

# Women and Mental Health: The Unequal Treatment

Lunes Lucien

Senior Capstone

School of Liberal Studies and Continuing Education, Purchase College,

Monday, May 13, 2019

Lunes Lucien

Senior Capstone

05/13/19

The paper reviews the medical treatment of women with mental illness in regards to past and present types of depression treatments. The research focuses solely on how certain social constructs such as class, race, and gender play a dominant role in how accessible medical treatment is to women in all demographics and how these forms of treatments are controlled by the predominantly male system. The paper then correlates the difference in treatment between black and white bodies and what social aspects has created this rift between women. The thesis statement brings up the question of how the social hierarchy controls the way mental health care is distributed amongst women in regard to it falling under white male authority. Looking at both historical data and present human case studies done about this topic, researchers found that the main reason women regardless of color are subjected to this inferior complex is because our culture mandates itself off a very sexist and prejudice way of running a civilization. With society projecting these ideals into our schools, work places, even our homes, women

are forced to follow these conditions in fear of being isolated and stigmatized by others which as researchers found is primarily why they never seek care.

### *Introduction:*

For all intensive purposes, the female population has been coerced by the male dominated society we function in to suffer in silence. The female brain is like any other brain; except the fact that our brains are not treated with the same care. Mental illness is a real thing; just like women having a mental illness is a real and very concerning thing in our current time. They have not been listened too, diagnosed properly, or treated correctly when it comes to the treatment of our bodies and minds. Given that the solution to all “hysterical” behavior was a hysterectomy, women found themselves keeping quiet and pretending that they were well when they were anything but. You see for centuries American culture has taught women to maintain the role of obedient and docile. With this kind of living it is possible for women to develop a mental disorder like depression or succumb to the illness that already plagued them. There is no real context to women’s mental illness because it’s something that is brushed aside as just female hormones due to the sexist foundation our civilization seems to thrive off of. This is a subject that not only men pay absolutely no attention to but women turn a blind eye when confronted by it. I believe it’s about time that they listen and see.

Regarding the nature of our society, what is the correlation between social constructs and how women’s mental illness is being treated in a white male privileged society? The correlation between the two lies deeply rooted in the fact we are women. It

is because we are women, we are seen as inferior and are given the treatment we are. Add in race and class women are forced through more demoralizing situations. For a white woman who is of upper or middle class her treatment is more expensive and could be of semi-quality care. But for a woman who is black or brown and lower class, there is no treatment. What should be offered and what is offered are two different things, women should be offered the exact same medical care as any other male regardless of color but instead they offer complete judgment and prescription drugs to quiet them. Any form of trauma is not really taken into consideration. The social male agenda does not need women to cause an uproar in the dynamic, therefore our culture traumatizes, abuses, and conditions generations of females to keep them in character, which is why women's mental illness is very prevalent in the medical industry.

In order to collect data to verify this hypothesis the plan was to look at both current and previous studies conducted on this topic specifically ones involving both experiments and human subjects. Using the scholarly database the research will primarily focus on finding articles subjected to each correlation sub-topic; So studies that correlated race and women's mental illness, gender and women's mental illness, and so forth. From there, the idea is to do historical research as well to create a historical foundation for the paper just because hysteria is such a prevalent concept in the treatment of women's mental illness. Specifically looking at all human subjects in interviews and surveys to see a sense of numbers and data with in each correlation tying in personal experiences as well.

The independent variables are race, genders, class, and trauma or the social constructs and the effects it has on the dependent variable; women's mental illness. The connection between the dependent variable and the independent variable is fairly

simple to realize. The browner or darker the body the higher the neglect of treatment. This includes class and trauma because even if the body is high class if the body is not of white decent there is a higher chance of this women being neglected fair treatment. This is a primary reason why women never come forward about anything. It's not because no one will believe them, it's because they know that no matter the status a women will never be regarded equally enough to pay attention too.

