elaborate (longer sentences, intensive adverbs)	Succinct (short sentences)
Instrumental vs. Affective	Affective (use of emotive words)	Instrumental (use of quantity references)

The gender differences in language that has been discussed so far has to be understood in the context of other variables like sex of the audience, topic of the conversation, language used by the partner, and race of the person also moderate the linguistic features (Leaper & Ayres, 2007; Hancock & Rubin, 2015; Martin, 1977; Ye & Palomares, 2013; Toosi, Sommers, & Ambady, 2012).

Check Your Progress 3

1) How does the usage of language differ between men and women?

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2) Why are the gender markers in language?

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3) What are the three dimensions of language? And how do they differ between men and women?

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13.4 NONVERBAL BEHAVIOUR

Psychology has always been interested in nonverbal bodily cues to decode someone's personality, thoughts, and even predict behaviour. The fascination with the nonverbal aspect of language continues in to examining gender differences in language. Nonverbal components of language include the usage of facial expressions, tone of the voice, gestures, posture, etc. Indeed, we rely on nonverbal cues more than we realize, to comprehend conversations, and formulate our responses accordingly. For instance, a teenager will avoid asking permission to go for a movie, if the parent looks angry!

Language is packed with nonverbal cues and can be of great help if one knows ways to understand the significance of it. Generally, females use more nonverbal aspects

of language than males (Hall, Morgan, & Murphy, 2019), are more likely to smile and cry more than males (Fischer & LaFrance, 2015), and are more attuned to the emotional expressions of others and communicate emotions better (Hall & Gunner, 2013). Females are more expressive

with their body language (stand closer, use touch to communicate, focus on facial expressions) (Hall et al., 2019). Males are spatially expressive in the sense that they take up more space (for instance, if you have travelled in public transport, you might have noticed the way men sit by spreading their legs apart which makes them take more space and women usually shrink or try to take as little space possible!).

Men and women use nonverbal gestures according to the sex of the person whom they are interacting with. Nonverbal gestures like smiling, gazing, distance

Activity 3

Observe how men and women occupy space in public places – transport, bus stand, roads, office spaces, elevators, footpath. Note down the differences if any. Can you think of any reasons behind it? Is it to assert dominance? Or are there any other reasons?

between the individuals, and touch, vary greatly when we compare same-sex interactions with mixed-sex interactions. Women are more like to smile with each other, it is the least between two men. Females stand closer to one another than men do, when interacting.

13.4.1 Smiling

Women are always reminded to smile so that they look pretty. In fact, women are criticised when they do not smile as much as they are expected to. Smiling is almost synonymous as a feminine attribute. A meta-analytic study shows that women smile more than men (LaFrance & Vial, 2016). In childhood, there are no sex differences in smiling, but in adolescence the differences are observed, that tapers off in middle age. The frequency of smiling is determined by the social norms and the social setting, and if there is an audience watching them (LaFrance, Hecht, & Paluck, 2003). Culture also plays a role when it comes to sex-differences in smiling. Canada is on the top of the list for having largest sex-difference in this context, and Britain has the smallest sex-difference (LaFrance et al., 2003).

13.4.2 Gazing

Gazing or looking intently can convey interest. Though it is a difficult nonverbal behaviour to study, it has been reported that women gaze more than men. Sex-differences are observed in adults than in children. Same-sex gazing are more than in other-sex interactions (LaFrance & Vial, 2016). Gazing can also convey status and dominance but sex-differences in gazing cannot be generalized to all cultures as there appears to be cultural variations (Hegelson, 2020).

13.4.3 Decoding

The ability to understand and interpret the nonverbal behaviour of others is referred to as decoding. Essentially, one is trying to break the code of nonverbal behaviour exhibited by others through this process. Decoding also involves assessing the emotional component accompanying the nonverbal behaviour. In others, it refers to degree to which one is sensitive to nonverbal cues in interpersonal interactions. Research shows that females are better at decoding nonverbal behaviour than men, they are more sensitive and can more accurately interpret the meaning of the given behaviour (LaFrance & Vial, 2016; Mast & Hall, 2018) and also better at using other non-verbal cues in conjunction to interpret the emotion.

Across the age groups, the sex differences in identifying emotions are large in childhood, adolescence, and adulthood but decreased in old age (Olderbark, Wilhelm, Hildebrandt, & Quidbach, 2019). Although most people are able to identify emotions like happiness, fear, anger, robust sex differences emerge in recognizing ambiguous emotions like sadness and disgust, with women being better at detecting these emotions (Connolly, Lefevre, Young, & Lewis, 2019). Aligning with females being relationship oriented, women are not good at detecting deception whereas men are. But women can identify deception if language is involved (Forrest & Feldman, 2000). Oxytocin, a female hormone, has been linked to the ability of emotion recognition and perhaps that provides a biological explanation for women being largely good at detecting emotions, with the exception of lying and deception (Shahrestani, Kemp, & Guastella, 2013).

13.4.4 Encoding

Encoding simply means the individuals ability to convey their own emotions accurately. Again, women are known to be more emotionally expressive than men, and hence it becomes easier to decode a woman's emotions than a man's

(LaFrance & Vial, 2016). In adulthood, the sex differences in encoding are larger perhaps because adult men learn to be non-expressive. Women depend more on nonverbal cues to communicate romantic or sexual interest, like smiling, gazing, etc. (Hall & Gunnery, 2013) than men do.

13.4.5 Touching

The nonverbal cue of touching can be tricky to interpret because the nature of touch and the context in which it occurs both are critical to it. Here, it is important to consider the sex of the individual initiating the touch and the one receiving it. Adult males are more likely to initiate touch, towards females, so cross-sex touch is more than same-sex touch. In childhood, same-sex touch is

Activity 4

Observe how men and women use the nonverbal gesture of touch to communicate in public places like malls, roads, family functions, etc.

greater than cross-sex, especially in case of females (Gallace & Spence, 2010). In adolescence, cross-sex touch is more prominent while age and relationship status can be factors that might determine who initiates the touch and what it means. In an observational study, it was reported that older men initiated the touch towards women in the younger group to express their control over the relationship while women initiated it towards men in older group (Hall & Veccia, 1990). Evolutionary approach would explain by stating in the former, men initiate the touch to express their sexual interest while in case of the latter, women in the younger group as the initiator of touch, want to preserve the intimacy in relationship with the men in the older group (Hegelson, 2020).

Check Your Progress 4

- 1) Why is the study of nonverbal behaviour important?

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- 2) What are the different nonverbal behaviour that human beings exhibit?

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- 3) How do men and women differ in the nonverbal behaviours like smiling, gazing, decoding, encoding, and touching?

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13.5 LEADERSHIP AND GENDER

One of the most important impacts of interaction style is witnessed in the context of leadership. If there exist gender differences in interaction styles, can we then say

that leadership styles would be different between men and women? Who would be perceived as a better leader? A man or a woman? Who is more influential? A review of past three decades of literature reveals the role of gender in selection of leaders, similarities in leaderships styles, and so in performance outcomes of leaders (Gipson, Pfaff, Mendelsohn, Catenacci, & Burke, 2017).

13.5.1 Women as Leaders

A good indicator how the world perceives women as leaders can be depicted with this fact: as of 2022, women contribute on only 15% of representation at America's 500 highest grossing companies, which is no doubt a jump from seven women in

Food for thought!

Why is it women are reminded of their familial responsibilities and roles in such scenarios? Do you think men also face such questions? Reflect on your own experiences if any.

2002 to 41 in 2021 and 74 in March 2022 (Katharina Buvholz, March 8th, 2022). India also has women at the helm as CEOs but the number has been declining since as per a Deloitte Study in 2016 (India CSR Network, 2022). Far below the international levels, in India, women share of boardroom space stood at 6.6% in 2016, 3.4% in 2018, and in 2021, it was at 4.7%. In an interview of Indira Nooyi few years ago when she became the CEO of Pepsi Co., she was asked to share her mantra to juggle family and work, a question that is asked to female sportsperson, or even female actors.

Men are more influential than women (Carli, 2017) and also more likely to emerge as leaders in the group than women (Badura, Grijalva, Newman, Yan, & Jeon, 2018). Men are viewed as more competent and influential than women even when the exhibited behaviour was same. The role congruity dilemma explains the conundrum of why women are less accepted as leaders than men. Agency and competence are the two factors that make people influential and women are perceived to be lacking both (Badura et al., 2018). Women's role is characterised as being communal (cooperative, keeping harmony, etc.). For a woman to display competence, it is expected to happen at the cost of being uncharacteristic i.e., not being communal and that creates role incongruity which makes them unpopular and further makes it challenging for the woman to be influential as a leader. Women with agency are perceived to be lacking communion and hence their competence is questioned. Whereas women with low agency are implied to have low competence, that again feeds into the role congruity dilemma (ibid). Studies have shown that women leaders who display agency are viewed more negatively as it clashes with the female gender role. A study showed that female leaders with autocratic leadership style (controlling and power-oriented) are likely to be blamed more for failures by both men and women than in comparison to male leaders with similar leadership style and both male and female leaders with charismatic leadership style (Lopez & Ensari, 2014).

Women's emotional expressiveness and attractiveness matter in their perception as an effective leader. Women are seen as having less control over their emotions that can be a barrier to performing the leadership role and discharging related responsibilities (Brescoll, 2016). The paradox is baffling because if women are inexpressive then it conflicts with their communal gender role (as a female), negatively impacting their perceived competence! Regardless of the emotion being expressed (anger, humour, etc.), women end up paying a penalty of some sort (Smith, 2019). For instance, humour at work is interpreted as highly instrumental

when men used it but disruptive when women do the same (Evans, Slaughter, Ellis, & Rivin, 2019). Attractiveness is a parameter on which female leaders are more likely to be judged than male leaders. Attractive female leaders were perceived as less honest and unattractive female leaders are viewed as more truthful, and attractiveness did not figure in male leadership at all (Sheppard & Johnson, 2019).

One qualifier that matters in our selection of a leader based on their sex, is the amount of information possessed while making the choice. According to Bosak and Sczesny (2011), when less information about the prospective leader is available, we tend to rely on gender stereotypes i.e., men are more likely to choose a male leader than a female leader in the absence of limited information. The amount of time spent in interaction also determined the leadership choice wherein the sex-differences are larger when the interactions are shorter, as reported in a meta-analytic study (Badura et al., 2018). Research has also indicated that women are less likely to expect leadership positions than men and more likely to anticipate challenges as a leader which further casts doubt over their competency (Keller et al., 2013). The existence of such biases inherently puts women in a disadvantageous position and limits their possibility to reach leadership positions (Burke, 2011).

Traditionally, the characteristics of a good leader are perceived to be more masculine (Koenig, Eagly, Mitchell, & Ristikari, 2011) which are not congruent with feminine traits (Eagly & Karau, 2002). Hence, women leaders find it more challenging to work in male-dominated work environment and furthermore, they are perceived to be less effective in comparison to male leaders in such settings (Ayman & Korabik, 2010; Paustian-Underdahl, Walker, & Woehr, 2014). Although a meta-analysis of studies revealed that sex of the leader did not have any relation with the perceived leader effectiveness but yes, female leaders are perceived to be more effective than males in social service sectors (Paustian-Underdahl et al., 2014). Corporations with a higher number of women in their board of directors appear to be more profitable, showing a positive relationship and is attributed to more involvement of the women in the management of the company as well as decision-making (Post & Byron, 2015).

13.5.2 Leadership Styles

Since it is already established that gender does play a role in leadership choice, there exists a possibility that the leadership styles of men and women might differ on account of the gender of the leader as well as of the perceiver (Eagly & Johannesen-Schmidt, 2001).

Out of the three types of leadership styles – Transformational, Transactional and Laissez-faire, the first style is considered to be the most effective. A transformational style places the leader as inspirational, able to motivate and be a role model for the followers. Transactional style is one wherein the leader

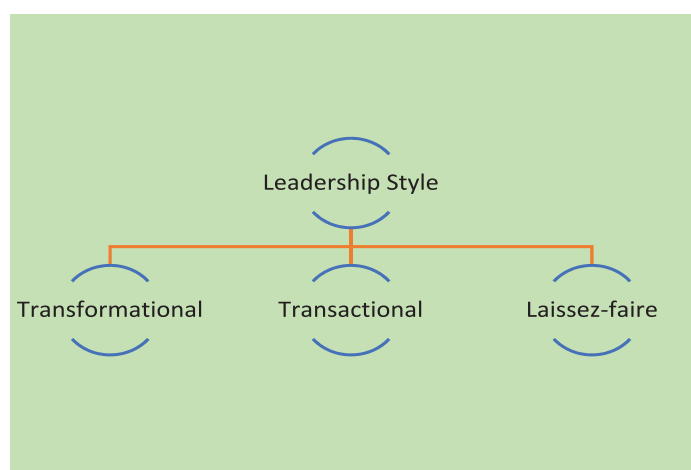


Figure 13.1 Styles of Leadership

monitors and controls the subordinates, uses rewards and punishments to achieve optimum output from the subordinates. Laissez-faire style is more free-form wherein the subordinates are self-government with minimum involvement of leader. It appears that women engage more in transformational style of leadership, whereas men relied more on laissez-faire style compared to women (Eagly, Johanessen-Schmidt, & van Engen, 2003; van Engen & Willemssen, 2004). These findings are particularly important in the light of the efficacy of transformational leadership as a better approach to manage conflicts and adapt to a dynamic work environment. A combination of agentic component and communion characteristics makes transformational leadership style work (Kark, Waismel-Manor, & Shamir, 2012) and perhaps women engage their communion quality and deploy their agency as transformational leaders. Furthermore, transformational leadership style is rated more favourably, regardless of the sex of the leader (Embry, Padgett, & Caldwell, 2008). Hence, it should follow that more women can be expected to occupy leadership positions however that does not translate into reality.

