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Group 2. Gender

The Gender Dispute of Happiness

A wealth of research shows the effects of gender on social and motivational behaviours, personality traits and cognitive performance (Archer 2004). The influence of gender roles is different in each society due to their individual norms, traditions and values (Mahdi 2001). The issue of gender is one of the most complex topics, however, it has the ability to underlie several empirical findings in research. Looking closely into gender roles and culture might help to explain how men and women perform in the field of positive psychology.



Key Findings

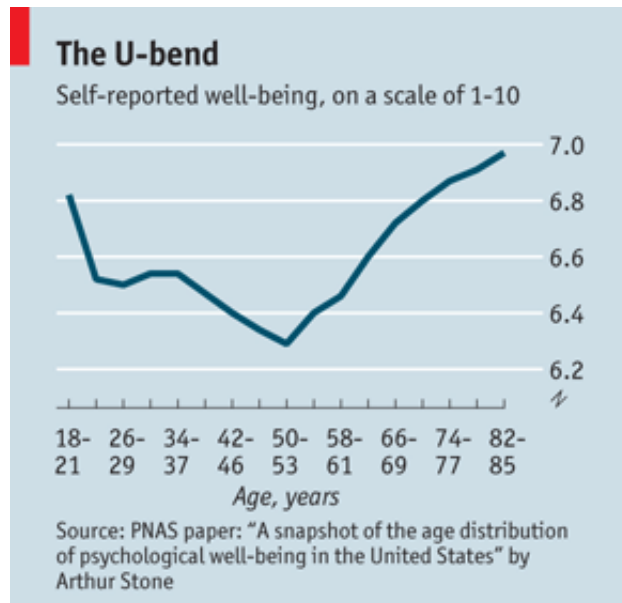
According to a new study conducted at the University of Cambridge and University of Southern California, women report greater levels of unhappiness later in life compared to men. The research was published in the *Journal of Happiness Studies* (2008).

A very recent study by Siamak Khodarahimi (2013) attempted to determine roles of gender and age on positive psychology constructs of psychological hardiness, emotional intelligence, self-efficacy and happiness. In this study, 200 Iranian adolescents and 200 young adults were questioned with a variety of tests. The study found that the males of the sample showed significantly higher rates in psychological hardiness, emotional intelligence, self-efficacy and happiness than females, regardless of age.

A significant decrease in women's happiness that has been reported over the last 30 years leads researchers to believe that men are happier than women (Stevenson & Wolfers, 2009). This is interesting, because, by many objective measures, the lives of women in the US have improved over the past 35 years, yet it is reported that women's happiness has declined both absolutely and relative to that of men in this time.

Factors that predict happiness

Age



Generally, older people are happier than younger ones, so age is a huge factor when measuring happiness (Urry & Gross, 2010). Earlier in life, women are more likely than men to fulfill their goals (material goals and family life aspirations), thereby increasing their life satisfaction and overall happiness. However, it is later in life that men fulfill their goals, are more satisfied with their family life and financial situation, and, as a result, their overall happiness surpasses that of women.

Measures

Evaluating happiness is not highly scientific, as happiness is a subjective term, and there's no universal measurement for it. A lot of studies related to happiness rely on self-reporting. One survey that economists from the Wharton School at the University of Pennsylvania have used simply asks respondents to rate themselves on whether they are "very happy," "pretty happy" or "not happy." The resulting statistics don't take into account the nuances and background information of why and how people scored themselves.

There is evidence to suggest that the reason behind the differences in happiness found between men and women is due to how they measure their happiness. Women calculate their positive self-esteem based on closeness in their relationships and religion, whereas men have been recorded to calculate their positive self-esteem based on their active leisure and mental control (Reid, A., 2004). Other explanations for the difference in men and women's happiness include the theory that women experience more variance (more extremes) in emotion, although women are generally happier (Strickland, B., 1992). Women, for instance, tend to focus on personal and domestic problems, while men concern themselves more with matters outside of the home.