As for testing these relationships, research will rely heavily on statistics in women reporting mental discrepancies and how frequent that is, and what kind of treatment is ideally being used in these situations. With this current flow of research the connection between all topics should make the case of what is really going to help the minds of women.

The introduction section discusses the structure of this paper. What my topic is, what variables are being studied, and how they affect the concept as well as the methods used to gain research. Following up, the literature review will speak about the findings each quantitative study has found. It will talk about the concepts, data collection and results that has been formulated for each article, interview and book. Once your able to understand the importance of the research and the topic, the paper will go on to discuss the thesis; the importance of the women's mental illness and the questions it creates. Going from there will be an overview of all the methods used to conduct this paper. using every quantitative study; interview, survey, as well as case studies to get a more in-depth view of the topic will primarily answer all questions. Later discussing the challenges this topic created because of how taboo it actually is in regards to research our culture. Finally the paper will go on to discuss all the findings; the hypothesis, relevant present data, and whether the data supports the hypothesis in the first place.

The conclusion will summarize the topic and the research mainly giving new ideas on how to treat women's mental illness and the importance of this topic regardless of limitations in findings.

### *Literature Review:*

While doing research I came across quite a few different studies that could correlate quite well with women's mental illness. Researcher Laura Briggs discusses the way in which "hysteria" was dealt with during the late 19th century in "*The Race of Hysteria: 'Overcivilization' and the 'Savage' in Late Nineteenth-Century Obstetrics and Gynecology*". Briggs discusses how women of color were deemed "savage" against a women of fairer skin. Due to colored women being seen as mere savages, scientist were more entitled to experiment on black and brown bodies according to Briggs. Women who were not native born white women were subjected to hysterectomies, caterizationz, electric shock therapy, etc. The article supports the idea of race playing a huge role in the way women's bodies and minds are treated. Taking into consideration how women used to be the primary caretakers of the family in the hunter gatherer times, we can see the massive shift in power and equality between the two gender playing such a prevalent role in how our culture regards women. We have gone from supporting the women to using her for science. Going into the subtopic of gender; more importantly how being a women basically allows for females to be mistreated was something I looked for quite repetitively while doing my research. I was able to find a great correlation in "*Gender Differences in Mental Health Before and After Retirement*", both Virginia Richardson and Keith Kilty did research on women in their late 50's and over regarding mental illness

specifically depression and forced retirement. Both researchers found that women who were older did tend to have a higher rate of depression once they had been forced to retire. Many women even said to have had trouble “*getting back to normal*” (Richardson Kilty, 1995). The research disproves any claims that forced retirement does not take a toll on the mental stability of the worker. Forcing these women into early retirement merely because they were older females only displays more of the misogynistic culture that runs our society.

Going into the studies conducted on sexual assault and mental health I have to say this was one of the harder ones to research. Having personal ties to the topic made it hard for me to analyze and critique the studies, that being said one of the first of many studies I used for this subtopic was on women’s mental health in the army. Anthony J. Rosellini interviewed war veterans, soldiers and army officials who were all women in the military about their experiences with mental illness and sexual assault. The article, “*Sexual Assault Victimization and Mental Health Treatment, Suicide Attempts, and Career Outcomes Among Women in the US Army*”, found that about almost all the candidates who were interviewed has either experienced sexual assault during their time in the military or knew someone who had. While majority of the women (about 45 percent) would not come forwards about their experiences to the legal department, the others who were interviewed had tried to seek help but was completely disregarded according to Rosellini. Sexual assault plays one of the major roles in why women suffer in silence. The objective is to always keep the women silent in order to maintain the balance of power in favor of the man. Women in the military have no one but themselves to rely on for support being in a highly male dominated profession, therefore the research found here proves that PTSD, depression, anxiety, all these crippling