Female leaders are found to have a challenging time not only for themselves but also for the teams they lead. In a study by Grover, Ito, and Park (2017), two female experts guided two groups to solve a math puzzle, with one group comprising of 4 female students and another group had 3 male students and 1 female student. The findings revealed that the female expert performed better in the same-sex group than in the mixed-sex group. The female expert in the mixed-race group also perceived themselves to be low in maths aptitude and so did the group members. Attachment to the group was seen less in the mixed-sex group than the same-sex group. Despite experts in the both the groups given the same training to solve the puzzle, the impact of female leadership was visible on the performance of the group.

13.6 EMOTION

It is a common stereotype that women are more emotional than men. Emotions can be judged or measured on three dimensions – self-report of experience of emotion, expressions of emotion and physiological responses to emotional stimuli (Hegelson, 2020, pg. 304). The question we are trying to answer here is whether any sex-difference exist in the context of emotions or it is equal for both.

Fischer and Evers (2013), utilized the method of self-report and asked men and women to convey the frequency of a particular emotion for a duration of time. By using such a method, they eliminated any biases that the testing method could have created and contaminated the results. It was revealed women's self-reported experiences of emotion were greater than that of men (ibid). An interesting finding was seen when people were asked to self-report their emotions as and when they experienced. It was seen that the gender differences disappeared when the self-reports were immediately done after the occurrence of the emotion (ibid). The discrepancy in the two scenarios is understood to be because of two reasons majorly. Firstly, there is possibility of recall-bias. In the sense that in the first scenario (called as retrospective report), women exaggerated the occurrence of the emotions and men underplayed it, clearly following the gender stereotypical behaviour. In other words, the gender stereotypes primed the participants to report in gender-typical manner. Cognitive load is understood to be determining factor here, with both women and men resorting to gender-stereotypical behaviour in that. Secondly, women are better at encoding (reading others' emotions) than men. Since women tend to be communal (a gender-related trait), they are more attuned to encoding in a more detailed manner and hence the sex-differences emerged in retrospective reports.

When it comes to emotional expressions, women are reported to be more expressive than men. Perhaps that what contributes to the stereotype of women being more emotional. Girls show more positive emotions and boys express more anger than girls, and in the presence of peers in comparison to presence of adults (Chaplin & Aldao, 2013). With age, these sex-differences are seen to increase for positive emotions and anger as well, though expression of anger depended on the context. In case of adults, the largest sex differences are displayed in the presence of strangers and the differences reduce in the presence of familiar people (Chaplin, 2015). Moreover, culture plays an influential role in determining the norms for emotional expression (for instance, in popular culture, it is said that men do not cry!).

Physiological measures of emotions can be viewed as the source of robust empirical evidence for the sex differences in emotions. However, since there are multiple indicators of emotionality like heart rate, blood pressure, galvanic skin response, or brain-waves, it becomes difficult to arrive at consistent results. Through the technique of neuro-imaging it is understood that different brain regions get activated for men and women in response to an emotional stimulus but the neural activation remained the same between the both (Filkowski, Olsen, Duda, Wanger, & Sabatinelli, 2017). However, these results cannot be correlated with behaviour of men and women. Hence, the reasons behind the activation of different regions but not neural activation, is not enough to claim the sex differences in physiological measures of emotions.

Check Your Progress 5

- 1) How does the role congruity dilemma explain the less acceptance of women leaders?

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- 2) How does emotional expressiveness and attractiveness play a role for women leaders?

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- 3) What kind of leadership style do women display? How does it differ from the leadership style of men?

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- 4) How do women and men differ on experiences of emotions, emotional expressiveness and physiological measure of emotions?

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13.7 GENDER DIFFERENCES IN COMMUNICATION: THEORIES

We now understand that gender differences in communication exist. So, how do we explain these differences? There are two important theories that help us understand how these differences emerge and persist and, in some cases, change. The two theories – Status theory and Social Role theory, situate the relational aspect of gender in the society in terms of status and power, and the roles they play in the society. Let us now discuss these two theories in the context of interaction styles, language and nonverbal behaviour.

13.7.1 Status Theory

The status theory suggests that the differences in communication can be attributed to the unequal status of men and women in the society. The theory operates on the assumption that the sex of the individual inherently accords them with a status that may be higher or lower to other members of the society. Conventionally, males have a higher status than females and enjoy more power in the society. In other words, by the virtue of sex, individuals are afforded with higher status and power over others.

Developed by American sociologist and social psychologist Joseph Berger, and his colleagues (1974) in the 1970s, the expectations states theory helps us explain this phenomenon to some extent if not completely. The theory maintains that evaluative hierarchies are created in group work that are labelled as “power and prestige structure” or the “status structure” of the group (Correll & Rideway, 2003, pg. 29) people evaluate their own abilities and that of others on the basis of certain characteristics, skills, and assigned value, and that in turn, decides the importance of the contribution of the group member to the task at hand. It follows that, contribution from the high-status person will be more and the individuals with low-status is expected to facilitate the transactions (Smith-Lovin & Robinson, 1992). The differences in interaction styles emerge because of the higher status of men, we repose more confidence in their abilities compared to women’s. However, other factors can influence this positive evaluation of men’s abilities but when sex is the salient feature, it gets equated to status in the context of communication.

In linguistic connotations, male communications tend to make more use more powerful language. Usage of more words, less hedges (‘possibly’, ‘presumably’, ‘probably’, etc.) and fewer qualifiers in interactions cannot be attributed alone to sex or status. However, the person enjoying more power will more likely initiate more interruptions, to give directives and talk more – all indicative of language patterns of men (discussed earlier under the section on Language). The less powerful person uses language that is indirect, tentative, deferential – indicative of language patterns of women. Furthermore, interruptions occur more frequently in mixed-sex dyads than same-sex groups and in larger groups (LaFrance & Vial, 2016).

In the context of nonverbal behaviour, it is not clear whether status theory can explain the differences observed between men and women. Henley (1977) hypothesised that women have greater interpersonal sensitivity because of their low status and were less powerful than men. Furthermore, the low status made it necessary for the women to be good at decoding to ensure their well-being around the powerful others. However, studies have reported findings that are inconsistent with the status theory. Hall, Mast, and Latu (2015) conducted a meta-

analytic review of existing literature that low status were not reflected to higher interpersonal sensitivity. In another study, high status was connected to greater interpersonal sensitivity (Mast, Jonas, & Hall, 2009). Although it is understood that women are better at decoding but the low status of women does not explain the reason why women are better at decoding. Sex-differences in smiling also cannot be explained by status theory (Hall, Horgan, & Carter, 2002). Posture is clearly linked to status as men exhibit more open and expansive posture to assert their power and dominance while women use a more closed-posture (LaFrance & Vial, 2016). Hall (1996) through a study concluded that high status people initiate touch to showcase their power by engaging in more affectionate touching. While, low-status people also do engage in touching in a formal manner, and may be to gain power.

13.7.2 Social Role Theory

The social role theory suggests that the differences we perceive and observe between men and women, stem from the gender role stereotypes. For instance, we expect the women to take up secretarial duties but men to be in leadership positions. Women are more likely to be personal assistants, do clerical work, whereas men are expected to be in the position of supervisors, managers, etc. Gender roles influence the way one behaves in the society – women in communal and relational way and men in agentic and instrumental way.

Sex differences visible in the interactional styles can be attributed to the gender roles played by the individuals. Parsons and Bales (1955) observed that small group interactions were characterized by behaviours consistent with the gender roles. Task behaviour was required to accomplish the goals of the group whereas social behaviour was needed to maintain the cohesiveness of the group. Since the two behaviours are distinct yet necessary for the survival of the group, separate individuals are required to take up the behaviours. The task behaviour is consistent with male role while the social behaviour aligns with gender role of females. Woods and Rhodes (1992) argue that socialization also determines interaction styles of men and women (example, women are discouraged to be loud and boisterous). Carli (1989) reported that men displayed more of task behaviour (agentic and instrumental) while women engaged in social behaviour when compared in same-sex dyads than in mixed-sex pairs. Social role theory explains sex-differences in interaction style better than the status theory, as the sex-differences would have been greater in the mixed-sex pairs comparison if status played a role. These findings are consistent the results of the Prisoner's Dilemma task discussed earlier.

The sex differences in language are partially explained by social role theory and the status theory as stated earlier. Since women tend to be more communal, the language employed is used to build connections, preserve relationships, opening channels of communication by asking questions and responding to others. Conversely, men use language to issue orders, challenge others, express disagreement, ignore comments of others, give minimal response, etc. Research evidence shows a mix of status and social role to explain the usage of language features in women. Usage of hedges and disclaimers ('sort of', 'kind of') indicate the women's lower status compared to men while the using verbal reinforcers ('wow', 'gosh', 'fantastic') and intensifiers ('really', 'extremely', 'very') can be explained by their gender role. In a study on how men and women express their disagreement, it was seen that women tend to use more verbal reinforcers and intensifiers in same-sex dyads but the usage of hedges and disclaimers increased

in mixed-sex dyads. Notably, verbal reinforcers and intensifiers in language serve to maintain and preserve relationships and rolls the communication forward.

Sex-differences in nonverbal behaviour is explained by social role theory to some extent as they are consistent with the assigned gender roles (Fischer & LaFrance, 2015). Norms around gender roles dictate nonverbal behaviour across cultures. For instance, men do not feel pain, men do not cry whereas it is acceptable for women to cry; women claim less territorial space, men are like to take more space; women use facial expressions, men use less of facial expressions; women are expected to smile more than men. Much of nonverbal behaviour in women's repertoire is geared towards affiliative behaviour, that is expected to foster and maintain relationships.

Social role theory also explains the sex-differences in emotional expression, especially in the context of strangers where the differences are the largest, wherein gender become highlighted in the situation. Similarly with increasing age, this difference reduces which again points to the fact that with age, gender becomes more prominent, consistent with the social role theory. Additionally, crying is also seen as gender-role norm associated with women (Fischer & LaFrance, 2015). However, that varies across context where sex-differences may disappear if the social role are similar.

Check Your Progress 6

- 1) What is the basic difference between status theory and social role theory?

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- 2) How does status theory explain the sex differences on three aspects of communication i.e., interaction style, language and nonverbal behaviour?

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- 3) How does the social role theory explain the sex differences on three aspects of communication i.e. interaction style, language and nonverbal behaviour?

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13.8 SUMMARY

To sum up what we have learnt in this unit, here is a quick recap:

- Interaction in children happens through play wherein same-sex play preference emerges for both boys and girls at an early age. It is stronger and appears earlier in girls at around age of 3 and in boys a year later or so. Same-sex play tends to reflect gender stereotyped play and that can be reduced by encouraging mixed-sex play. Same-sex play is attributed to different play

styles, girls' difficulty in influencing boys, and role of the social institutions like family and school.

- Women differ from men in their interaction styles in small groups; women engage in more positive behaviour (e.g. agreeing with others, encouraging others to share), men engage in more task-oriented behaviour (e.g. asking questions, directing), and negative social behaviour (e.g. disagreement leading to conflict); both men and women exhibit task-oriented behaviour when the nature of task is gender-aligned; differences in interaction styles also get influenced by the composition of the groups – whether same-sex or mixed-sex; differences in interaction style are larger in case of same-sex comparisons than in mixed-sex comparisons. Interactions styles can also get influenced by factors other than sex.
- Men's language is more direct, succinct and instrumental; women's language is more indirect, elaborative and affective; sex differences are moderated by the duration of interaction, sex of the audience, familiarity of the interaction, topic of the conversation, language used by the partner, and race of the person; sex differences are more prominent in mixed-sex dyads than same-sex dyads; status is linked to sex differences in language.
- Sex differences in nonverbal behaviour are prominent; women tend to smile more, gaze more, better at interpersonal sensitivity or decoding, and better at conveying an emotion; touch can be interpreted in various ways depending on the initiator of the touch, recipient of the touch, age, relationship; touch can indicate status or intimacy.
- Men are more accepted as leaders than women, especially when sex is the only determining factor; women are considered to be less influential because they are perceived to be less agentic or too agentic which clashes with their communal characteristic; women suffer due to role congruity dilemma; women tend to use more of a transformational leadership style, the most effective style; female leaders with mixed-sex team members are perceived to be less competent by themselves and by the team members, than female leaders with female team members.
- Women reported experiencing more emotions than men in retrospective self-reports but no sex differences are found when self-reports are taken immediately. Women are more emotionally expressive than can be explained by cultural norms and gender stereotypes where men are expected to suppress their emotions. Girls tend to show more positive emotions while boys showed anger more and that was moderated by the presence of strangers, peers and adults. With increasing age, women showed more positive emotions and men showed anger more. Context and culture are important in expression of emotion. Physiological measure of emotions did find a sex-difference in terms of activation of certain brain regions but not neural activation.
- Status theory and social role theory can explain the sex-differences in communication; status theory explains the differences emerge from the unequal status between men and women; may account for some differences in interaction styles; can explain the use of qualifiers and hedges, tentative language by women. Men use more directives, interruptions are more from higher status person, and happens more in mixed-sex dyads. Social role theory explains the sex-differences in communication styles emerge from the different social roles they play in society.