Women tend to be happier about their love life, family life and sex life, and changes in these can have a dramatic impact on their reported happiness. Men have been shown to be more affected by their salary, appearance and body shape.

Similarly, although Tkach and Lyubomirsky (2006) found that men and women were equally happy, they uncovered gender differences in the use of happiness-enhancing strategies. These differences can also be attributed to the different domains of life satisfaction. Girls are more satisfied than boys in learning and family and friends, and the opposite is true in physical activities, culminating in no significant difference in overall life satisfaction (Casas et al. 2007).

Stigma

Issues which might affect one's well-being tend to have varying degrees and kinds of stigma attached to them. Stigma for mental health issues is usually greater and more complex than stigma for any physical ailment. Gender differences in stigma related to mental illness and the implications on help-seeking behaviour have been reported in numerous studies (Chandra & Minkovitz, 2006; Lannin, Vogel, Brenner & Tucker, 2015; Luoma, Martin & Pearson, 2002; Mackenzie, Gekoski & Knox, 2006). Women tend to be more positive towards seeking help for issues relating to their mental health than men, either from friends or from specialists. This would imply that relying only on statistics about the prevalence of depression in women compared to men might not be a good indicator of whether one gender is happier than the other. Men's unwillingness to seek help for such issues might mean that cases of depression or anxiety are under-reported by men. Even in examining rates of contact with primary and mental health care prior to death by suicide, as Luoma, Martin and Pearson (2002) did in their review, we can see that women are more likely to have had contact with primary or mental health care professionals before suicide. It is worth noting, however, that Lannin et al. (2015) found that although men reported higher stigma of seeking psychological help and lower intentions to seek help than women, the self-stigma of seeking psychological help predicted lower self-esteem only for women. The researchers speculated that men who actually seek help may see it as an action plan with the goal of getting better, which fits better with the masculine gender role of action and self-assertion.

Nationality

The 2003 Pew Global Attitudes Project that surveyed 38,000 men and women across 44 countries lends insight into the disparities between male and female happiness. In this study, women scored themselves as more satisfied with their lives overall than men. Moreover, women from certain countries, including Pakistan, Japan and Argentina, appeared significantly happier. In world's poorest countries women have been found to be less positive about their future and less happy. This makes the gap between male and female happiness smaller in countries with lower levels of development and less favourable gender rights.

Emotional Intelligence and vulnerability



A gender difference between internalising and externalising issues may explain gender-linked vulnerabilities to mental health and problematic behaviour. Internalising problems can lead to issues including depression, anxiety, withdrawal and eating disorders, whereas externalising problems can lead to issues such as aggression, delinquency and school problems. Females tend to be more sensitive to social and interpersonal issues, which may account for their increased vulnerability to internalising problems, compared to males. Males, on the other hand, tend to externalise their problems through aggression, possibly due to a general model of masculinity which promotes self-assertion and discourages empathy. Girls, for example, often have greater difficulty in expressing anger, as a result of their concern to maintain relationships (Leadbetter, Kuperminc, Blatt & Hertzog, 1999).

Women and Depression

It has been known for over two decades (Gove, 1972) that women report higher levels of depressed mood than men with a ratio of about 2:1 (Kessler 2003). More recent data have shown that the same specification exists for major depression. This specification is the main empirical basis for the sex-role theory of female depression (e.g. Barnett et al., 1987). The basic claim of this theory is that women are more depressed than men because of the higher levels of stress and lower levels of fulfillment in female versus male sex roles. The specification by marital status, according to this account, is due to the fact that married women are more strongly exposed to traditional sex-role experiences than single women.