conditions has a major impact on these vulnerable women who are subjected to these kinds of military behaviors. While reviewing Susan Sorenson's article, "*Gender, Ethnicity, and Sexual Assault: Findings from a Los Angeles Study*", I found that the because the sample size was that of 3000 in Los Angeles, Sorenson was able to conclude that gender and ethnicity did nothing to defer having an actual mental illness. Meaning that each candidate who was either a minority or not that identify with having depression all basically shared a collective experience of sexual assault. However, researchers were able to make the conclusion that women or men of color were more likely to hide the assault than women or men who could pass as white. In regard to gender, race, and trauma playing factors in most depression mental illness cases the topics being studied here supports the idea that there is this underline foundation of sexism that prevents people from feeling safe enough to come forwards about their experiences. If a black women or man can't even be given the same treatment as a white individual in these circumstances than what would be the point of coming forwards with a form of mental illness?

Delving deeper into the history of hysteria and how it played a vital social role during the 19th century, I found that the article Carroll Smith-Rosenberg wrote about painted a realistic portrait of what life was like for women during this time period. "*The Hysterical Woman: Sex Roles and Role Conflict in 19th century America.*", is a stimulating article regarding the effect's hysteria has on a domestic relationship. During a time period where a woman's role was just to obey and remain docile, the article reiterates the idea that there is social stigma deeply rooted in the way we conduct ourselves. More importantly, any form of hysteria in a woman of color was immediately put in a sexualized light in order to dehumanize the brown or black body further. Now



according to the article if a woman was showing signs of Hysteria then her husband was too sought “treatment” for her which as we know was a hysterectomy. However, I do think the most important part of this article was highlighting the reoccurring social stigmas against women that can be traced to the 19th century. Behavior we would now classify as depression was known as women being irrational, hormonal, crazy, etc. These terms have made their way into our present social dynamic especially when a woman is upset the typical response is “ *Why are you getting so hysterical?*” It is with these words we are entrapped in centuries of gender inequality stigmas that make it harder for a woman to confide in others about her own mental health.

While focusing on the research I wanted to find some aspect of class to be prevalent in my findings. So as I went through the database of scholarly articles, I came across an article by PsychExtra that not only used class as a primary independent variable but correlated it to the women’s body. “*Substance Abuse and Assault Victimization Among the Homeless*”, is a scholarly article that brings rapid attention to the mistreatment of homeless women . The study explains that in the lifespan of a homeless woman, 80 percent of these women have suffered some form of abuse that went untreated. Researchers were able to find that the lower the class of the individual the more limited treatments became. That's why homeless women who do suffer a form of mental illness like depression or schizophrenia that are of lower class no longer try to seek treatment because it's either too expensive or no one actually gives them real care according to the article. The fact that there is a higher rate of mental illness overall in homeless women rather than a woman of social class, proves the classist complex we abide by. If a woman can't even get a decent appointment because she is poor then the chances of her getting real medical treatment are even scarcer.

The Literary Review section closes with an article focused on women's mental illness displayed in the media. The author found that health magazine's portrayal of women's mental illness as a mere stress related issue rather than a medical one. Yang found common ground in relation to the media, crazy equals money therefore if health magazine advertises these treatments and pills as "effective" what women are going to turn down the chance to be treated medically. However, "*Portrayals of Mental Illnesses in Women's and Men's Magazines*" does tie in the issue of social standards and the driving force it has in how relatable women's mental illness is in the media. The study found that many women were more willing to medicate themselves because of the sense of shame that's casted on them. With magazines portraying women's mental health as a feminine issue rather than a real one, women are forced to feel this sense of shame because of their illness instead of acceptance. Although the article does well to dispel negative stigmas against women with mental health issues, the article does not however focus solely on the women's mental condition. Even though the primary topic of discussion is women's mental illness the article does shift to men's mental illness as well. The problem being how focused the article becomes on the male experience rather than the females only furthers my thesis statement ; that it's always about the male. In order for there to be scholarly evidence on this topic there has to be some correlation to male mental illness when in all honesty males are part of the problem. I'm not disagreeing with the dynamics of the study or the topic, rather the sheer magnitude of how prevalent the male body is in talking about the female body and mind.