13.9 KEYWORDS

Egoistic Dominance Interaction style of young boys that includes defying orders, interrupting friends in the group, creating hierarchy, etc.

Prosocial Dominance Interaction style of young girls that includes guiding others in the group, sympathising, encourage younger children to participate.

Positive Social Behaviour Interaction style mostly exhibited by women to foster relationships and increase solidarity in a group that includes asking questions, sharing, responding, etc.

Negative Social Behaviour Interaction style mostly exhibited by men that are antagonistic and can lead to conflicts.

Agency The ability of an individual to act on their own behalf.

Role Congruity Dilemma A situation in which the expected gender roles clash leading to contradictory impression of the individual.

Expectations State Theory The theory maintains that people evaluate their own abilities and that of others on the basis of certain characteristics, skills, and assigned value, and that decides the importance of the contribution of the group member to the task at hand.

Status Theory The proposition that the unequal status of men and women in our society create the gender differences in communication style.

Social Role Theory The proposition that the gender roles of men and women lead to gender differences.

13.10 REVIEW QUESTIONS

- 1) Discuss the importance of 'play' in children's interaction styles?
- 2) What are the characteristics of interaction styles of adult women and men?
- 3) Do any differences exist in the various aspects of language between women and men?
- 4) What kind of nonverbal behaviours more prominent in women in comparison to men?
- 5) Why do sex-differences in emotions exist? How does social role theory explain these differences?
- 6) What are the different types of leadership styles and what kind is exhibited by women?
- 7) How does role congruity dilemma explain women's leadership style?
- 8) How do status theory and social role theory explain the gender differences in communication?

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UNIT 14 GENDER AND HEALTH*

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LEARNING OBJECTIVES

After reading this unit, you will be able to:

- Explain biological and social factors related to health;
- Identify sex differences in mental health issues;
- Summarize the risk taking and health seeking behaviours in context with gender; and
- Elucidate sex differences in mortality and morbidity.

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14.0 INTRODUCTION

Lifestyle related deaths are on the rise (Mokdad et al., 2004) and since these can be prevented, the focus now has shifted to research in the areas of chronic diseases like diabetes and cardiovascular diseases which can be associated with different patterns of behaviour (Semlyen, 2015). The general historical, socio-cultural and geographical aspects are all important and influence our health (Chamberlain & Murray, 2009). Thus, according to the 'critical health approach', factors like gender, sexuality, class and ethnicity all considerably determine both illness and health (Hepworth, 2006).

Research in the area of health point out to inequalities in the experience of health between different sexes (Semlyen, 2015). A significant gap in health has been observed between men and women. Observable physical discrepancies point out to role played by hormonal changes, genetic factors, biologically assigned sex, socially constructed gender roles and their interaction which are all crucial factors that determine the health of a person. The propensity to develop diseases and disorders, issues of mortality and morbidity and maintaining health or ill health also depend in part on the differences between men and women regarding their knowledge about health, how they recognise their symptoms, and ultimately their health seeking behaviour and health outcomes. Significant disparities have been observed in the health status of sex and gender minority groups also.

According to WHO, life expectancy (the average length of time a person is expected to live based on year of birth) for men was 46.3 and for women it was 48.3 in 1900 and by 2015 it increased to 76.9 and 81.6 for men and women respectively (WHO, 2017b). Life expectancy, thus, has increased due to improved nutrition, better health care facilities and the availability of various kinds of vaccines. Throughout the 20th century, there have been noticeable differences in longevity between different sexes. Statistics available from different countries point out that, women have always outlived men. The pattern points out to a peak difference in life expectancy in the 1970s when women outlived men by an average of 7.8 years. This was partly due to reduction in deaths of women during childbirth and increase in deaths among men due to heart ailments and lung cancer as a consequence of smoking. In recent times this gap in mortality has narrowed. According to WHO, women in every country of the world outlive men 'by an average of 4.7 years' (World Health Organization [WHO], 2017a). This difference can be attributable to increased smoking in women giving rise to lung cancer in women and decrease in heart diseases and cancer among men (Rieker & Bird, 2005). However, it is needless to point out that health and longevity are unequally represented in different groups especially for the marginalised groups.

14.1 BIOLOGICAL FACTORS IN HEALTH

Evolutionary studies indicate toward a surprising evidence-females of other species of animals also have greater longevity than their male counterparts. This 'cross-species generality' strongly indicates a biological underpinning and thus we need to look for sex differences in biological factors (Bosson, Vandello, Buckner, 2019).

14.1.1 Genetic Factors

Due to genetic factors, X linked chromosomes are the carrier of most sex-linked diseases. However, since females carry XX chromosomes, the normal X chromosome can override the abnormal gene in the other chromosome. In most of

the cases the recessive gene will not find any expression and the female will be a carrier and not display any disease or defect. But since the genetic composition is different (XY) for males, they will have greater vulnerability to X linked diseases than females (Bosson, Vandello, Buckner, 2019).

14.1.2 Hormonal Influences

Sex hormones (testosterone and estrogen) play a vital role in health and thereby in the lifespan of males and females. Testosterone, which is present in larger levels in males, might have a negative impact on the health of males. In the long run, testosterone can reduce the HDL or good cholesterol and increase LDL or bad cholesterol. As a result, there is an increased risk for cardiovascular diseases (Herbst, Amory, Brunzell, Chansky, & Bremner, 2003). Testosterone can also suppress the body's immune system (Furman et al., 2014) and males can be more vulnerable to different kinds of bacterial and viral infections (Zuk & McKean, 1996).

On the other hand estrogen, which is found in greater quantities, in females, might play a protective role. Pre-menopausal females usually have lower blood pressure and less risk from cardiovascular ailments (Xue, Johnson, & Hay, 2013). Estrogen has also been found to be associated with 'longevity associated genes' (Viña, Borrás, Gambini, Sastre, & Pallardó, 2005). However, estrogen can also increase the risk of breast, ovarian and uterine cancers.

14.2 SOCIAL FACTORS IN HEALTH

Evolutionary studies indicate toward a surprising evidence-females of other Issues of health and wellness are not just determined by biological factors but also to a great extent by social factors particularly by behavioural issues. Causes of death and life expectancy are all related to social factors like diet, exercise, alcohol, smoking, etc. (Bosson, Vandello, Buckner, 2019). Modern day sedentary life style can be the cause of heart ailments, diabetes, kidney diseases, and cancer issues. Accidents, risk taking behaviour, drug dependence and suicide are determined largely by social and behavioural factors.

Thus, the focus will now be on those social factors that serve protective functions and those that are health damaging in nature. As a consequence, these contribute toward disparities in health among different sexes.

14.3 BEHAVIOURS THAT ARE LINKED TO HEALTH

The main behavioural factors that are linked to health are as follows:

14.3.1 Risk Taking Behaviours

- a) **Accidental Deaths:** Findings suggest that in the workplace, 93% of fatal injuries are encountered by men (U.S. Bureau of Labor Statistics, 2015b). Similar trend is seen for accidents in the road and home. Men can account for 71% of vehicle accidents leading to death (IIHS, 2016) and 83% of all accidental deaths at home (Driscoll et al., 2003). Road accidents can be attributed to behaviours like speed driving, drinking and driving, not wearing seat belts etc. Even in leisure activities, men can be seen to engage in sky diving, rock climbing, motor cycle racing, bungee jumping, etc which are riskier and can lead to accidents (Schrader & Wann, 1999).

- b) **Risky sexual activity:** Engaging in risky sexual activity can also have far reaching health consequences. Unprotected sex with strangers or sex in an intoxicated state can leave both males and females prone to being exposed to the HIV (Human Immunodeficiency Virus) which can lead to devastating outcomes. Almost half of adult HIV cases worldwide consist of women (UN Women, 2016a). However, there are sex differences in the mode of transmission. Same sex activity account for 77% of HIV transmission in men while for women 86% of such transmission can be linked to heterosexual encounters (National Institute on Drug Abuse, 2010).
- c) **Risky habits like smoking and drinking:** Smoking has been considered as one of the riskiest habits related to health hazards and can be linked to lung cancer, chronic obstructive pulmonary disease, heart disease etc. Although global data suggest men smoke five times more than women (Guindon & Boisclair, 2003), over the last decade, the gap in sex differences in smoking has reduced. With more women smoking, deaths related to it, have become more equally distributed between males and females. However, females find it more difficult to quit smoking than men (Smith et al., 2015) because they often associate smoking with weight loss (Pomerleau & Snedecor, 2008).

A similar trend has been noticed in alcohol consumption. Data from U.S. suggest that compared to 60% of men, 44% of women have a habit of drinking on a regular basis (Blackwell, Lucas, & Clark, 2014). This can be explained partly by the association of masculinity with the consumption of alcohol. Drinking excessively can have hazardous consequences for health and increases risk for several types of diseases like that of hypertension, cardiovascular disorders, cancers, etc. Alcohol abuse can be linked to increased incidence of accidents and violence. Deaths due to alcohol related reasons are more in males than in females due to uncontrolled drinking patterns in the former (Minino, Heron, Murphy, & Kochanek, 2007).

14.3.2 Diet

Worldwide data point out that women tend to have healthier diets than males. In most cultures healthy diet is associated with femininity and unhealthy diet with masculinity. Gender stereotypes about food and diet across different cultures have been found to be strongly linked with this pattern. Masculinity and red meat and alcohol go hand-in-hand while fruits, vegetables and fish are associated with femininity (Rozin, Hormes, Faith, & Wansink, 2012). Adopting a healthy diet can reduce health hazards but men seem to show resistance in adopting a change in lifestyle including diet. A low-calorie, healthy diet of fruits, vegetables and lean meat might be threatening to their masculinity while eating high calorie food can generate a sense of masculinity for them.

Health experts and organisations suggest that the risk of developing cancer, diabetes, cardiovascular ailments and such chronic conditions can be managed effectively by resorting to a diet rich in fruits, vegetables, lean meat, whole grains, etc and avoiding fatty and fried food, sugar and salt (World Heart Federation, 2014).

14.3.3 Exercise vs Physical Inactivity

A sedentary lifestyle contributes to the development of non-communicable diseases, whereas regular activity and exercise contribute to good physical and mental health and quality of life. A worldwide trend shows that women are physically less active than their male counterparts (Hallal et al., 2012). Lack

of activity increases the risk of non-communicable diseases while exercise and physical activity has a protective function to play contributing towards physical and psychological health.

Sedentary lifestyle consisting of unhealthy diet and lack of physical activity has resulted in a disquieting increase in obesity. According to WHO, (WHO, 2017c), obesity rates around the world has doubled in the last four decades and we are almost experiencing an obesity epidemic now.

14.3.4 Obesity

Obesity has become an issue of prime concern at the present moment. It is one of the major risk factors of some of the leading causes of death like hypertension, diabetes, cardiac problems, high cholesterol and cancers. However, the forms of obesity are different for men and women. While men have android obesity i.e., presence of extra weight in the abdomen, women have gynoid obesity which resembles a pear shape, which means extra weight around the hips (Helgeson, 2012).

Obesity and mortality hold true for men aged 45 years and younger while beyond 45 years, hospitalisation and mortality become more relevant for women (Han, Truesdale et al., 2009; Muennig et al., 2006). Worldwide data shows that in comparison to men, women are more likely to be obese (Case & Menendez, 2009). Overall, women face worse outcomes as far as psychosocial and financial effects of obesity are concerned (Muennig et al., 2006).

Obesity can also be explained partly by traditional gender stereotypes. Women often gain weight due to reproductive issues and while bearing children. Lack of exercise also contributes to this condition. But, obese males, more than their female counterparts, do not perceive their obesity as a health hazard (Gregory et al., 2008).

14.3.5 Health Seeking Behaviours

Maintenance of good health just does not depend on getting treatment for illnesses but by regular visits to the doctor for health check-up and prevent health issues from being aggravated. Sex differences have been noted in accessing healthcare. It seems that cultural norms also play a role in health care utilisation. Gender role expectations have a negative influence and do not encourage men to seek help unless they experience significant health issues. Normatively men are expected to be sturdy, tough and self-reliant (Addis & Mahalik, 2003). Hence men who harbour traditional ideas about masculinity would postpone medical help-seeking even if they experience physical problems (Himmelstein & Sanchez, 2016). Women, on the other hand, are more likely to go for regular visits to doctors and for health check-ups and consequently receive treatment early. Also, this enables them to detect any problems beforehand.

Check Your Progress 1

- 1) Life expectancy is different among the sexes. Explain with the help of statistical data.

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- 2) What are some risk taking behaviours? Why are they more relevant for males?

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- 3) Discuss the differences between the sexes in terms of health seeking behaviour.

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14.4 MORTALITY AND MORBIDITY

The pertinent question here is that are women naturally tuned to outlive men? Is there a single factor or more than one factor which interact with one another? Research points out that the “sex differences in longevity” can be attributable to an interaction between biological and social factors. But does living longer means living healthier life for women?

Here comes in the *mortality-morbidity paradox*. This is a condition in which although women live longer, they show higher rates of morbidity (higher rates of disability and poor health) than men while men show higher rates of mortality than women (Bosson, Vandello, Buckner, 2019). Therefore, longevity does not reveal the true picture of health. Thereby sex differences have huge implications as far as health is concerned. The concepts of health, and longevity, illness and wellness are related to one another and several parameters make them even more complicated.