Surveys of depression among children and adolescents show that the gender differences first emerge in the age range 11-14 (Angold et al., 1998). In a recent study, analyses indicated no gender differences in prepubertal adolescents in depression, body image and self esteem. However, after puberty, females were found to experience increased depression, externalising problems and negative body image, whereas men showed no change (Benjet & Hernandez-Guzman, 2013). This raises obvious questions about the role of sex hormones in the high prevalence of depression among women, especially as many women report changes in depressed mood associated with other experiences that cause changes in levels of sex hormones, such as menopause (Hunter et al., 1986), use of oral contraceptives (Cullberg, 1972) and use of hormone replacement therapy (Zweifel and O'Brien, 1997).

Marriage

However, the data are inconsistent with this line of thinking. Epidemiological data show that the gender difference in first onset of major depression is the same among the married, never married, and previously married. Two other processes lead to a stronger gender difference in depression among married than unmarried people. First, depression affects marital stability differently for women than men. Second, although no gender difference is seen in the chronicity or recurrence of major depression, the environmental experiences that are associated with chronicity and recurrence are different for women and men. For example, financial pressures are more likely to influence depression for men than women, while family problems are more of an influence for women than men (Kessler and McLeod, 1984). Together, these two processes create a stronger association between gender and depression among married than unmarried people.

Forgiveness in relationships

Researchers examining the tendency to forgive in romantic relationships have found that feminine women and androgynous men are more likely to forgive partner transgressions (Sidelinger, Frisby & McMullen, 2009). This would indicate that in order to forgive, one needs to be empathetic, caring and understanding. However, men were found to be more forgiving than women, which could be related to them feeling less hurt by their partner's transgressions. Men's tendency to be more forgiving than women is also reflected in a study by Miller and Worthington (2009), who also found that women perceive men as being more forgiving than men perceive women to be. Toussaint and Webb (2010) found that women were more empathetic than men, but empathy was linked to forgiveness only in men, not in women. All this points to forgiveness being a rather complicated process with no clear answer as to its relationship with empathy. Possible other interactions, such as the masculine gender role, may have a negative effect on men's willingness to forgive (Walker & Doverspike, 2001).

Stress

With regards to stress, girls report more stress involving others, whereas boys focus more on events that affect themselves, such as academic failures (Leadbetter et al., 1999). Another factor contributing to stress in adolescent girls is society's more negative responses towards female, than male, sexuality, resulting in increased shame and/or parental restrictions, as well as poorer self-concepts and body image for girls. As poor self-concepts are linked with emotional and behavioural problems, this is an important issue to consider in any attempt to understand differences in happiness and sense of competence between genders. Furthermore, it is worth noting that Leadbetter et al. (1999) found that while self-concept remained stable for boys, it increased for girls in all domains apart from physical appearance.

Interpersonal relationships

However, this greater concern with interpersonal relationships that women show, along with their tendency to score higher in Emotional Intelligence than men, may act as a protective factor against loneliness (Wols, Scholte & Qualter, 2015). Emotional intelligence, or literacy (the terms are often used interchangeably), involves the capacity to understand, process, express and manage emotions in order to empathise with others and to enhance and promote personal growth. Lower EI in men, mainly the inability to perceive emotions and to use emotion to facilitate thought, has been linked with negative outcomes, a finding not reflected in females (Brackett, Mayer & Warner, 2004).

Gratitude

Gender plays a large role in attitudes towards gratitude. Women have been reported to evaluate gratitude more positively and find it less challenging, whilst men are the opposite. Kashdan et al. (2009) indicate that over a 3-month period where gratitude was continually assessed, women had greater gratitude and therefore felt more satisfied in their needs to belong, coupled with the fact they were more likely to possess grateful dispositions and have greater well-being in their lives. Men were shown to have an opposite affect to this and were less likely to feel and express gratitude, would make more critical evaluations of gratitude (such as receiving gifts) and derived fewer benefits over all.

A discrepancy in the statistics?

Women are at least twice as likely to be diagnosed and treated for mental health issues during adolescence, but men are three times more likely to become alcohol dependent, four times more likely to seek and use illegal drugs (Office for National Statistics, 2006) and three times more likely to commit suicide in later life (Office for National Statistics, 2010).