*Thesis*

Regarding the nature of our culture, what is the correlation between social constructs and how women's mental illness is being treated in a male privileged society? Why it is that as soon as a female is the patient the dynamics of treatment is changed and we leave feeling more suffering rather than a sense of help? The female body tends to be oppressed by the male gaze in accordance to social standards. We were educated at a young age to be feminine and docile; to appear weak and in need of constant structure from a male by our family and society. However, the female mind is one that suffers in greater silence among the masses of sexist ideologies against us. No one ever takes the time to really analyze the female mind especially one infected by a mental illness. If female patients were listened to and diagnosed properly rather than written a prescription harmful to the brain, women could be more functional in society. In a predominantly white cis-gendered male society females are not able to seek out help due to the social repercussions that come with this negative stigma. As a culture we do not take the time to really understand the tolls our social construct takes on a woman's mind but just her body, we're so focused on analysing the effects of the male gaze on the female body but not on the female mind. That's why this investigation is so important, because females have been left to self-medicate in the only ways they know which result in high numbers of alcoholism, anorexia, bulimia, suicide etc. We do not allow for them to feel comfortable in their own environment to seek out care.

*Methods:*

In the medical industry women spend most of their lives programmed to constantly be in the system because our one objective is to reproduce. However, it's only in those situations where a woman is heard rather than in all situations; we're projects not humans. We do not question how the way we have created the social structures has placed women in a war against misogyny. Race, age, class, is used to keep people conformed but for women it's used to keep them unnoticed.

The dependent variable is quite simply the study of treating women's mental health. However, there are a few independent variables that can have an effect on how a certain illness is being treated. Race being a prominent sub-topic in this project will play a huge role in how women's mental health goes untreated or "treated" to put loosely. As a culture we are very discriminatory towards women of color and that can play a significant role in the things we women are able to obtain like professional help without being dismissed or insufficiently treated. This independent variable goes hand in hand with the independent variable of class as well especially if it's a woman of lower class in correlation to one of middle class. One may not even get treatment and the other may just be stigmatized as being hormonal; but neither will stop suffering overall. In terms of gender and trauma, these two independent variables focus on how doctors tend to try and medicate the female patient instead of treating the actual problem in comparison to the effectiveness in male patients treatments.

Over the course of multiple weeks I spent my time collecting copious amounts of scholarly articles. Every article was to either be a case study, survey, interview, or social experiment. However finding research that had experiments conducted about women's mental illness was nearly impossible to find. Due to the topic not being one of concern in our culture it was hard to find concrete science rather than opinions and

assumptions. I focused more on the first three rather than the last one because the sample pool could be greater within these methods. I was more worried about whether there would be enough evidence to support my thesis mainly because all the research kind of covered the same basis. I found myself having to pay attention to specific parts of the studies that correlated heavily with my hypothesis because of how generalized they made the topic. While researching the topic I regarded the topic with specific key variables like class, gender, military, rape, etc. just to have a wider variety of data I could pull together to make a cohesive foundation. In doing so I did not take into consideration that the articles could be very statistical based; there was no aspect of social dynamics in the pieces making it harder to relate to current social ideals. I focused on both Qualitative and Quantitative methods mainly because they both gave an aspect to the research that I needed to obtain. While gathering statistical data that had been proven I also needed to find real world experiences that had been recorded in order to forge the right connection. I found it only easy to gather information once I had created a set list of what the context of the article had to have. *Does the article mention one or more sub-topic? Does the article's findings relate back to the topic of Women's mental illness? Can it relate socially?* Were some of the questions I used in order to find all my pieces of evidence. I found it important to make sure that every piece of evidence could be related to more than one subtopic within the paper so there would be enough context given.