14.4.1 Sex Differences in Mortality

It is an established fact that men die younger than women throughout the life span. The U.S. Health and Human Services (2009a) point out that although more boys (105) are born than girls (100), more boys (32) die than girls (26) between the ages of 1-4 years. Some claim that in-utero deaths are even higher in males in comparison to females. The sex differences in mortality reach the peak during adolescence and early adulthood. The World Factbook (2010) points out that the sex differences in mortality exist in European and Asian countries.

World statistics related to deaths have indicated the growing trend in which death from communicable and infectious diseases have been replaced by non-communicable lifestyle disorders over the years for both the sexes. Data from U.S. point out that the leading causes of death in 1900 were pneumonia followed by Tuberculosis while heart diseases were in the fourth position. However, the trend changed dramatically in 2010 with heart diseases topping the list followed by cancer and subsequently by cardiovascular and Alzheimer’s diseases (Jones, Podolsky, and Greene, 2012). However, with the exception of Alzheimer’s disease, death has been high for men in comparison to women (Kruger & Nesse, 2006). Thus, although men suffer and die early due to life threatening health conditions, women live longer but suffer from more chronic problems like osteoporosis, arthritis and autoimmune disorders (Needham & Hill, 2010).

The different factors like diet, smoking and drinking, etc play a vital role in the diseases that have now become the leading causes of death. Other than sex, factors like age and race also influence some of the major causes of death.

Apart from health-related factors, crime related deaths have also witnessed sex differences. Men are more likely than women to be the perpetrator and victim of violent crime except rape. Records of homicide point out that about 65% of all perpetrators and victims are males (U.S. Department of Justice, Federal Bureau of Investigation, 2009). When women are victims, the likelihood that the perpetrator is male is ten times more likely while when woman is the perpetrator, it is four times as likely that the victim would be a male. The female perpetrator and female victim combination is a rare find. It is also worthwhile to note that the perpetrator-victim relationships vary across sexes. Usually, women get killed by someone whom they know and this is applicable across all age groups (Helgeson, 2012).

14.4.2 Sex Differences in Morbidity

Morbidity refers to being sick or suffering from illness. While the discovery of vaccines, better drugs and better health care facilities have brought down death rate, it has seen a surge in morbidity across the life span. People are suffering from chronic diseases which can have fatal or non-fatal consequences. While diseases like cancer and heart ailments are ultimately fatal, longevity has been prolonged due to improvements in medical health care facilities. Both fatal and non-fatal (Rheumatoid Arthritis) chronic illness has a significant impact on the quality of life. This has brought about morbidity with increased periods of illness, disability, restrictions in daily life, etc. (Helgeson, 2012).

Over the years the morbidity free life span has decreased for both the sexes but it has lessened more for females than males (Perenboom et al., 2005). Data shows that the 'morbidity- free years' have declined in 2000 to 52 (for females) and 54 (for males) from an average of 55 for both the sexes in 1989. Women tend to suffer from more acute and chronic diseases compared to men (Case & Paxson, 2005). They suffer from non-fatal chronic conditions like digestive problems, Irritable Bowel Syndrome (IBS), arthritis, pain disorders like muscle pain, headaches and auto immune disorders like multiple sclerosis and Raynaud's disease, etc.

Subjective health reports often show women to have poor health perceptions than men and they report more illness behaviour. Women would stay more days in bed, have fewer physical activities and more restrictions and absent from work due to sickness (Smeby, Bruusgaard, & Claussen, 2009). One of the theories explaining greater morbidity among females is related to greater sensitivity of females towards their bodily changes and hence they notice and report symptoms more. Thus, in comparison to men, women display more physical and functional limitations, greater disability and morbidity and this sex difference is noticeable in adulthood and rises with age (Gorman & Read, 2006). However, the difference is not so evident till the adolescent period.

Since women are more commonly victims of violence, poor health in this context has also been observed. Experiences of violence have a strong relationship with poor physical and mental health resulting in stomach problems, anxiety, depression etc. (Sundaram et al., 2004). Women adopt sick roles more than males. This means that they impose restrictions on themselves, follow a treatment regime, consult health care professionals, etc. Since women take precautionary measures from the beginning, either their problems are diagnosed early or they get treatment earlier than men. As a consequence, although they suffer more, their death rate is lower than males. In contrast men are less likely to seek medical

help when they fall sick. Men's health is influenced more by health behaviours while social roles and stereotypes play a more significant role in women's health (Denton and Walters, 1999).

Check Your Progress 2

- 1) Critically discuss the morbidity-mortality paradox.

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- 2) What are the major causes of mortality?

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14.5 MENTAL HEALTH ISSUES

Mental health issues and disorders are steadily on the rise all over the world. The lifetime percentage of mental disorder ranges from lowest in Nigeria (12%) and China (13.2) to highest in New Zealand (39.3) and U.S. (47.4) (Kessler et al., 2009). U.S. data show that 18% of the adult population and 14% of the adolescent population suffer from mental disorders every year (Center for Behavioral Health Statistics and Quality, 2015). Studies make it evident that there are sex differences regarding the occurrence and prevalence of different types of mental illness as well as in help-seeking behaviour.

Research evidence points out women generally suffer more from depression and eating disorders while men commit suicide more than women (Helgeson, 2012). It seems that men belonging to different socio-economic status, occupation, race or ethnic groups all have one thing in common- non-acceptance of their mental health condition and refusal to receive treatment. This stems from their belief that acknowledging their condition would not appear manly.

14.5.1 Depression

Among all mental health issues, depression has by far been most common worldwide and has been linked to risk factors for heart and other diseases (Toker, Shirom, & Melamed, 2008), and mortality issues (Collins, Gleib, & Goldman, 2009). Evidence from self-report measures obtained from community surveys and more structured clinical data suggest that women are diagnosed more frequently with clinical depression and encounter greater symptoms of depression than their male counterparts (Helgeson, 2012). Data obtained from 15 countries indicate that women were 1.3 to 2.6 times more likely than men to suffer from depression (Seedat et al. 2009). However, there might be a trend of under reporting in men if community survey is the only source of information.

Smaller sex differences in depression have been observed in those cultures where gender roles are less traditional in nature. However, this is not clear whether this can be accounted for by lowered rates of depression in females or elevated rates of depression in males. There is no evidence suggestive of the fact that depression shows more chronic course in women or the likelihood of recurrence is more in them (Kessler, 2000; Nolen-Hoeksema, 2004).

But sex difference in depression is evident from adolescence and shows consistency throughout the life span. Meta analytic studies indicate that depression is more in boys before the age 13 years but beyond that, depression in girls increases (Twenge & Nolen-Hoeksema, 2002) and the sex difference shows stability during the entire span of life.

14.5.1.1 Factors Leading to Sex Differences in Depression

- i) **Gender Roles** One of the foremost explanations of sex differences in depression is 'gender role socialization' which plays a very important role. The 'gender intensification hypothesis' (Hill & Lynch, 1983) suggests that right from adolescence adoption of gender stereotypes is emphasised upon. As a consequence, girls start learning and behaving in more feminine stereotypes such as being more emotional and exercising self-sacrifice as well as a helpless coping style which might sow the seeds of depression early on. Similarly, boys adopt masculine behaviour like increased self-confidence and esteem that can protect them from developing depression.

There are theories which suggest that not only the kind of stressors differ from males and females, females show greater vulnerability to specific classes of stressors. Often women are led to believe that they have less control over the events around them and ultimately coping mechanism of both sexes vary (Helgeson, 2012). Coping styles can contribute towards sex differences in experience of anxiety and depressive disorders. Response styles theory (Nolen-Hoeksema, 1991) proposed the coping style of rumination is a passive coping style that focuses on one's negative mood more persistently. Women have been found to ruminate more than men when in distress (Tamres, Janicki, & Helgeson, 2002) and rumination style has been associated with conditions like depression, posttraumatic stress disorder (PTSD), social phobia, etc. (Nolen-Hoeksema, 2012).

Thus, the tendency to use passive coping mechanism to deal with negative emotions may escalate low mood and depression while men use distraction or engaging in physical activities, which can act as a barrier to developing depression.

- ii) **Abuse and Violence** Another possible explanation can stem from experiencing traumatic events like childhood sexual abuse which can especially affect mental health of girls. Worldwide data points out that among 9.9 million participants, 7.6% boys reported sexual abuse in comparison to 18% of girls (Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). It is thus not surprising that sexual abuse can predict about 35% of sex difference in adult depression (Cutler & Nolen-Hoeksema, 1991) regardless of the victim's sex. Generally, girls experience greater sexual violence than boys but when boys have such experiences, the risk for developing depression increases in turn.
- iii) **Biological Factors** Research shows that there can be sex differences in response to stress with increased activity in the nervous system of girls and women in comparison to boys and men. This exaggerated stress response can help to explain greater levels of internalising symptoms like anxiety and depression in females. Also increased levels of estrogens during puberty in female makes them vulnerable to more severe and long-term effects of stress and this can explain the rise in internalizing disorders which can be often observed among adolescent girls (Zahn-Waxler, Shirtcliff, & Marceau, 2008).

14.5.2 Suicide

The third leading cause of death in the age group of 15-24 years is suicide (Helgeson, 2012). Although women generally suffer from depression more than men, suicide rate is more in males. This is referred to as the “gender paradox of suicide.” This is explained by the fact that although ‘suicidal ideation, suicide attempts, and non-suicidal self-injury’ can be seen more in girls and women, they are usually non-fatal in nature while death from suicide is more common in boys and men across different countries of the world (Krysinska, Batterham, & Christensen, 2017).

This can be partially explained by the sex differences in the method of suicide adopted as well as the possible reasons for suicide. Men would resort to more violent means of committing suicide (Payne, Swami, & Stanistreet, 2008) like use of firearms and hanging while women would use poisoning, etc. The difference in the nature of problems show that work related issues, financial constraints as well as relationship problems are common in men. For women, children related problems, anxiety, depression, etc can be strong sources predictive of suicide (Branco et al., 2017; R. Evans, Scourfield, & Moore, 2016). However, for the gender and sexual minority population, bullying by peers and rejection issues may predict suicide (Wolff, Allen, Himes, Fish, & Losardo, 2014).

The sex difference in suicide is prevalent across all countries and culture as well as ethnic groups. This sex difference shows consistency and remains stable throughout the life span till about old age. However as old age sets in, the elderly population displays a rise in the suicide rates of men. Overall sex difference in suicide has increased because of increase in rate of suicide among men (Payne, Swami, & Stanistreet, 2008). Data from India shows that suicide rates in women is not higher than their male counterparts and the sex difference is smaller (Mitra & Shroff, 2008).

14.5.2.1 Factors in Suicide

Suicide has been found to be associated with depression and substance abuse in adults. Psychological disorders have been strongly associated with depression for females. But this can be linked to greater help seeking behaviour in females in comparison to males (Payne et al., 2008). Also for men, suicide has been associated with alcohol abuse which can be regarded as a socially sanctioned way to combat mental illness.

Adolescent suicide has also been linked to depression and substance abuse (Langhinrichsen-Rohling et al., 2009). Other relevant factors are difficulties in social relationship, lack of social support, unsuccessful romantic relationships, etc.

Check Your Progress 3

- 1) Does gender role play any role in depression? Discuss.

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- 2) What is meant by gender paradox in suicide?

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14.5.3 Eating Disorders

Eating disorders are medical conditions that receive less attention but are quite serious in nature and can have far reaching consequences on our health. Eating Disorders can be classified into anorexia nervosa, bulimia nervosa, and binge eating disorder (National Institute of Mental Health, 2007). According to the National Eating Disorder Association (2005), in the U.S. about 10 million females and 1 million males can suffer from the first two types and many more suffer from binge eating disorder. There can be many poor health outcomes of eating disorders ranging from gastrointestinal problems, to bone problems and osteoporosis, cardiovascular problems, etc. Research evidence on Indian school children have shown disturbed eating attitudes in about 25 to 40 percent of adolescent girls and about 20 per cent of adolescent boys (Gauthamdas, 2018).

Anorexia Nervosa may be characterised by a persistent drive towards becoming thin. They have a distorted body image which does not allow them to maintain anormal body weight. However, it poses a very high risk for mortality (Arcelus, Mitchell, Wales, & Nielsen, 2011) and suicide (Harris & Barraclough, 1997). The features of *Bulimia Nervosa* are repeated binge eating (eating great quantities of food very fast) consisting mostly of sweets and fat and subsequently followed by vomiting as a means of preventing weight gain. Other inappropriate ways can be excessive exercise, use of laxatives, etc which are thought to help in weight control. In Binge Eating Disorder, individuals consume large quantities of food rapidly when they do not feel hungry and often eat alone followed by guilt feelings and disgust. Usually, such people are obese because eating is not followed by vomiting, or fasting, etc. It is the most common eating disorder and affects 3.5% of women and 2% of men (Hudson et al., 2007).

14.5.3.1 Sex Differences in Eating Disorders

In comparison to men, women are 1.75 to 3 times more likely to experience eating disorders (Hudson, Hiripi, Pope, & Kessler, 2007). Both anorexia and bulimia are found more in adolescent girls and young females (Fairburn & Harrison, 2003) and more among transgender than cisgender individuals (Jones, Haycraft, Murjan, & Arcelus, 2016). Although research has focused mostly on women, males suffering from eating disorders might be undetected because the presentation is different. Men might focus on gaining body mass, taking drug and supplements etc. In an U.S. study, 17.9% of adolescent boys were found to have increased concern regarding body weight and physique and this was associated with greater drug use and depression (Field et al., 2014).