An Uncritical Cliche?

A stereotype often projected onto men when it comes to happiness, or a lack thereof, is a refusal or reluctance to acknowledge negative feelings and discuss negative personal issues with those around them or professionals. This is illustrated by the "One for the Boys" campaign fronted by Samuel L. Jackson:



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But what does the research say? In truth it is mixed.

There are a number of national studies which show that adolescents, in general, but young males, especially, are reluctant to seek help with respect to health issues. Essau et al. (2005) found that only 18.2% and 23% of a sample of young German students with anxiety and

depressive disorders, respectively, had ever utilised mental health services. Similar results are found in Norway (Zachrisson et al., 2006) and Australia (Rickwood et al., 2006). Naturally, research exploring the reasons behind this has been carried out as a result.

There is a large body of research which agrees with Mr. Jackson and seems to state that there is a stigma associated with males seeking help for health-related issues (Cotton et al., 2006). However, others, such as Rickwood et al. (2005), state that it is down to an innate instinct to "place a high reliance on the self" when faced with personal problems. Mojtabi (2001) supports this, as well, stating that there may be confidentiality worries associated with professional help, and, instead, people in general prefer to go to friends and family for help over professionals. Which, in many cases, is not the practical solution.

A Practical Exercise

Taken from the User Guide:

"The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at the Universities of Warwick and Edinburgh, with funding provided by NHS Health Scotland, to enable the measurement of mental well-being of adults in the UK. WEMWBS is a 14 item scale of mental well-being covering subjective well-being and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. WEMWBS has been validated for use in the UK with those aged 16 and above. Validation involved both student and general population samples, and focus groups".

Below are some statements about feelings and thoughts.

Please **tick the box** that best describes your experience of each over the **last 2 weeks**

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					

I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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*It is important to note that permission must be gained from the authors in order to use this. A user guide can be found here:

<http://www.mentalhealthpromotion.net/resources/user-guide.pdf>

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Research verifying the validity of the WEMWBS can be found here:

<http://www.biomedcentral.com/1471-2458/11/487/>

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Educational Application

If we are to consider how positive psychology can influence happiness for both genders, perhaps the best way to accomplish it is by embedding these concepts in education.

Positive Psychology is a relatively recent branch, which encourages people to lead healthier, happier lives, and focuses on the positive (Seligman & Csikszentmihalyi, 2000). It is being increasingly accepted that good mental and physical health adds to well-being as much as the absence of pathology and illness (Keyes, 2006), and since the birth of PP in 1998, there has been

a substantial shift towards the investigation of optimal mental functioning (Rusk & Waters, 2013). Interest in PP continues to grow and interventions are being introduced in the workplace and other settings.

Schools are a key source of skills and competencies that are vital for development of young people (Hamilton & Hamilton, 2009). Furthermore, schools are relatively stable sites which are a common setting for children and adolescents, thus facilitating universal promotion-based interventions to promote well-being (Bond et al., 2007; Short & Talley, 1997). Seligman (2011) defines Positive Education as traditional education focused on academic skill, complemented by approaches that nurture well-being and promote good mental health. School psychologists are beginning to acknowledge the outcomes of positive school experiences over the consequences of negative ones (Terjesen, Jacofsky, Froh, & DiGuiseppe, 2004).

Interventions in schools



Foret et al. (2013) investigated stress in high school students using a stress management and relaxation intervention, in the hope to increase overall well-being in Needham high school, Massachusetts. The curriculum taught techniques to students to maximise their potential through relaxation exercises, positive psychology and cognitive restructuring.

Scores at baselines revealed both the control and intervention group had similar levels of perceived stress, and the intervention group's perceived stress scores were significantly lowered. The analysis reported that more significant improvements were found from females in the intervention group than both boys and girls in the control. However, in this study, 61% of the control group and 74% of the intervention group was female, so the sample was not representative of the student population. Also, baseline scores revealed girls had worse scores of stress to begin with, but that girls improvement was significantly greater than boys in reducing stress and using stress management behaviours.