Although it was not until I began to put all the evidence and findings together that I realized that the articles only specifically talked about women who were white or of higher class. I had gotten so caught up in the process of making everything connect that I failed to incorporate an important group into the equation overall. Once I began to do

more research about the patterns between the two I found this whole other section I was able to bring into the paper. I do have to say that the overall process of trying to get my point across through the evidence had to be the biggest challenge by far. Having material that could both negate and confirm my hypothesis was something I came across repeatedly while searching for new forms of evidence through Quantitative and Qualitative methods. I am fairly certain that those could have been potential weaknesses in the paper but, I was able to use enough research gathered through the purchase database to use those sources as a form of devil's advocate in the piece while talking about both genders. Although I was unable to use human experiments to conduct my own interviews because of the time frame, I found other studies conducted on humans that would have the same quality. I believe this was the better option in the end because I could regard the studies platonically rather than biasedly.

The purpose of the research was to analyze the correlation between social constructs and how they play an immediate role in the treatment of women's mental health. More specifically the thesis statement focused primarily on how male privilege plays the dominant role in how these social constructs affect the treatment given to women with a mental illness by these primarily male doctors. It's no surprise that our society is overrun by the male population. But in regard to the powerful of the male populations; commonly white cisgender males fit all aspects of who a person should be in today's culture. If you are not a white male in today's politics and social qualifications than you are to be subjected to an inferiority complex . This is what the thesis statement is initially targeting overall; even through generations of progression in American culture the one thing we have yet to change is the basic level of respect between males and females. This level of dominance over an entire civilization of people has left

women to fend for themselves in our culture . The point of the thesis was to prove that there is a crater of a gap between men and women regarding every part of living including medical treatment.

### *Results:*

After going through my sources I have concluded that the woman's body is to not be treated as her own but rather something to be molded; the woman's mind is to be subjected to its own survival. Through copious amounts of research I found that all findings correlated to the same underlying idea; a system of inequality amongst genders. Whether the article talked about race, class, or trauma in regard to the topic of women's mental illness, all the findings pointed to the same conclusion that because we are branded as inferior beings we are given inferior treatment. For the medical industry to take women's mental health seriously there has to be change in the way we've negatively stigmatized having a mental disorder. There is this innate response to people with mental illnesses that immediately isolates them from the normative, when adding in factors like gender, class , or race solidifies the concept that with in every level of social hierarchy, there is always a level of inferiority. I found it interesting that all the data targeted the same demographics of women; poor or minority. While the data included sample sizes of white women, the majority of the case studies, interviews, etc all find high correlations between having a mental disorder and being brown, black or poor. These kind of findings are very present in how prevalent these conditions are in our generation.

A women will go decades without seeking medical treatment; but a black women has not choice but to go decades without mental health care because it isn't available to her simply because her skin is darker and she may come from a lower class. The evidence shows how the approach of such volatile treatment surpasses that of economic background. There have been several insurances supporting people who can't afford it who seek medical treatment and yet these people are barely given the correct care. It's hard enough to get care for a physical injury let alone treatment for a mental illness. I would say that the findings connect very well to the thesis mainly because each aspect that could affect the woman were all recurring traits in women's social engagement. The data was able to support the paper with historical background while also tying in current events that could correlate between both past and present. Each piece of data brough another level of research that maximized on the influences male privilege has on both social culture and the medical industry. That being said, the data provided the care given to male patients is substantial different then what is given to female patients. Although there may not be information on why the medical indusrty is conducted on such sexist views, past research data (*Sorenson, Siegel, 1992*) found that male doctors typically were more assertive and adamant with pharmaceuticals when it came to female patients, but male patients were treated with more admiration for seeking the treatment especially if the male patient was white. With people of color reporting their cases less frequently, the data ties the mechanisms of the medical industry in to the independent variables of the social structure by highlighting the privilege of care given to male patients over women patients of color. If doctors focused more on the patients instead of trying to create more revenue for the medical industry, then female patients would be given the proper therapy or guidance to deal with their mental health issues.