14.5.3.2 Factors in Eating Disorders

Eating disorders have been associated with many risk factors like disturbed relationship with parents, poor self-esteem, history of sexual abuse, dissatisfaction with one's body, perceived pressure on being slim, etc. (Bosson, Vandello, Buckner, 2019). However, there are explanations that can throw some light about the sex differences in eating disorders. One such explanation is the Gender Role and Objectification Theory. According to this theory, our sociocultural context tends to objectify a female body more than a male body. This means that the value of the female body is determined by "its use to (or consumption) others" (Fredrickson & Roberts, 1997). This objectification of females brings forth the message that one's physical appearance is far more important than one's achievements. Thus, overemphasis on physical attractiveness, placing great value on others' opinion, feeling of being timid and weak makes them more vulnerable to "body dissatisfaction, eating disorders, depression, and substance

use problems” (Carr & Szymanski, 2011). Society’s unrealistic preoccupation with thinness and dieting along with positive portrayal of thinness in media has aggravated the situation.

14.5.4 Chronic Health Issues

Research indicates that men and women adjust differently to chronic health issues. These differences are largely determined by the role played by the individual in the family. Traditional gender roles influence the recovery and adjustment to chronic ailments. Women who suffer from heart diseases may need to participate in caregiving and household duties immediately after discharge from hospital (Boutin-Foster & Charlson, 2007). This might induce depression in them. Another study on elderly woman suffering from osteoarthritis documented lack of support from husbands when pain symptoms were reported (Stephens et al., 2006). Even cancer conditions induced more distress in females irrespective of whether they were patients or spouse of patients (Hagedoorn et al., 2008).

Traditional gender roles can make adjustment to chronic illness quite difficult (Helgeson, 2012). Male gender role poses its own challenges. Conventional gender roles of males characterised by self-reliance often hinders help seeking behaviour. Men often display a lack of emotional expression and this might prevent them from getting the required help further. Chronic illness, in itself may be thought to be a sign of weakness and males cannot accept such vulnerability. Brehm in 1966 proposed the concept of ‘psychological reactance’ which was seen in cardiac patients. When doctors advised strict adherence to a specific diet, follow a daily routine of exercise, the patients perceived that their sense of control was taken away and they reacted in the exact opposite manner.

On the brighter side, males can sometimes cope better with their illness by perceiving the situation to be a problem which needs a solution. In contrast to women, men attribute their chronic illness to more controllable factors like the role of diet, exercise etc in heart ailments and less on uncontrollable factors like heredity (Grace et al., 2005).

For adolescents a similar picture has emerged. Male adolescents suffering from chronic ailments more often feel they have greater control in comparison to female adolescents (Williams, 2000). However, studies have also revealed that teenage girls adapted better to their chronic conditions of diabetes and asthma (Williams, 2000). This was possible because they accepted their illness and shared their condition with friends unlike the adolescent boys who considered the condition to pose a threat to their identity. Thus, masculine gender role can help or hinder adjustment to chronic illness.

For the females also gender roles affect their adjustment to chronic illness. If the illness interferes with their primary task as a caregiver, then it leads to poor adjustment. While catering to others’ needs, women often undermine the importance of taking care of their own health (Helgeson, 2012). A conflict between receiving care and giving care might come up in this situation. However, they may be more forthcoming in accessing support when needed.

In conclusion, it can be said that certain health promoting and health damaging lifestyles can be contributory to overall health status of men and women and thereby play a role in mortality and morbidity. Certain factors at the individual and at the societal level contribute towards health and illness. While smoking, drinking and drugs are usually more common in males, women are less active physically and hence the victims of obesity. Although sex differences in smoking are smaller in children and adolescents, it is one of the leading causes of death in

men. Also, women have been found to be more cautious regarding health issues, control their diet and visit doctors for a medical check-up more regularly. Thus, women engage more in “preventive health care” than men and this difference in health behaviour contributes to a considerable extent towards the rates of mortality and morbidity in men and women. Different frameworks explain higher mortality in men and higher morbidity in females. For men, higher mortality can be linked to risk taking behaviours while social roles play a greater role for females that explains greater morbidity in them.

Check Your Progress 4

1) How does gender objectification theory impact eating disorders?

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2) Why are non-fatal chronic health problems seen more in women?

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14.6 SUMMARY

To sum up what we have learnt in this unit, here is a quick recap:

- Lifestyle diseases are on the rise and sex, gender, economic and geographical factors and many significant behavioural issues are all associated with each other in determining health and illness.
- Research in the area of health and diseases have pointed out that there is a significant gap between males and females when it comes to knowledge about health, how they recognise their symptoms, and ultimately their health seeking behaviour and health outcomes
- Biological factors including genetic and hormonal factors and behavioural factors like diet, smoking, drinking along with risk taking behaviours are the key elements in determining conditions of health and illness. They can either cause great harm or they can be protective also.
- Cultural norms seem to play a role in health seeking behaviours. Women are more likely than their male counterparts to visit doctors for regular check-up and hence health issues might get detected and treated early.
- Sex differences in longevity is determined by an interaction between biological and social factors. The mortality-morbidity paradox is a condition in which although women live longer, they show higher rates of morbidity than men while men show higher rates of mortality than women.
- Men’s health is influenced more by health behaviours while social roles and stereotypes play a more significant role in women’s health.
- Mental health issues and disorders are steadily on the rise all over the world. Studies make it evident that there are sex differences regarding the occurrence and prevalence of different types of mental illness as well as in help-seeking behaviour.

- Women generally suffer more from depression and eating disorders while men commit suicide more than women. Apart from biological factors, gender role socialization, coping behaviour, traumatic childhood events can play a vital role in causing depression.
- “Gender paradox of suicide” refers to the fact that although ‘suicidal ideation, suicide attempts, and non-suicidal self-injury’ can be seen more in girls and women, they are usually non-fatal in nature while death from suicide is more common in boys and men across different countries of the world. Suicide has been found to be associated with depression and substance abuse in adults.
- Anorexia nervosa, bulimia nervosa, and binge eating disorders are eating disorders that have significantly poor health outcomes. Eating disorders are found more in females than in males but this might also be partly due to underreporting of such conditions in males.
- Our sociocultural context tends to objectify a female body more than a male body. This objectification of females brings forth the message that one’s physical appearance is far more important than one’s achievements. Society’s unrealistic preoccupation with thinness and dieting along with positive portrayal of thinness in media has aggravated the situation.
- Traditional gender roles influence the recovery and adjustment to chronic ailments. Conventional gender roles of males characterised by self-reliance often hinders help seeking behaviour. For women a conflict between receiving care and giving care might come up in this situation.

14.7 KEYWORDS

Life Style Disorders These are non-communicable diseases linked to one’s lifestyle and can lead to heart problems, obesity, diabetes etc.

Life Expectancy The average length of time a person is expected to live based on year of birth.

Mortality- morbidity Paradox This is a condition in which although women live longer, they show higher rates of morbidity than men while men show higher rates of mortality than women.

Obesity According to WHO, overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.

Depression According to APA, this is a serious medical illness characterised by feeling sad, loss of interest, changes in appetite and sleep, suicidal thoughts etc.

Gender Paradox in Suicide Death from suicide is more common in boys and men while suicidal thoughts and attempts are more common in girls and women.

Eating Disorders According to APA, eating disorders are behavioural conditions characterized by severe and persistent disturbance in eating behaviours and associated distressing thoughts and emotions.

14.8 REVIEW QUESTIONS

- 1) Explain the various biological and social factors associated with health.
- 2) Are there differences between sex in health seeking behaviours? Discuss.
- 3) Explain morbidity-mortality paradox.
- 4) Do sex differences play a role in suicide and depression? Discuss.

- 5) Explain objectification theory in light of the sex differences in eating disorders.

14.9 REFERENCES AND FURTHER READING

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14.10 ADDITIONAL ONLINE RESOURCES

- Sex and gender differences in mental disorders - The Lancet Psychiatry
- Women mental health in India - PMC (nih.gov)
- Women and mental health in India: An overview - PMC (nih.gov)

UNIT 15 FRIENDSHIP AND ROMANTIC RELATIONSHIPS*

Structure

15.0 Introduction

15.1 What is Friendship?

15.1.1 Nature of Friendship

15.2 Friendship Across the Lifespan

15.2.1 Friendships from Childhood to Adolescence

15.2.2 Friendships in Young and Middle Adulthood

15.2.3 Friendships in Old Age

15.3 Conflict in Friendship

15.4 Cross-sex Friendships

15.5 Romantic Relationships

15.5.1 Nature of Romantic Relationships

15.6 Romantic Relationship Theories

15.7 Romantic Relationships in Digital Age

15.8 Negotiation of Romantic Relationships

15.8.1 Relationship Status

15.8.2 Conflict Resolution

15.9 Being Friends After Terminating Romantic Relationships

15.9.1 Intrapersonal Factors

15.9.2 Dyadic Factors

15.9.3 Social Network Factors

15.10 Summary

15.11 Keywords

15.12 Review Questions

15.13 References and Further Reading

15.14 Additional Online Resources

LEARNING OBJECTIVES

After having read this Unit, you will be able to:

- Identify some important characteristics associated with friendship, conflict involved in it and how to resolve it;
- Explain the nature of romantic relationships and negotiations involved in it; and
- Develop an insight for the possibility to be friends with someone with whom there is a romantic relationship earlier.

15.0 INTRODUCTION

Friendship is a very commonplace notion but is cherished by everyone around the world since time immemorial. Aristotle considered friendship as an essential

aspect of a well-lived life, something as fundamental as familial attachment, romantic, conjugal, and sexual relationships. A friend is understood as a person with whom an individual has a bond of affection which is mutual in nature. Friendship can exist between same sex or opposite sex; it may also transcend the boundaries of age. Friendship can be felt in familial relationships as well, such as between father and son, mother and son, father and daughter, husband and wife, sister and brother, etc. But, more than friendship, love is considered to be a binding force in these familial relationships.

The word “friend” and “friendship” includes an array of relationships which may differ in degree and may range from long-standing attachments to someone who just met at a music concert, restaurant, or a bookshop. With the rapid spread of social media, the meaning and practices of “friend” have further expanded or let’s say diluted. Friendship and romantic relationships share some common elements as both are inherently “relationships”. Many romantic relationships start with friendship and also stay that way for long. In this Unit, we would try and understand different aspects of friendship, its nature, along with romantic relationships and various aspects involving it. Before moving forward, try attempting the activity as mentioned in Box 15.1.

Box 15.1 Activity 1

Take a moment and think about friendship. You can think about it in the light of people you call as your friends.

- Write down a description of meaning of friendship for you.
- Jot down a few characteristics of a person whom you would call a friend.
- What do you cherish most in a friend?
- What are some of the skills that are needed to build and maintain friendships?
- How can you be a better friend to others?

15.1 WHAT IS FRIENDSHIP?

Friendships are close and important relationships, with a potential to remain intact lifelong. These ties are essential to our social, psychological, and even physical well-being. It has been difficult to come up with a conclusive definition of friendship due to its flexible character and the way it differs across social settings. Let’s try to understand friendship and identify some of its characteristics as outlined by **William Rawlins** (1992, 2009). These features may exist on a continuum and thus may lead to different types of friendships with varying intensity.

- Friendship is voluntary in nature and is not built over compulsion. Perhaps that is why, it is different from legal partnerships, religious and legal sanctions like marriage, and blood related ties. It is important to note here that except blood related relationships all other ties involve some sort of initial choice making and external factors play a role in building, maintaining and even nullifying the bond. All these ties include friendship as a dimension but the difference lies in the fact that friendships are freely chosen (as much as possible) and they are also a function of an individual’s social context. For instance, a lot of people become friends with those who share their social position, or are their professional associates.
- Friendship is a personal relationship. Ideally, we remain in friendships due to our friend’s qualities and not because of their membership in a certain class, caste or category.

- Friendship is an affective bond. It involves emotional attachment that includes care, warmth and affection for each other. They give preferences to each other's likes, dislikes and profoundly love each other. However, this affect may vary from being in a situation, having a positive disposition towards others to a lifelong devotion towards each other.
- Friendship is a mutual relationship. As we have understood till now that this bond is quite self-contained and independent in nature but is sustained and accomplished through shared activities, communication and discussions they enjoy, along with the regard they have for one another. The mutual admiration and expectations are important in friendships as a one-sided stance dissolves sooner or later.
- Friendship is considered to be an equal relationship. Two friends may differ in their social standing, position or some personal attributes but their friendship involves identifying areas where they stand as equals and their bond mainly thrives on that. The issues of equality and power must be mutually settled between the friends for the relationship to evolve and grow further.

Friendship is such an integral part of our lives that various philosophers, researchers, and academicians have tried understanding its importance. For instance, Plato asked Socrates to announce (on his behalf): "There is no doubt in my mind, by the dog, that I would rather possess a friend than all Darius' gold, or even than Darius himself. That's how much I value friends and companions" (Lysis 211E). An anonymous poet from 6th century wrote, "The bond of friendship must be fostered with great piety; the greatest part of life is the bond of friendship" (quoted from Stehling, 1984). British writer C.S. Lewis (1960) believed that friendship may not have a survival value of its own but it definitely gives value to survival and one's existence. Contemporary philosophers such as Telfer (1970), Thomas (1990), Cocking and Kennett (1998, 2000) have accepted these characterizations and build over it.

