

# A Comparative Study on Gender and Mental Disorder

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**Abstract:** “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” this specific is the WHO definition of health. Effective strategies for mental disorders prevention and its risk factors’ reduction cannot be gender-neutral, while the risks themselves are gender-specific. Bipolar disorder suggests two discrete states, depression and mania. The symptoms namely sleep & sexual interest in manic disorder, guilt & suicide in depressive disorder, delusion & speech in schizophrenia, consciousness & anxiety in delirium, memory & Alzheimer in dementia are compared on the basis of percentage. Here Mental Disorders like Mania and Depression accounts for the largest proportion of the burden associated with all the mental and neurological disorders and is a particular focus of this paper. In this paper, we have provided description of mental disorder. We take 320 psychosis patients which are divided for 5 specific disorders which are sub divided into two sub fields of symptoms where male and females are sub divided into n no: of patients out of 320 patients. Various disorders are all related o psychiatric patients and analyze the case studies. Also we represent the result in which we have found mania disease in males more than women, Depression in females more in comparison to males, delirium is more in males after operations similarly schizophrenia disorder is high is males as well in comparison to female.

**Key Words:** Gender, bipolar disorder, mental disorder, mental health, manic, depression.

## 1. INTRODUCTION:

The term **Gender** is often used to classify the anatomy of a person's reproductive system as either male or female. In the social sciences, however, the concept of gender means much more than biological sex. It refers to socially constructed expectations regarding the ways in which one should think and depend on sexual classification.

**Mental health** is described by WHO as - A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Mental illness is a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional & or social abilities. [1]

**Mental disorder** or psychiatric disorder is a psychological pattern or anomaly, potentially reflected in behaviour, that is generally associated with distress or disability, and which is not considered part of normal development in a person's culture. Mental disorders are generally defined by a combination of how a person feels, acts, thinks or perceives. This may be associated with particular regions or functions of the brain or the rest of the nervous system, often in a social context.

**Gender** is a critical determinant of health, including mental health. It influences the power and control men and women have over the determinants of their mental health, including their socioeconomic position, roles, rank and social status, access to resources and treatment in society. Gender affects many aspects of life, including access to resources, methods of coping with stress, styles of interacting with others, self-evaluation, spirituality and expectations of others. These are all factors that can influence mental health either positively or negatively [1].

**Mental Health** is an important aspect of one's total health status. It is a basic factor that maintains physical health as well as social effectiveness. It is a positive but relative quality of life, in which the healthy individual meets demands of the total life on the basis of his own capacities and limitation, change is the law of nature, every moment of our life is continuously exposed for change. Mentally Healthy individual in all aspects enjoys changes in life, he will take it as a challenge, thereby he will shine in a socially effective manner. It is an active quality of an individual's daily living.[2]

**Mental health has two aspects.**

- First is the Individual aspect means the individual is internally adjusted, free from internal conflicts, self-confident, adequate, and relieved from tensions or inconsistencies.
- The second aspect is social aspect in which society has certain value systems, customs, and traditions by which it governs itself and promotes the general welfare of its members. The individual becomes like a person who is acceptable as a member of society, where internal adjustment takes place and shows considerable behaviour. It establishes a satisfactory relationship between himself and his environment, between his needs, desires and

those of other people. If one can meet the needs and demands of the situation, then he has achieved adjustment in a social set up. [3]

## 2. MENTAL DISORDER:

Mental disorder is a psychological factor reflected in the behaviour, which affects the normal development of a person's culture. Mental and behavioural disorders are found in people of all regions, countries, and societies. It may be associated with functions of the brain or nervous system. The personality disorders are emerging in childhood or at least by adolescence or early adulthood. Personality disorders incorporate a mixture of acute dysfunctional behaviours that may resolve in short periods.[4] The main objective of the study is to find the pattern of mental disorders of patients admitted to a medical college hospital.

