DOWNLOAD PDF HEALTH PSYCHOLOGY OF WOMEN

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This edited volume examines the most pressing health concerns of women from a psychosocial perspective and points the way toward the next decade of research in this long-neglected area.

The field of the psychology of women also encourages individuals to critically analyze all subareas in psychology for their portrayal of women. The psychology of women also is concerned with intersectionalities among sex, race, class, age, ability, sexual orientation and national origin. Empirical research in the psychology of women is used in policymaking on issues such as workâ€"life integration, day care, violence against women, and child abductions and missing children. Researchers in the field of the psychology of women serve as expert witnesses in court cases on issues such as sexual harassment, race discrimination, child sexual abuse, rape, and intimate partner violence. The field of the psychology of women is also referred to as feminist psychology since the objective of this discipline is to understand the individual within the larger political and social aspects of society. General Overviews The field of the psychology of women initially was focused on differences between the sexes with very little attention paid to intersectionality and also diversity because of race, ethnicity, sexual orientation, disabilities, and age Bardwick , Sherman , Unger and Denmark Theories and research in several subfields of psychology were based on boys and men only, e. In addition, gendercentrism has been evident in the discipline of psychology since separate paths of development are suggested for women and men as a result of the biological differences between them. The discipline of psychology has also been ethnocentric; psychological theories assume that development is identical for all individuals across all racial, ethnic, and socioeconomic class groups Chisholm and Green Furthermore, psychology has been heterosexist; theories and research assume that a heterosexual orientation is normative, while gay, lesbian, bisexual, transsexual, transgendered, or questioning individuals are deviations from the heterosexual norm. The first section of this bibliography introduces textbooks and journals on the psychology of women. Subsequent sections examine topics commonly addressed in the psychology of women: Classic readings in the psychology of women are presented in addition to more recent research and theories, illustrating the changes in ways the field has evolved since the reemergence of the feminist movement in the early s Chrisler and Smith The psychology of women: A study of bio-cultural conflicts. Chisholm, June, and Beverly Green. Perspectives on multiple identities in psychological theory, research and practice. In Psychology of women: A handbook of issues and theories. Edited by Florence L. Denmark and Michele A. Includes recommendations for mental health interventions to assist women of color who deal with the social marginalization as a consequence of multiple identities. Chrisler, Joan, and Christine Smith. In Praeger guide to the psychology of gender. Edited by Michele A. Addresses threats to feminist psychology, e. Argues that researchers had permitted their personal opinions about women and men to bias their research. Engendering the discipline of psychology refers to cultivating a discipline that is sensitive to gender and diversity. Presents reviews of textbooks and classroom pedagogy. Feminism as life raft. Psychology of Women Quarterly Addresses the relationship between being feminists and experiencing discrimination of women professors. Examines responses indicating feminism was not a provocation of discriminatory treatment in academia but rather a way to help women faculty cope with discriminatory treatment. On the psychology of women. One of the initial textbooks in the psychology of women. Focuses on differences between women and men in cognitive, social, and personality development. Unger, Rhoda, and Florence L. Dependent or independent variable. Psychology constructs the female: Or, the fantasy life of the male psychologist with some attention to the fantasies of his friends, the male biologist and the male anthropologist. Includes a call for placing equal respect for both women and men. Images of women in psychology. In Foundations for a feminist restructuring of the academic disciplines. Paludi and Gertrude Steuernagel, â€" Reviews gender stereotyping and theories of gender role development, including those of Sigmund Freud, Albert Bandura, and Erik Erikson. Includes a discussion of psychological androgyny. Provides recommendations for feminist psychotherapy. Users without a subscription are not able to see the full content on this page. Please subscribe or login. How to Subscribe Oxford Bibliographies Online is available by subscription and perpetual access to institutions. For more

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Chapter 2 : Geller Women's Health Psychology Lab | CoAS | Drexel University

Health Psychology of Women explores those anatomical and socioeconomic differences which predispose many women to some disorders while protecting them from others. Subjects covered include women and pain, reproductive decisions, medical screening, the relationship between social circumstances and health, and the resilience of women, from which.