15.1.1 Nature of Friendship

Friendship has a connection with happiness. An important aspect that serves as a connection between friendship and happiness is self-worth and appreciation of our own life values. A happy life requires a higher sense of self-worth which is also derived from how others view us. Interestingly, if we value or respect someone, their opinion about things matter to us more. So, if they value us and see us in positive light, it may impact our sense of self-worth positively, enabling us to link friendship and happiness. Friendship is a relationship between two people where each one values the other and tries to communicate this fact to the other (Leibowitz, 2018). Dworkin (2000) explains "we value being valued by those we value" (pg. 187), and we know that our happiness (to some extent) is contingent upon how much value we attach to our own life, this explains an intimate relationship between happiness and friendship. An important aspect associated with friends and friendship is that when we say someone is a good friend of another person, we start seeing them in a positive light and make a positive moral assessment of that person. This is because we know (as discussed earlier) that if someone is a friend, that person makes positive contribution to others person's life.

People occupy various social relations and certain relationships may inhibit friendship especially when one person holds some authority over the other (due to the relationship they share). Aristotle also viewed friendship as something that relies heavily on similarity between two people and on both the parties giving

and receiving the same from each other but he did not deny the existence of friendships with unequal's (although it could be rare), for instance, between father and son, subject and ruler. They are considered rare because the fact that one has some sort of authority over the other makes it difficult for the parties involved to communicate transparently and effectively. One may also find themselves in a difficult epistemic position due to their authority, for instance, it might be difficult for a father or a teacher to know whether the son or student chooses them to value for their own sake or if this is due to the unique position they occupy in the relationship or is it just flattery. Thus, valuing the other person and the intent behind it is essential for friendship.

We value things for two major reasons- because they are good (in general) or because they are good for us. However, it is not necessary that we would always make friends with those who provide us with some help. It is like their help is valuable to us but we may not value the person who provides that help. So, not everyone who is or can be instrumental to us is our friend. Nevertheless, we do value a friend because we value getting certain things from them. The kind of value one friend has for the other in friendships is called as "instrumental final value" (Zimmerman, 2015). In these utility-or-pleasure friendships (unlike the ones that are purely instrumental in nature like businessman and client), each friend sees the other as a final value, though as a means to her own benefit. Here, it would be important to consider a few points- (a) we may ask for a friend's help mainly because we need help and the friend (in question) would be the easiest person to contact. (b) The fact that we value a friend because we value benefitting from them in certain ways does not mean that we value their friendship only for this. For instance, there could be instances where we would not ask our friends for help due to our friendship and the value, we attach with them. (c) Interestingly, there is a possibility that our friendship might be based on illusory valuing. It is possible that our judgment that our friend is good or good for us is mistaken in some sense. But, for friendship to exist, the attitude of each friend its successful communication matters rather than its appropriateness (Leibowitz, 2018).

Diversity in perceptions of important ingredients and elements of friendship may occur at different life stages, gender, marital and parental status, cultural context, technological advancement and even geographical locations. For instance, researches on girls and women (same-sex friendship) reveal high levels of empathy and self-disclosure (Matlin, 2012) in comparison to males who are found to be more inclined towards shared activities that are competitive in nature (Vigil, 2007). They are found to be low in intimacy as compared to women's friendships. Now let us try and understand how friendship differs in its meaning, role and relevance at different stages of life.

15.2 FRIENDSHIP ACROSS THE LIFESPAN

Friendship develops and changes during different stages of life course. It would be important to mention here that friendship provides an individual with companionship, sense of self-validation and even emotional intimacy which is important to socioemotional adjustment of an individual at different stages of life (Erdley & Day, 2017). As we reach different stages and take on new roles on life, function of friendship also changes.

Observations of 1- and 2-year-old children reveal that they initiate play, exchange positive emotions and expressions and may even engage in interactions with some peers, especially those who are familiar to them (Howes, 2009). It has been believed that these interactions may lay an important foundation for what

could be understood as meaning relationships and deeper friendships later in life. Hartup (2006) discussed that the idea of friends and friendships change with age. For a child, friendship is a very concrete idea which includes participation in pleasurable activities. It is with age that friendship involves emotional satisfaction and mutual consideration. Research confirms that the idea of friendship follows a three-stage sequence:

- 1) Friendship as a handy playmate (about 4 to 7 years): for pre-schoolers friendship is about sharing toys and spending a lot of time playing with certain children. It lacks a long-lasting quality. For them a conflict or a dispute (usually over not sharing a toy, hitting, or not being available to play) may end friendship.
- 2) Friendship as mutual trust and assistance (about 8 to 10 years): in middle childhood, the idea of friendship seems more complex and psychologically based. The relationship involves mutual agreement upon liking each other, responding to the needs and desires of one another and gradually trust becomes a defining feature of this relationship. Unlike pre-schoolers rifts and conflicts cannot just be settled with playing nicely the next day rather require apologies and explanations.
- 3) Friendship as intimacy, mutual understanding, and loyalty (about 11 to 15 years and older): adolescents place a lot of importance on mutual understanding of values, beliefs and feelings in friendships. They also keep intimacy and psychological closeness as topmost characteristics of this relationship. It has been seen that they expect their friends to be loyal and stand by their side in situations of conflict with others, much more than younger children (Collins & Madsen, 2006). They rely much more on their friends to relieve themselves of distress, tension, loneliness, sadness and fear. Falling apart and terminating friendship is usually considered only after a fair attempt at making each other understand their situation or predicament.

15.2.1 Friendships from Childhood to Adolescence

From childhood to adolescence social acceptance, peer acceptance, and status within the peer group form a significant aspect of an individual's life. As we enter school both the aspects of peer interaction- close friendships and acceptance or rejection within the peer group become important to us. Children between the age of 6 and 12 begin to value having a close friend or a best friend. Sullivan (1953) proposed an interpersonal theory of development explaining why peer experiences are related to adjustment in the case of children and adolescents. The theory elaborates how during different developmental periods, certain interpersonal needs emerge and some social relationships play a role in fulfilling these needs. During infancy (up to 2 years), the primary need is for gratification of basic needs and tenderness which is satisfied by parents. By the age of 2-6 years, the child learns that interference with fulfilment of personal wishes may result in delayed gratification but this may lead to parental approval ultimately. Here companionship could be a key need and is addressed mainly by the parents. During the juvenile stage (ages 6 to 9 years), the major need is formation of satisfactory relationships within the peer groups. They want to be accepted by their peers and this is accomplished through competition, cooperation and compromise. Although parents can fulfil the need to be accepted by peers are found to play a major role at this stage. During the preadolescence period (9 to 12 years) there is a need for intimacy which is satisfied by relationships with same sex peers. One's ability to show love and affection for others and collaborate with other people begins at

this stage. These peers play an important role in satisfying other needs, including acceptance and companionship. During early adolescence (12 to 14 years of age), the child is usually struggling with developing a sense of identity, independent from the parents. As biological changes are also occurring during this period, the major task is formation of satisfactory relationships with members of the opposite sex. The late adolescent period (14 to 21 years) is marked by tasks associated with need to achieve interdependence within society and forming lasting intimate relationships with a selected member of opposite sex typically. Thus, according to Sullivan, friendships emerge as a highly significant relationship mainly during preadolescence. Furman and Buhrmester (1992) concluded that during this period, close friends and peers start surpassing parents and family as the primary source of social support. Thus, while childhood friendships focus mainly around play, during adolescence, it starts replacing parents as companions and confidants. Also, adolescents' friendships also serve as a model to prepare one for intimate romantic relationships (Fraley et al., 2013).

During this period, friends and friendships also serve various functions critical to this period and have a bearing on other relationships later in life. Companionship is one of the most basic functions of friendship. It involves spending time together, playing, and engaging in pleasurable activities. Friendship is considered as a reliable alliance and friends are expected to be loyal, available and someone who can enhance feelings of security even at vulnerable times. Thus care, comfort, affection, and support provided by this relationship may become an important source of nurturance which also plays a role in personality development of the individual. The idea that someone has selected you as a friend or a group has accepted you can contribute to self-worth and esteem of the individual. Friends also play a significant role in providing emotional intimacy. Level of disclosure rises with time especially with close friends in comparison to other peers. Researchers have found gender differences in this regard and consistently indicate that emotional support and intimacy is found most in girls' friendships in comparison to boys (Rose, 2002; Rudolph, Ladd, & Dinella, 2007). Girls report higher rates of validation, affection and disclosure in their friendships and consider it be an important source of self-definition in comparison to boys. It would be important to note here that these gender differences may emerge in preadolescence but are much more pronounced during the adolescent period (Buhrmester & Furman, 1987). In early adolescence both males and females consider their cross-sex friendships to be low on intimacy which changes for both of them (more so for boys) by later adolescence (Reisman, 1990).

As we have understood that friendships have a significant role to play in supporting and enhancing the well-being of children and adolescents, thus, poor quality friendship experiences or not having friends may lead to a variety of negative outcomes impacting the socioemotional adjustment of the child. This may lead to feelings and experiences of loneliness, anxiety, depression, self-esteem or worth related issues, bullying, peer victimization and not knowing how to deal with it at school.

Box 15.2 Activity 2

Are friends similar or different?

Think about any two close friends of yours during school or early college years and fill the table below accordingly. Let us see how similar or different they are to you on the following characteristics.

	Friend 1		Friend 1	
Attitude towards school achievement	Similar	Different	Similar	Different
Hobbies and interests	Similar	Different	Similar	Different
Level of participation in school activities	Similar	Different	Similar	Different
Attitude towards smoking	Similar	Different	Similar	Different
Attitude towards drinking	Similar	Different	Similar	Different
Attitude towards partying	Similar	Different	Similar	Different
How shy or outgoing you are?	Similar	Different	Similar	Different
Religious beliefs	Similar	Different	Similar	Different
Societies/Clubs you are a part of	Similar	Different	Similar	Different
Future goals and aspirations	Similar	Different	Similar	Different
Other characteristics that are important to you				
1.	Similar	Different	Similar	Different
2.	Similar	Different	Similar	Different
3.	Similar	Different	Similar	Different

Is the similarity between you and your friend(s) beneficial? Are the differences between both of you, beneficial to any of you? Did the differences between you strain the relationship in any way? Do you think you or your friend changed overtime owing to the differences between you? How do you feel about it?

15.2.2 Friendships in Young and Middle Adulthood

Let us focus on friendships and its development in young (20-40 years approx.) and middle adulthood (40-60 years approx.) in this section. Apart from maintaining school friends, young adults acquire additional friends, especially the ones they are in close proximity with due to their daily life situations, for instance, just sitting next to someone in the initial few days of college increased students' likelihood of being friends one year later (Back, Schmukle, & Egloff, 2008). Both proximity and frequency with which we meet someone play a role in developing friendships (Miche, Huxhold, & Stevens, 2013). During this stage, friends are seen as confidants, attachment figures, and partners for leisure activities. They are also a major source of emotional support and validation along with the practical support that they can offer, such as lending belongings, helping in financial matters, etc.

Friendships are considered as emotionally close and reciprocally supportive relationships, but people feel differing degrees of intimacy and closeness among their various friends. This is also dependent upon shared interests, values, and personality traits between them (Morry, 2007). Thus, people with similar word views, attitudes, and interests are more likely to become friends with each other and similarity has been found to predict emotional closeness between people (Montoya et al., 2008). We all expect some amount of fairness in our friendships and thus a general rule of reciprocity applies to it- providing and receiving support. But it may differ between friendships, for instance, initially we are usually quick and responding to favours made by friends and even returning them but in established friendships (with longer duration) such immediate reciprocation does not exist as no one keeps a detailed record of costs and benefits (Silk, 2003). In a lot of aspects, friendships during young and middle adulthood are quite similar to the ones formed during adolescence but it is actually the quality and/or quantity of the relationship that helps in maintaining it overtime. By this stage a pattern can also be seen in their friendships. They can differ in their friendships in general and may maintain few close friends, various friends

and acquaintances that are comparatively less close or some other combination. People's individual characteristics or personality traits can be highly useful in explaining these individual differences and the nature of their friendships. For instance, extraversion, agreeableness, and self-esteem have been found to be affecting both quantity and quality of friendships (Back, Schmukle, & Egloff, 2011).

Studies with young adults reveal an increase in size of friendship networks whereas studies with older adults observe a decrease in it. Such changes have been attributed to normative life events (Neyer et al., 2014), for instance, during young adulthood, as we enter new situations and contexts, we meet new people and acquire new friends. Interestingly, due to context change we can also lose some of our existing friendships. During middle adulthood people are found to be more engrossed in their close friends as the additional responsibilities and demands of work, family etc. restrict the available time, urging them to choose a few close friends out of a larger friendship network. Mund and Neyer (2014) concluded that number of friends may decrease for them but the quality and quantity of contact with close friends increase.

15.2.3 Friendships in Old Age

Friendships are a source of connection and happiness, especially in late life, perhaps because many of these have been maintained over the years and have endured various ups and downs (Buhl, 2009). Friends have a key role in enhancing life of older adults, even in ways that other social partners do not, for instance, they provide companionship for leisure activities, hobbies, provide short-term help, emotional support and most importantly help in developing and maintaining meaning and self-identity (Litwin & Shiovitz-Ezra, 2011). Later in life, relationships such as organizational membership, co-workers etc. cede gradually, thus close friendships play a vital role in sustaining social connectedness in older age.