There are many different types of mental disorders. Some common ones include

- Anxiety disorders, including panic disorder, obsessive-compulsive disorder, and phobias
- Depression, bipolar disorder, and other mood disorders
- Eating disorders
- Personality disorders
- Post-traumatic stress disorder
- Psychotic disorders, including schizophrenia

## 3. MENTAL DISORDERS CAUSES:

A Mental disorder is "a clinically significant behavioural or psychological syndrome or psychological pattern that occurs in an individual and that is associated with present disability or with a significantly increased risk of suffering, death, pain, disability, or an important loss of freedom.[5]

The **Causes of mental disorders** are regarded as complex and varying depending on the particular disorder and the individual. Although the causes of most mental disorders are not fully understood, researchers have identified a variety of biological, psychological, and environmental factors that can contribute to the development or progression of mental disorders. Most mental disorders are a result of a combination of several different factors rather than just a single factor.

There is no single cause for mental illness. A number of factors can contribute to risk for mental illness, such as. [6]

- Your genes and family history
- Your life experiences, such as stress or a history of abuse, especially if they happen in childhood
- Biological factors such as chemical imbalances in the brain.
- A traumatic brain injury
- A mother's exposure to viruses or toxic chemicals while pregnant
- Use of alcohol or recreational drugs
- Having a serious medical condition like cancer
- Having few friends, and feeling lonely or isolated
- Mental disorders are not caused by character flaws. They have nothing to do with being lazy or weak.

## 4. OBJECTIVES:

The main objective of the study is to measure the correlation in two major variables i.e. Gender and mental disorder.

Psychiatric disorder [7] mainly divided three parts.

### A. Psychotic disorder

The psychotic disorder mainly divided three subparts.

- a. Functional psychotic disorder- Example – Schizophrenia.
- b. Mood affective psychotic disorder- Example – Mania & Depression.
- c. Organic psychotic disorder- Example – Delirium & Dementia

The psychotic disorder causes mainly divided two parts.

- a) The primary cause- Social factors
- b) Secondary cause- Psychological factors [7]

### B. Neurotic disorder

Example - Anxiety disorder, Obsessive-Compulsive Disorder, Dissociative- Conversion disorder, Hypochondriasis disorder Neurotic disorders are main cause of psychological factors.

### C. Special disorder

Example - Childhood disorder, Personality disorder, Substance Abuse Disorder, Mental Retardation

## 5. LITERATURE REVIEW:

**Yadav et al. [14]** Sarah Van de Velde et.al.[2018] Decreasing gender differences in mental health are found largely in countries in which the roles of men and women have improved in terms of opportunities for employment, education, childcare and other indicators of increasing gender equality. In this study, we examine how European welfare regimes influence this association between mental health and the social roles that men and women occupy. Methods: The EUWorld Mental Health data are, which covers the general population in 10 European countries (n = 37 289); Countries were grouped into four welfare regions: Liberal regime (Northern Ireland), Bismarckian regime (Belgium, Germany, the Netherlands, and France), Southern regime (Spain, Italy, Portugal) and Central-Eastern regime (Romania and Bulgaria). The lifetime prevalence of mood, anxiety and alcohol disorders was determined by using the Composite International Diagnostic Interview 3.0. Overall prevalence rates along with odds ratios by means of bivariate logistic regression models are calculated to compare the presence of common mental disorders in women versus men per welfare regime.[8]

**Raman Krishnan et al. [2016] Background:** Mixed states pose diagnostic dilemmas and raise the question of their existence as a separate diagnostic category. There are few Indian studies on mixed affective disorder particularly with respect to the diagnosis and clinical comparison of patients with mixed state and other subtypes of bipolar disorder. **Aim:** To elucidate course and clinical correlates in patients with bipolar mixed state and compare them to patients with bipolar depression and mania. **Methods:** A total of 70 inpatients of psychiatric ward meeting the inclusion criteria were followed up from the day of admission till discharge and assessed on Hamilton Depression Rating Scale (HDRS), Young's Mania Rating Scale (YMRS), Positive and Negative Symptom Scale for Schizophrenia (PANSS), Beck Scale for Suicidal Ideation, Clinical Global Impression Schedule (CGI) and Presumptive Stress Life Event Scale. **Results:** Our study found mixed group to be characterized by female preponderance, higher suicidal intent, expression being the first episode, severe illness as rated on CGI-S, increased frequency of psychotic symptoms and mean number of manic and depressive symptoms midway between the other two groups.[9]