Wong, Lau & Lee (2012) also found that 6 months of leadership training increased the self-esteem and self-efficacy of the female participants alone. Froh, Kashdan, Ozimkowski and Miller (2009) argued the reason for the little effect of intervention is boys. They suggested that an 'emotional ceiling' exists, which meant that participants with little room for improvement (closer

to their emotional ceiling) didn't show as positive results as those in low positive effect at baseline (Froh et al. 2009). Females showed lower scores to start with, which could be a reason for their greater improvement compared to males, as their scores were lower to start with.

Knowler and Frederickson (2013) have found that Emotional Literacy interventions in students with bullying behaviour can reduce such behaviour. However, this was the case only in students who scored low in Emotional Literacy to begin with. The intervention had no effect on students with higher Emotional Literacy. This would suggest that anti-bullying campaigns should not take an umbrella approach, but begin with developing criteria for student selection, in order to be best suited to different students' needs.

Finally, Matthews (2004) argues that the integration of emotional learning in science lessons may facilitate and promote social development, as well as interest in science subjects for both boys and girls. Students 11-14 years old working on science related activities in mixed sex groups, and helping each other and talking about their feelings on what they were doing, resulted in students reporting better understanding and control of their own feelings, and increased empathy towards each other, as well as towards the other sex. Students also reported more positive attitudes towards group work and greater confidence in talking to others, as well as more positive attitudes towards science subjects.

Emotional Intelligence and Emotional Literacy critics have raised issues regarding the assumption that there are universally "correct" answers when it comes to emotions, and have argued that we need to be careful in how discourse about emotions, as well as evaluation, is approached. Context, ideology and cultural norms need to be taken into account when measuring EI or EL, to avoid the risk of a prescriptive approach to emotion which might suppress variation in emotional responses or even pathologise students (Burman, 2009; Gillies, 2011; Rietti, 2009).

A Bit Closer to Home

The relatively new Scottish Curriculum for Excellence places Health and Well-being as being of equal importance as numeracy and literacy, with all practitioners responsible for educating their pupils on Health and Well-being.

Health and Well-being encompasses many of the tenets of positive psychology, including resilience, confidence, empathy, self-esteem and gratitude. Although it is common for this to be delivered through PSE (physical and social education), there is encouragement for teachers to engage in "interdisciplinary teaching", where one of either literacy, numeracy or health and well-being permeate another lesson. An example for numeracy would be the taught skill of "scaling" in the rainforest topic, where annual rainfall may be required to be changed from millilitres to litres. Health and well-being could be taught in a social studies lesson that looks at nations which

encompass some of the core values associated with positive psychology, such as the Kingdom of Bhutan. Another example would be to look at Bhuddism in an RE lesson, as opposed to the more traditionally taught Christianity, Islam and Sikhism.

Emotional Literacy is another key skill that should be taught and developed from a young age. Traditionally this is carried out in Primary Schools through discussion sessions such as "Circle Time". This is where the teacher would use themselves as a model, or create a hypothetical situation, and offer her own perspective on the situation, such as how the event made her feel. This would encourage the pupils to use similar language and describe how they would feel in a similar situation. The purpose of this would be to not only improve the emotional literacy of the class, but to teach skills such as compassion and empathy. If aspects of positive psychology such as gratitude and resilience can be communicated in an equally effective manner, then, this may have profound impact on happiness in later life.

Adolescents who are used to feeling positive and confident develop better coping skills and become more proficient socially, leading to a brighter outlook in adulthood (Morgan et al., 2008). The aim of Health and Well-being is to:

"develop children's knowledge and understanding, skills, capabilities and attributes which they need for mental, social, and physical wellbeing now and in the future" (Education Scotland, 2008, p.1)"

If this can be delivered effectively then the hope is all pupils will be far more likely to make more positive choices in adulthood.

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