Amongst laughing, having fun, and caring for each other, older adults also report a feeling of satisfaction in friendships. It is considered as a relationship in which one can confide in the other very easily, remind each other to stay healthy (Blieszner & Adams, 1992) and contribute to each other's psychological well-being (Blieszner & Ogletree, 2018). Friendships at this stage are a major source of easing oneself of loneliness (Nicolaisen & Thorsen, 2017) and offer emotional and instrumental support. ten Bruggencata and colleagues (2018) concluded that connectedness one feels due to friendships gives meaning to lives of older adults and benefits them in various ways in the second half of their lives. It also has been found to have implications for physical health and maintenance of cognitive functioning (Holt-Lunstad, Smith, & Layton, 2010). Bookwala and colleagues (2014) and deVries and colleagues (2014) studied friendship in the context of widowhood (marital loss) in older adults and concluded that higher friendship satisfaction was linked with positive self-evaluation and affect, alongwith alleviating depressive symptoms and promoting better health.

Check Your Progress 1

- 1) Friendship is a mutual and equal relationship. Explain.

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- 2) Girls and women display high levels of empathy and self-disclosure in their same-sex relationships in comparison to men. **True or False.**
- 3) What is illusory valuing in friendship?
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- 4) How is the friendship in young and middle adulthood different from old age?
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15.3 CONFLICT IN FRIENDSHIP

Till now we have understood how important is friendship is a relationship and adds a lot of value to human life. The way friends behave with each other determines how friendships last and how strong it becomes. Appreciating each other's achievements, building mutual trust, helping each other, forgiving etc. are some important elements of a long-lasting friendship. But all friendships also go through a period of conflict. Conflict arises when "incompatible activities exist" (Deutsch, 1991). It could be due to discrepancies between the desired and actual behaviour of the people involved. As we have understood that friendship is a relationship that is characterized by interdependence, trust, and loyalty, it also increases the stakes associated with transgression, provocation and eventual forgiveness or revenge. Let us try and understand some of the aspects associated with it.

An important question is why friends have the power to hurt us? And a simple answer to it could be that because we care about them and expect them to care about us. Unlike other relationships, friendships are not bound by formal rules, especially close friendships, but they are definitely guided by some unwritten expectations, codes and may also demand a certain type of conduct (MacEvoy& Asher, 2012). Such violations are labelled as betrayal and can be a cause of friendship dissolution, this may elicit either or both tendencies of forgiving or retaliating (Haden &Hojjat, 2006). Personality researchers predict that people who are more agreeable (concerned with interpersonal harmony), honest, humble and less emotionally labile, usually forgive others easily and are more generous when dealing with interpersonal offenses (Fehr, Gefland& Nag, 2010). On the other hand, lower levels of honesty, humility, and agreeableness predicts vengefulness (Sheppard & Boon, 2012) and intentions to act on it as well.

Initially conflict was understood as destructive and detrimental to relationships but studies have also discussed its positive impact in personality development and relationship development (Weinstock & Bond, 2000). Scholars have discussed how managing a conflict mainly has either positive or negative implications for the relationship and its maintenance. Areas of conflicts may involve work disagreements (academic/office related), verbal insults, differences in opinions, not keeping promises, jealousy, keeping secrets, abandonment, insensitivity refusing financial assistances, and lying (Dinçyürek et al., 2013). Researchers

have pointed towards five conflict resolution strategies and we adopt either of them to resolve our conflicts. They are as follows:

- Forcing: an attempt to compel the other to agree to your viewpoint
- Avoiding: withdrawing from the conflict or conflict creating situations
- Accommodating: giving up on own need and conforming to others wishes. It is like being cooperative and not assertive.
- Compromising: finding a middle ground solution to needs of both the parties.
- Collaborating: actively and effectively engaging in problem solving so that both the parties involved can reach to a mutually satisfying conclusion and get over the dispute.

Studies (for instance, Deutsch, 1994) have also suggested that some of the characteristics of the conflict, such as content, intensity, duration, and number of people involved in it, may also have a determining effect on conflict resolution. Research has also suggested that when it comes to transgression, especially involving breaking the bond of friendship, girls are more sensitive to such violation than boys (MacEvoy & Asher, 2012). Although loyalty is considered as a desirable characteristic in friendships, girls have been found to have higher expectations of loyalty and commitment than boys in childhood and adolescence (Clark & Ayers, 1993). Similarly, adult women have higher standards for their same-sex friendships than men (Hall, 2011).

15.4 CROSS-SEX FRIENDSHIPS

For decades, researchers viewed cross-sex relationships as potential romantic relationships and thus the platonic study of cross-sex friendships was neglected. They are considered as qualitatively different from romantic relationships (Monsour, 2002) and have become an interesting area of inquiry. They are similar to same-sex relationships as they provide intimacy, companionship, social and emotional support, yet they are different as they provide a window into the world of opposite sex and might also be free of certain competitive tendencies present in the same-sex friendships (Rawlins, 2009). But they also come with certain challenges, such as defining the relationship, managing sexual attraction, establishing equality, and managing interference of others around. A friend's move to initiate a romantic association in the relationship might be viewed as a transgression and may elicit negative reaction. This may weaken the relationship or may lead to its dissolution (Bleske-Rechek et al., 2012). Thus, cross-sex friendships have been found to be more involved in conflicts related to rule violation, miscommunication, and tension around topics of romantic intimacy or involvement. It has been found that men report more attraction to cross-sex friends (Bleske-Rechek et al., 2012). Interestingly, women are more comfortable and accepting of the expression of physical affection with their cross-sex friends than men. According to a study by Fuhrman and colleagues (2009), behavioural expectations for cross-sex friendships are similar to, or lower than same-sex friends, however, a follow-up study revealed that individuals not involved in romantic relationships held higher expectations from their cross-sex friends than from their same-sex friends. Let us try and understand romantic relationships, its development, nature, and conflict involved in the next section.

Check Your Progress 2

- 1) People with what kind of personality traits forgive others easily?

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- 2) What could be some possible areas of conflict between friends?

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- 3) Discuss few challenges one has to face in cross-sex friendships.

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15.5 ROMANTIC RELATIONSHIPS

Romantic relationship has been understood as a socially created construct and has been defined in different ways throughout the history. Researchers have mutually agreed upon some of its aspects. Let us discuss some features that are prototypic of these relationships and thus should be included in a definition- (1) Romance involves a relationship- an ongoing pattern of interaction and connection which is acknowledged by both the individuals. (2) Romantic relationships are voluntary in most cultures. Thus, it is a matter of choice. In countries where the alliances are arranged, the relationships might not be voluntary but the romantic feeling one may or may not have, is voluntary. (3) Some form of attraction is involved which is often passionate or intense in nature, involving a sexual component. Thus, romantic relationships are understood as voluntary mutual relationships where both members of a dyad agree that they date. Carlson (1987) (as cited in Jackson, 1999) defined romantic relationships between unmarried people as dating. They have been described in terms of closeness, emotionality, and a yearning for intimacy.

Over the years, the term dating has been broadened in its scope to understand romance and romantic relationships better. Romance or romantic relationships seem to occupy an important place in the thoughts and lives of adolescents. They are an important characteristic of the socio-affective development during adolescence (Furman et al., 2002), play an important role in identity development (including sexual identity), influence the process of individuation especially from family of origin, and lay the groundwork for intimate relationships in future. Researchers have attributed these strong desires to pubertal maturation and sexual interests in adolescence.

Box 15.3 Activity 3

- List down some of the ways in which you treat/would treat someone about whom you feel romantically.
- Now list down some ways in which you are treated or would want to be treated by others.

- Try to compare these characteristics of a healthy functional romantic relationship (as mentioned in Box 15.4 with those of an unhealthy dysfunctional romantic relationship.

15.5.1 Nature of Romantic Relationships

Over the years, a need has been realized to address and understand characteristics of romantic relationships, especially during adolescence (Collins, 2003). Romantic partners have been found to be a major support for both male and female adolescents, especially during late adolescence. Collins (2003) discussed that the study of romantic relationships should focus around five aspects that also characterize all close relationships: (1) involvement of teenagers in romantic relationships; (2) process of partner selection during adolescence; (3) contents of romantic relationship of adolescents; (4) quality of these relationships, and (5) cognitive and emotional processes emerging from these relationships. Apart from these, gender differences and contextual factors are also important in understanding the development of romantic relationships. Interestingly, they are also shaped by various societal and cultural forces (Collins, 2003; Raffaelli & Ontai, 2004).

Not at all societies allow young men and women to find a romantic partner by socializing together. Dating is not a common feature in most non-western societies. Choosing a dating partner based on the idea of attraction or love and personal need is a characteristic feature of mainly individualistic societies. In collectivistic societies such as India, family and societal norms play a major role in guiding teenager's behaviours. In India, although the dating culture is slowly gaining momentum (Roy & Rai, 2020), with dating apps facilitating it further; parents and young adults examine potential marital partners in terms of how they will fit within the family system. Young adults are encouraged to be practical in their choices rather than focusing exclusively on romance (Bejanyan, Marshall, & Ferenczi, 2014). Thus, society and culture play a major role in deciding the nature of romantic relationships.

It is important to discuss here how the nature of romantic relationships changes over a short period of time. The needs and wants of a young adolescent are different from that of an older adolescent. According to Montgomery (2005), younger adolescents give more importance to characteristics such as physical appearance, having fun together, but older adolescents value trust, commitment, and intimacy much more while looking for a romantic partner. Age plays an important role here, for instance, having an intimate dating relationship may not be that easy during early adolescence, which plays a pivotal role in late adolescence (Karney et al., 2007). Usually, a pattern can be seen as to how these relationships begin, for instance, teenagers usually get into mixed-sex groups, get comfortable with one another and gradually start finding a romantic partner. Often these partners are not from the same group and it is rare to find friendship preceding romance (Kreager et al., 2016) at least at this stage. Soon, they start influencing each other in ways that would separate them from their same-sex friends (DeLay et al., 2016).

Box 15.4 Characteristics of a healthy and functional romantic relationship

Any healthy, functional relationship is based on the idea of equality and respect, rather than power and control. Let us see some of the characteristics important for a healthy romantic relationship.

- Communication: being able to express one's feelings and opinions and having space to disagree.

- Honesty and accountability: it is about accepting responsibility for self, admitting one's wrong actions, keeping your promises, being honest and truthful and not playing games.
- Negotiation and fairness: working towards mutually satisfying resolutions to conflict, understanding differences, respecting them and working through them together
- Economic partnership: taking financial decisions together and sharing expenses.
- Shared sense of power: having an equal say in the relationship and being mindful of each other's needs and wants.
- Shared sense of responsibility: making decisions together, being considerate towards each other and other's around, giving as much as you receive.
- Mutual respect: valuing each other's presence, contribution to the relation, appreciating each other for who they are, valuing their opinions, being nonjudgmental, and emotionally affirming.
- Trust and support: having faith in the partner, being supportive, relying on each other, feeling secured with each other, sharing private aspects of each other's lives, not playing on each other's weakness.
- Intimacy: Respecting each other's boundaries, privacy and not forcing anyone and being faithful.
- Physical affection: holding hands, hugging, kissing, respecting each other's right to say no.
- Non-threatening behavior: making each other feel safe and comfortable.

15.6 ROMANTIC RELATIONSHIP THEORIES

Furman and Wehner (1994) offered a behavioural systems approach to make sense of various developmental tasks accomplished by adolescent romance. He discussed four systems that are invoked in adolescent romantic relationships- affiliative, sexual/reproductive, attachment, and caregiving. Furman and Wehner derived these ideas from attachment theory (Hazan and Shaver, 1987) and Sullivan's theory of social needs from infancy to adolescence. The above mentioned four systems play and satisfy different roles in human life- affiliative function offers companionship, reciprocity, and cooperation. The sexual/reproductive system includes aspects of physical intimacy and procreation. The attachment system is the one that is characterized by closeness, bonding, feelings of security, and love. The system of care includes support and assistance between the partners. Furman and Wehner (1994) found that the latter two systems (attachment and care) usually do not manifest till early adulthood. It would also be important to note here that these systems are related to each other and one gives way to another, for instance, if the attachment system is active, it is highly likely that affiliative and sexual systems would also be active at that time.

Brown (1999) and Connolly and Goldberg (1999) discussed phase-or stage-based models of the progression of romantic relationship. Looking at both of their works, four phases can be identified- initiation, affiliation, intimate, and committed. In the initiation phase, attraction and desire are the most important feelings, with lesser actual contact. Affiliation phase involves more interaction while the phase of intimacy takes it a notch further when the individuals may also distance themselves from their peer group focusing their emotional energies on the dyad. Finally, in the committed phase, couples are seen sharing both physical and emotional intimacy, serving as attachment figures and caring for each other.

Interestingly, if we see both these theories together, it is very much evident that the phases and systems are more or less overlapping. They have suggested that a normative adolescent relationship would start early in life with a short-lived relationship. In the middle adolescence, one may progress to multiple short-lived

relationships with an increased focus on sexual intimacy and even emotional intimacy but to a lesser extent. Finally, during late adolescence or early adulthood, one would focus on single committed, sexual and exclusive relationship for a longer duration (Seiffge-Krenke, 2003). Please make a note here that individuals are expected to deviate from this progression model and various factors- personal, social, cultural could be responsible for it.