**Nicholas R. Eaton et. Al. [2012]** Epidemiological studies of categorical mental disorders consistently report that gender differences exist in many disorder prevalence rates and that disorders are often comorbid. Gender differences in prevalence were systematic such that women showed higher rates of mood and anxiety disorders, and men showed higher rates of antisocial personality and substance use disorders. We next investigated patterns of disorder comorbidity and found that a dimensional internalizing-externalizing liability model fits the data well, where internalizing is characterized by mood and anxiety disorders, and externalizing is characterized by antisocial personality and substance use disorders. This model was gender invariant, indicating that observed gender differences in prevalence rates originate from women and men's different average standings on latent internalizing and externalizing liability dimensions. [10]

**Afi fi M [2007]** Effective strategies for mental disorders prevention and its risk factors' reduction cannot be gender-neutral, while the risks themselves are gender-specific. This paper aims to discuss why gender matters in mental health, to explain the relationship of gender and health-seeking behavior as a powerful determinant of gender differences, to examine the gender differences in common mental health disorders, namely, depressive and anxiety disorders, eating disorders, schizophrenia, and domestic violence, and finally, to raise some recommendations stemming from this review.[11]

**Alan C. Swann et. Al. [2002] Objective:** Episodes of bipolar disorder are defined as depressive or manic, but depressive and manic symptoms can combine in the same episode. Coexistence or rapid alternation of depressive and manic symptoms in the same episode may indicate a more severe form of bipolar disorder and may pose diagnostic and treatment challenges. The authors reviewed the evolution of the concept of mixed states and examined the symptom structure of mixed states studied as predominantly manic, predominantly depressive, and across both manic and depressive episodes, showing essentially parallel structures of mixed states based on manic or depressive episodes. The authors analyzed the relationships between mixed states and a severely recurrent course of illness in bipolar disorder, with early-onset and increased co-occurring anxiety-, stress-, and substance-related disorders, and they used this information to derive proposed diagnostic criteria for research or clinical use.[12]

## 6. COMPARATIVE RESULTS:

The below table 6.1 show that the survey on 320 psychosis patients admitted in psychiatric ward where the specific duration time was given for age group of 25 to 60 year for disorder symptoms like sleep, speech, memory, consciousness, suicide, memory loss where patients are divided into male and female percentile these are the distribution of the sample respectively.

Researcher use in this study exploratory and descriptive research design and purposive sampling method.

Total Sample	Duration of case study	Age	Manic Disorder N1- 64		Depression Disorder N2-60		Schizophrenia N2-68		Delirium N2-74		Dementia N2-54	
			Male 30	Female 34	Male 28	Female 32	Male 34	Female 34	Male 46	Female 28	Male 26	Female 28
320	08/04/2016 To 09/04/2017	25-60 Year	19.2 %	21.76 %	16.8 %	19.2%	23.12%	23.12 %	34.04 %	20.72 %	14.04 %	15.12%