I do find that although all the data gathered supported the topic well there was not a big variety of different reasonings. The articles did not dispel any former negative connotations about women's mental illness but rather gathered more fuel to back the topic at hand. However, I'm certain that because every article was able to correlate and there was not enough data looking at both sides that the paper may lack a full circle. As I stated earlier in the methods section the research was more targeted on the treatment of women looking at both physically and mentally over the centuries. Initially I did some research on this kind of power, but I didn't put the perspective of why these medical industries treat patients as such because the powerful men in charge say so. I wasn't able to obtain the more concrete answer as to why these sexist ideals is something the "higher" ups believe is the correct way to run the country. Although I can give both a sociological and scientific answer, having the psychological factors from the topic of male privilege would have tied together more cohesively. But again I'm tired of talking and learning about men in power so I focused on the woman supporting that male.

### *Conclusion:*

I have watched the women closets to me battle the demons living inside their minds all my life. In all that time I have questioned why it was that each of them seemed to suffer in silence instead of getting professional help to manage their illness. If it was not for my own personal experience with the medical industry I would not have understood; women's mind are not given the same treatment as a male who has his own mental illness. Due to the blatant imbalance between sexes in our culture, we are subjected to all medical interventions that are predominantly influenced by the white

capitalist society. Regardless if the treatment is sufficient or not the same level of mediocre treatment is repetitive amongst women who do seek medical consulting. Our nation prides itself for founding a country on racist, sexist, classist, ideals that have become deeply rooted in the ways we approach women of color, the lower class, even women in the military field. No matter the status of the women there is always a man that is in charge of how she lives her life, how her body produces, even the way she conducts herself. There is always a male gaze attached to the female; predominantly that gaze is usual a white one of higher authority. But it's what not being detected that makes this so important.

The women's brain has become extremely vulnerable over the years. Overtime we have went from being bold, dominant, and equal to quiet, docile, conditioned individuals who can't breath without being questioned by a man. Women's bodies are disposable once they've reproduced, black and brown bodies have always been disposable in our culture; yet it's because we are mere objects to be molded that makes it so hard to try and seek treatment. We over exert ourselves trying to be what is expected for the male gaze, we do not allow time to take care of ourselves properly.

We have stigmatize having a mental disorder as something to be ashamed of rather than a medical illness. It's like we as people known that this is a very prevalent thing in today's youth but we act as if having a disorder or illness is an automatic sign of being abnormal. With women being so used to the day by day sexist or racist behaviors they encounter in their life, they are less likely to want help because they get scrutinized enough for just being the "lesser" sex. Trying to protect what parts of us that is not always on display is a battle, it's those parts of us that needs care, that needs to be treated and healed. But, we have gotten to a point in our culture's dynamic that women

with a mental disorder have taken to living in a drug-induced state to sedate the pain. As for women that can't afford these medications; they are often known as the "*crazy lady down the street*". We either have to be drugged up or lose our sanity to get through to survive in this world. The fact that there aren't many options available besides pills and a judgmental experience during therapy, is appalling. We have left our younger generation with the bare scraps of the medical industry and as the women of this generation we have to make sure they are mentally prepared for the forces that come with being a female.

Potentially speaking the findings can be seen as skewed in one general direction of data. All the findings had the same point coming across as I explained in the Results section of this paper.. Taking into consideration every woman's experience is fairly different; the findings could definitely limit the context of experiences mainly because they were all alike in some way. That can make it harder to be relatable to other women in various countries if you're looking past the inferior complex between males and females. I do think that the research was more focused on both white and black women rather than having all minority as a whole. Although there were Latinx women involved in the studies, there wasn't enough statistical data about them and their experiences with mental illness, if the data was more incorporation of other minority groups like Hispanics or Asian than there would be more consistent data to choose from because the methods of social structures are completely different in these countries. The piece would have more depth regarding the topic due to the infusion of cultures and how they've dealt with women having a mental illness in their societies.