Check Your Progress 3

- 1) Define a romantic relationship.

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- 2) What kind of role society or culture may play in a romantic relationship? Give an example.

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- 3) Name the 4 phases identified in phase-or stage-based models of progression in romantic relationships.

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- 4) What problems can occur due to unhealthy communication in a romantic relationship?

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15.7 ROMANTIC RELATIONSHIPS IN DIGITAL AGE

Information and Communication Technology (ICT) (understood as social networking, usage of mobile devices etc.) is a part of our everyday life. It has become a context through which we can express ourselves, grapple with our challenges, and even distract ourselves for the time being. It is more so in the case of adolescents and young adults. They take refuge of social media for various purposes and one of the most important one is dealing with their challenges revolving around assuming responsibility in different phases and spheres of social and personal life. This also includes their romantic life (Shulman & Connolly, 2013).

Studies of online behaviour with young adults have confirmed that they use internet to communicate with their partners and also to develop the relationship (Fox & Warber, 2013). They also enjoy publicly sharing their emotional states, photos and other content pertaining to their romantic relationship (Carpenter & Spottwood, 2013). On the other hand, many also feel pressured by it as it also

increases public scrutiny of their relationships. Various dating apps have also been coming up and many teenagers and young adults use these sites for flirting and for the initial exchanges that are a part of any new relationship (Lenhart et al., 2015). Initiating or starting a relationship online comes with its own set of risks. For instance, many teenagers report blocking people as they felt the other was flirting with them in a way that made them uncomfortable. Another upcoming trend worth mentioning is online break-ups. Although majority break up with their partner in person but break ups can also happen online, sometimes by just changing the relationship status on Facebook.

Some studies analysed online and offline behaviour by making sense of private and public messages on social media, text messages, phone calls, chats, video chats among young adults and their romantic partners. They concluded that those who adopted both the modes of communication had more favourable results in the context of intimacy and relationship satisfaction than those who adopted any one mode in particular (Caughlin & Sharabi, 2013). However, this could differ on the basis of sex, age and even relationship length. Over the years researchers have revealed that women exhibit more online jealousy (Muisse et al., 2014) and men are more into cyberdating in comparison (Sánchez et al., 2015). Both positive and negative online practices decline with age (Tokunaga, 2011) and the length of relationship (Lenhart & Duggan, 2014).

15.8 NEGOTIATION OF ROMANTIC RELATIONSHIPS

Though in varying degrees, but every relationship is clouded by anger, contempt, and envy. They pose a special risk to romantic relationships because of the nature of affiliation (voluntary) and the intensity of emotions involved. Both common experiences and empirical research has demonstrated that disagreements and conflicts are an integral part of romantic relationships. Even in close relationships, conflicts can be found and the partners are free to dissolve the bond should the exchanges fail to satisfy their needs and desires. So, a critical issue to address is how young people negotiate these changes in the context of their romantic relationships. Transitioning from a basic affiliative relationship to a partnership that includes attachment, caregiving and sexual intimacy require personal negotiation at many levels, especially when the partners' desires and expectations do not coincide with that of yours. We have understood that disputes and conflicts are inevitable. The presence of conflict does not mean poor quality of the relationship; the quality is actually based on the way in which the conflict is handled. A conflict also provides with the opportunity to improve communication, define new roles, and strengthen connections. In this section, let us try and understand how people communicate about the status of their relationship and how they manage conflict.

15.8.1 Relationship Status

Communication about the relationship status (directly or indirectly) is an important aspect of the romantic relationship. In the early stages, these conversations may usually revolve around communicating one's sexual or romantic interest in another person. For young teenagers, communicating romantic interest can be awkward and they may take a friend's (third party) help to convey it. This could be even more difficult for young people identifying themselves as gays or lesbians, who face difficulty in conveying their romantic desire in surroundings that still holds a negative attitude towards homosexual people or discriminates against them (O'Flynn, 2005). With some experience, they become more comfortable in

expressing and communicating their interest by using various means ranging from going out on dates to sexual advances. Usually, next step is to determine each other's expectation and investment in the relationship. Healthy and successful communication may fulfil goals related to attachment and caregiving needs but its failure may lead to misunderstandings. In the later stage of relationship (in young people), communication about status may involve discussing each other's feelings about the relationship, satisfaction or dissatisfaction with it, level of commitment, and expectations about future status of the relationship. In this sense, this stage resembles that of any mature romantic relationship. As discussed above, conflict may occur around the communication of relationship status, expectations, differing viewpoints, not being able to deal with emotions, etc.

15.8.2 Conflict Resolution

The capacity to constructively resolve occasional conflicts is linked with maintaining and crystallizing friendships and romantic relationships. Proficient and adept communication plays an important role in conflict resolution. Adolescents and young people often use compromise as a strategy to deal with conflict. Distraction is the second most often used strategy and avoidance is the third one (Feldman & Gowen, 1998). Turning to friends for advice can be a good strategy but is used less commonly than the other approaches to conflict. Overt anger and violence are the least used strategies.

Use of compromise has been found to be the most adaptive conflict negotiation strategy as it addresses and resolves the conflict, maintains and even strengthens the relationship (Laursen & Collins, 1994). It has also been suggested that tendencies to compromise usually increase with age because these relationships are likely to be longer (time-period) and grow as more intimate later. As there is much more at stake to lose, people use compromise more often. Interestingly, most of this data comes from self-report measures but observational studies have more to offer in this direction. Shuman and colleagues (2011) revealed that although most commonly reported strategy to negotiate by adolescents is compromise but the most commonly observed strategy is to downplay the disagreement and view it as unimportant or irrelevant. This tendency to downplay or overlook the disagreement is usually found in initial stages of a relationship. During the later stages there is more stability and thus the partners learn to sort out their disagreements with mutually satisfying solutions, without compromising on the intensity of the relationship.

15.9 BEING FRIENDS AFTER TERMINATING ROMANTIC RELATIONSHIP

Can ex-romantic partners be friends? Is friendship possible after dissolution of a romantic relationship? These are some important questions that all of us seek answers for. Although many people claim to desire friendship with their ex-partners but such a friendship is not a very common phenomenon. Although various factors could be responsible for it, let us try and understand it through three important factors- intrapersonal, dyadic, and social network.

15.9.1 Intrapersonal Factors

It may include factors such as individual differences, expectations, motivation to remain friends after break up, and hope for reconciliation.

- **Individual differences:** staying friends can be difficult as people may lack a script for expected behaviour in interactions as ex-partners. Certain things that can help here are as follows:

- Both partners should overcome any unresolved feelings of loss, grief, anger or bitterness associated or experienced during the romantic relationship.
- Forgiving is important to build levels of satisfaction, commitment and closeness which are key characteristics of any friendship.
- Difference in the idea of goodwill has been found to predict communication satisfaction post relationship dissolution (Lambert & Hughes, 2010). Goodwill includes understanding other person's needs, ideas, and empathy.
- **Expectations:** it may include the belief that they can remain friends after the romance has ended and would also involve expectation about how the relationship changes or progresses before and during the break up. It is difficult to remain friends after a difficult, painful or nasty break up.
- **Motivation for remaining friends:** For some, the motivation involves co-parenting responsibilities, having a shared workplace, shared social network (other friends) or shared tangible interests (property, shared finances etc.). Another interesting motivation could be a personal agenda such as a planned revenge or even a hope to reconcile.
- **Hope for romantic reconciliation:** Some people like maintaining friendship with a hope to rekindle the past relationship at some moment. Schneider & Kenny (2000) discussed that ex-partners who remain friends (in comparison to those who do not) are more likely to desire their ex-partners and think that their ex-partner also desires them in a similar way (like before). Intentional ambiguity of dissolution and redefining it as friendship leaves room for uncertainty and hopes for reconciliation (Dailey et al., 2011). Fagundes (2012) concluded that even though ex-partners may become friends with a conscious or sub-conscious hope to reconcile, the continued attachment may lead to greater emotional maladjustment.

15.9.2 Dyadic Factors

We all know that ex-partner's and one's own approach to the dissolution of relationship and expectations about friendship are important but sometimes the aspects of the relationship itself (as it existed before break-up) would determine if friendship would persist or not. So, pre-romance satisfaction and friendship (that is, if there was friendship prior to the romantic relationship), romantic relationship disengagement strategies, contact and communication post-dissolution, trajectories and transition of post-dissolution friendship and boundaries and rules established in friendship post the dissolution.

15.9.3 Social Network Factors

Till now we have understood that friendship is not just about a contact between two people as it also depends upon the social context in which the friendship is formed and this context becomes all the more important in the case of ex-romantic partners. Social network may act as a resource or even hinder the likelihood and quality of post-dissolution friendships. It may include friends, family, colleagues, religious congregations they are a part of, online contacts etc. Presence of a new partner (for one or both) may present a set of challenges in friendships post dissolution. Children (of the ex-couple) can also determine whether a friendship between the ex-couple is possible or not.

Intrapersonal, dyadic and social network factors may not work individually or exclusively in defining and deciding if friendships post the dissolution of a

romantic relationship would form, and/or sustain. They interact with each other in complex ways to determine the type and nature of relationship one has with an ex-partner.

Check Your Progress 4

1) Is friendship possible after dissolution of a romantic relationship? Explain.

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2) How are conflicts resolved in a relationship?

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15.10 SUMMARY

To sum up what we have learnt in this unit, here is a quick recap:

- Friendship is an integral part of our life. It is voluntary in nature and is a personal relationship. It is an affective bond which is mutual and is based on the idea of equality between two individuals.
- Self-worth and appreciation for our own life values are important for a happier life, thus serving a link between happiness and friendship
- Friendship develops and changes during different stages of an individual's life. The initial 1 or 2 years, when children are seen initiating play with the familiar ones, lay the foundation for relationships and friendships later in life.
- According to Sullivan, friendship emerges as an important relationship mainly during preadolescence when they look at their peers for more social support (than their parents).
- Friendships are important as they provide companionship, feelings of security, care, comfort, affection, emotional intimacy. They also support and enhance well-being of children and adolescents.
- During young and middle adulthood, friends are seen as confidants, attachment figures, partners for leisure activities, source of emotional support, while providing validation and practical support when needed. It is considered as a reciprocally supportive relationship.
- Friends have a key role in enhancing life of older adults, even in ways that other social partners do not. Apart from other obvious functions they most importantly help in developing and maintaining meaning and self-identity.
- Various conflict resolution strategies such as forcing, avoiding, accommodating, compromising, and collaborating, are adopted by people to resolve their conflicts with their friends. At times characteristics of the conflict like content, intensity, duration etc. may also decide the conflict resolution strategy.
- Romantic relationships are voluntary and mutual, much like friendships but the element of attraction or sexual desire makes it different from friendships.

- Nature of romantic relationships change over short periods of time. Young adolescents give more importance to physical appearance of their partner and having fun together but with age they start placing more importance on qualities such as trust, commitment, and intimacy.
- Most theories of romantic relationship have suggested that a usual adolescent relationship starts with initiation and feelings of affiliation and proceeds slowly from sexual to attachment to caregiving and commitment.
- With advancement in technology, people have started making use of the online mode to initiate and maintain their romantic relationships. It has some advantages but also comes with its downside. Hence, those who adopt a healthy balance of both modes of communication (online and offline) achieve better results in the context of relationship satisfaction and intimacy.
- Transitioning from a basic affiliative relationship to a partnership that includes attachment, caregiving and sexual intimacy require personal negotiation at many levels. At times, conflicts are inevitable which are resolved by strategies such as compromise, distraction and avoidance. Sometimes people also turn to their friends for advice.
- Various intrapersonal, dyadic and social network factors are responsible in deciding the kind of relationship a couple would maintain after their separation or dissolution of relationship

15.11 KEYWORDS

Conflict A disagreement or argument between two people or two parties which may last for long.

Friendship An enduring state of affection, intimacy and trust between two people.

Illusory Valuing Our judgment that our friend is good or good for us is mistaken in some sense. We could be misled by our own sense of judgment.

Romantic Relationship Voluntary and mutual relationships where both members of a dyad agree that they date and are described in terms of closeness, emotionality, and a yearning for intimacy.

15.12 REVIEW QUESTIONS

- 1) Discuss the nature of friendship.
- 2) Discuss the three-stage sequence that friendship follows.
- 3) What kind of developmental functions friendship serve from childhood to adolescence?
- 4) Explain Sullivan's interpersonal theory of development in the context of friendship.
- 5) Is conflict good in relationships? Discuss.
- 6) Discuss some conflict resolution strategies that can be adopted by friends to resolve their issues.
- 7) Elaborate some of the characteristics important for a healthy functional romantic relationship.
- 8) Discuss the behavioural systems approach to romantic relationships.
- 9) How has romantic relationships changed in the digital age?
- 10) What conflict resolution strategies, romantic partners may adopt?

- 11) Discuss the factors and challenges in play for those who remain friends after dissolution of romantic relationships.

15.13 REFERENCES AND FURTHER READING

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15.14 ADDITIONAL ONLINE RESOURCES

- Frientimacy: The 3 Requirements of all Healthy Friendships by Shasta Nelson, TED x LaSierra University. <https://www.youtube.com/watch?v=hmJyWreER7A>
- Skills for Healthy Romantic Relationships by Joanne Davila, TED x SBU <https://www.youtube.com/watch?v=gh5VhaicC6g>



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