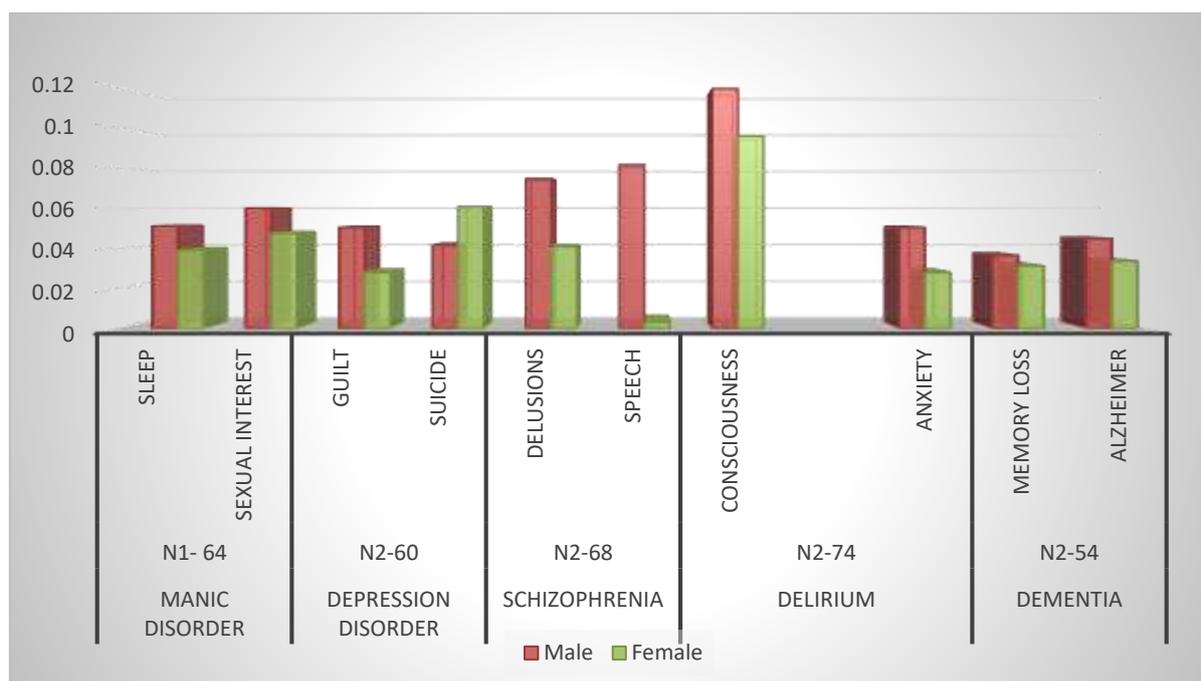
**TABLE 6.1: SURVEY ANALYSIS ON PSYCHOSIS PATIENTS OF PSYCHIATRIC UNIT “JLN MEDICAL COLLEGE & HOSPITAL, AJMER, RAJASTHAN”.**

Below table 6.2 is the comparative analysis for gender and mental disorder with its disorder symptoms where for manic disorder the symptoms are sleep & sexual interest, for depression the symptoms are guilt and suicide, etc. As the case study illustrates that manic disorder is highly effected by male gender due to sleep, delirium is more in male after operation, in schizophrenia speech symptom is high in male, where as depression disorder is highly affected by the female gender.

**TABLE - 6.2**

Gender	Manic Disorder N1- 64		Depression Disorder N2-60		Schizophrenia N2-68		Delirium N2-74		Dementia N2-54	
	Sleep M-17 F-13	Sexual Interest M- 20 F- 14	Guilt M- 18 F- 10	Suicide M- 13 F- 19	Delusions M- 22 F-12	Speech M-24 F-10	Consciousness M-26 F-20	Anxiety M-18 F-10	Memory Loss M-14 F-12	Alzheimer M-16 F-12
Male	5.1%	6%	5.04%	4.16%	7.48%	8.16%	11.96%	5.04	3.64%	4.48%
Female	3.9%	4.76%	2.8%	6.08%	4.08%	0.34%	9.6%	2.8%	3.12%	3.36%

**TABLE 6.2: COMPARETIVE ANALYSIS FOR GENDER AND MENTAL DISORDER (PSYCHOSIS PATIENT DISORDER)**



**Figure 6.1: Gender Based Graphical Representation Psychosis Mental Disorder**

## 7. CONCLUSION:

The study result mentioned that mental disorders are increasing every year. Mental health care is the most neglected sector in society. The present study elaborates on different types of mental disorders in both sexes. It also found that mixed states appeared to be true inter-forms of mania, depression, schizophrenia, delirium, dementia when their symptoms like sleep, sexual interest, speech which is 0.34% in female have minimum value compared to all symptoms, anxiety in male is 5.04 %, and memory consciousness is high which is 11.96 % high in male also with their scores were compared, without skewing of the clinical picture grossly. This study has been exclusively based on the patients in a hospital of “JLN medical college & hospital, Ajmer, Rajasthan, Psychiatric unit” is a medical college hospital which also serves as a tertiary care center. It is possible that patient’s clinical characteristics may differ substantially from clinic-based or mental hospital-based set up with similar diagnosis. The importance of recognizing and monitoring mixed features during a various symptoms episode in the respective disorders is highlighted by their relationship to repeated course, treatment resistance, and potential for suicide.

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