Looking into the areas regarding state and environment where mental illness is higher in women, I think this new direction of research could open many doors about

what dynamics in a women's social encounters have a major effect enough to produce or trigger a mental illness in the female. Will our children more specifically our young girls be more prevalent to be addicted to prescription drugs managing a mental disorder? I feel as though a question such as that one is a fresher way to approach the topic of women's mental health, it forces researchers to look into the medical industry and how pharmaceuticals is such predominant role when going to the hospital. Researchers would analyze findings regarding if young girls have started to show signs of mental disorders and the things in their close environments that creates this chronic illness. Look into the treatment of women's mental illness but focus primarily on how long treatment is usually vs what treatment is actually given. I think the findings between these two correlations create this new form of evidence to support the idea of unfit care. Having those statistical numbers or interviews from actual patients develops a new perspective to the idea overall. If researchers can find statistical proof between how protocol should be rather than how it's handled then there is another element bringing attention to the problem at heart.

I have observed and watched friends over the years come home from doctor's appointment withdrawn from reality because they were either under the influence of whatever drug they had been prescribed or because in every instance the doctor just wouldn't listen. Our voice is stripped as females so we can never reach out for help without being berated, females in our culture have been put into a social setting where they can't be open with the troubles they face because the system doesn't allow for the support to be there for them once they do. Our government has sporadically began to involve more mental health care resources however those resources are still available for middle class individuals who have the means to be discreet with treatment. I needed to

know the mechanics behind this treatment because it's about time we're heard and treated with the proper care we've deserved for centuries.

## **Annontated Bibliography**

1: Briggs, Laura. "The Race of Hysteria: 'Overcivilization' and the 'Savage' in Late Nineteenth-Century Obstetrics and Gynecology." *American Quarterly*, vol. 52, no. 2, 2000, pp. 246–273., doi:10.1353/aq.2000.0013.

2: Chang, Jen Jen, et al. "Racial/Ethnic Differences in the Correlates of Mental Health Services Use among Pregnant Women with Depressive Symptoms." *Maternal and Child Health Journal*, vol. 20, no. 9, 2016, pp. 1911–1922., doi:10.1007/s10995-016-2005-1.

3: Gulcur, Leyla. "Evaluating the Role of Gender Inequalities and Rights Violations in Women's Mental Health." *Health and Human Rights*, vol. 5, no. 1, 2000, p. 46., doi:10.2307/4065222.

4: Macleod, Ad (Sandy). "Abrupt Treatments of Hysteria during World War I, 1914–18." *History of Psychiatry*, vol. 29, no. 2, 2018, pp. 187–198., doi:10.1177/0957154x18757338.

5: Richardson, Virginia E., and Keith M. Kilty. "Gender Differences in Mental Health Before and After Retirement." *Journal of Women & Aging*, vol. 7, no. 1-2, 1995, pp. 19–35., doi:10.1300/jr074v07n01\_03.

6: Rosellini, Anthony J., et al. "Sexual Assault Victimization and Mental Health Treatment, Suicide Attempts, and Career Outcomes Among Women in the US Army." *American Journal of Public Health*, vol. 107, no. 5, 2017, pp. 732–739., doi:10.2105/ajph.2017.303693.

7: Sorenson, Susan B., and Judith M. Siegel. "Gender, Ethnicity, and Sexual Assault: Findings from a Los Angeles Study." *Journal of Social Issues*, vol. 48, no. 1, 1992, pp. 93–104., doi:10.1111/j.1540-4560.1992.tb01159.x.

8: Smith-Rosenberg, Carroll. "The Hysterical Woman: Sex Roles and Role Conflict in 19th century America." *Women's Bodies*, doi:10.1515/9783110976328.101.

9: PsycEXTRA Dataset, "Substance Abuse and Assault Victimization Among the Homeless." 2000, doi:10.1037/e506102006-003.

10: Yang, Yiyi, et al. "Portrayals of Mental Illnesses in Women's and Men's Magazines in the United States." *Journalism & Mass Communication Quarterly*, vol. 94, no. 3, Dec. 2016, pp. 793–811., doi:10.1177/1077699016644559.