It also involves health psychological phenomena as they apply to women and their health: This entry cannot cover all of these topics, and instead focuses on a few illness conditions that affect women disproportionately, and for which there exists a knowledge base regarding gender or gender differences. Heart disease and cancer are the two leading causes of mortality for women; arthritis and rheumatic diseases are the greatest cause of disability. After all, many of the topics just described are equally applicable to women and men. Unfortunately, for most of the last century, the results of research done only with men were considered to be applicable to both women and men. The idea that there might be meaningful differences between men and women in their experience of illness, or in the factors that lead to illness, was generally ignored unless a hormonal biological difference was suggested. Moreover, these hormonal differences, most often related to reproductive processes, were used to justify the exclusion of women from medical and even, in some cases, psychological research. That is, the restriction of medical research to men was the result of efforts to protect women, particular women in the childbearing years, from the risks of experimentation. Medical doctors have actively promoted the notion of gender differences in health since the early 18th century. Medicine, as any other human enterprise, is determined by political and social forces that shape the social construction of the phenomenon. Intellectual activities were believed to take too much energy away from reproductive activities. Fast-forward ahead a century: We know now that it is important to understand biological, psychological, and social factors in health and health behavior among both women and men, and that the benefits of including women in health research outweigh the risks. Research guidelines instituted by the National Institutes of Health in the mids dictate that research studies must include women and men unless there is a very good reason for excluding women. This is part of a move within the behavioral sciences and within medicine to use a more comprehensive biopsychosocial model to understand health. The biopsychosocial model goes beyond a biomedical model, which emphasizes only biological causes of illness, to include psychological and social determinants as well. Thus, behavioral or psychosocial factors are pivotal in the prevention, development, and progression of disease. Recently, the World Health Organization has recognized the existing gender inequities in health. These inequities are concentrated in the areas of health risks and opportunities to enjoy health, health needs, access to health resources, responsibility in the health sector, and power in the health sector. Women have a greater chance of having a health problem, but they have fewer opportunities to enjoy good health because they tend to have less education, employment, and income than men. Women make up the majority of the working population, yet do not have as much control over health policies and decision making as men because they tend to hold lower-status jobs. Women live longer than men in almost all developed countries, and have lower death rates at virtually every age and for most causes of death, even when taking reproductive status and age into account. However, women consistently report worse health status and greater morbidity symptoms than men do. Health surveys repeatedly show that females have higher rates of illness, disability days, and use of health services. Intuitively, this seems contradictory. Why should the sex that has a health disadvantage end up with a mortality advantage?. Data from both community surveys and interviews show higher rates of acute and chronic illnesses for females although injury rates are higher for males. This difference remains stable even when reproductive health conditions are removed. However, these conditions are less severe and are often non-life-threatening diseases. Women do report more disability overall limitations on daily activities than men do. However, reports of disability depend not only on the type of illness and its severity, but also on social roles and obligations. Men report more limitations of their usual activities when they are ill than women do. Many illnesses are linked to gender, either by genetics, physiology, or lifestyle factors. For example, many autoimmune disorders such as rheumatoid arthritis , some gastrointestinal disorders irritable bowel syndrome , some forms of cancer e. Recent studies show that lifestyle factors such as

stress and smoking not only differ in their prevalence between women and men, but may effect men and women differently at a physiological level. Cardiovascular Disease Cardiovascular disease refers to all diseases related to the heart or blood vessels, including coronary heart disease CHD , stroke, hypertension, and congestive heart failure. Coronary heart disease and other cardiovascular diseases are the leading causes of death in women in the United States despite the fact that they are considerably more common among men. Between the ages of 35 and 74 years of age, the death rate for CHD is 2. Although CHD is sometimes associated with menopause, there is not a sharp rise in CHD at this time; most heart disease occurs in both men and women after the age of 65 years. Initial episodes of myocardial infarction MI are more often fatal in women than men, and women have more unrecognized Mis. What might be the cause of this? This is due in part to the historical exclusion of women from clinical trials and in part because of differential medical care. We are also learning more about the protective role of estrogen in preventing heart disease. Heart disease continues to be viewed as a disease of men, not women. Physicians are less likely to attribute the same symptoms to heart disease in women than they are in men. Women may seek care more slowly than men following onset of symptoms, so their condition is more likely to be more serious at the time of hospital admission. In general, women are then treated less aggressively than men for CHD. Women are less likely to be referred than men for either coronary artery bypass surgery or angioplasty. Women may receive less benefit from bypass surgery than men; some studies suggest that women appear to have a higher mortality rate from bypass surgery, but one must consider that women entering cardiac surgery tend to have poorer health status, be older, and have fewer psychosocial resources than men who undergo similar surgical treatment. There are known gender differences in risk factors associated with cardiac diseases. Behavioral risk factors include use of oral contraceptives, smoking, and lack of exercise and physical activity. Psychosocial factors include hostility and use of social resources. For example, hostility is risk factor for CHD and social support a protective factor. However, for women with high hostility levels, social support may be a less protective factor for women than it is for men with the same hostility levels. Smoking is a strong risk factor for CHD and a greater risk factor for women than for men. Moreover, women often perceive smoking as a reliable way of managing stress and controlling their weight. Women take longer to recuperate from their surgery, are more restricted in their activities, spend more days in bed, are less likely to return to work, and take longer to resume activities than men. Women are less likely to participate in cardiac rehabilitation and exercise programs, but when they participate at the same level, women gain the same health benefits as men do. In addition, several studies have shown women to be more anxious and depressed, and those women who retire from work after surgery have worse emotional adjustment than male patients do. Again, it is not clear whether these are true gender differences or attributable to the fact that women who undergo bypass surgery start out in poorer health, are older, and have fewer economic and social resources. Breast Cancer The disease women fear most is breast cancer. The incidence of breast cancer in North American women has increased steadily over the last 50 years, culminating in the present l-in-8 lifetime risk for developing the disease. As scientists improve methods of prevention, early detection, and treatment, growing numbers of women are living with breast cancer for longer periods of time. In response to this trend, clinical researchers have increasingly focused on quality-of-life issues. One to 2 years after treatment, women with breast cancer do not differ from healthy women in psychological status. One difficulty that appears to be shared by many women with the disease is the fear of recurrence. Moreover, fears about breast cancer recurrence, unlike overall psychological distress, do not necessarily dissipate over time. These fears have been associated with psychological distress among both current cancer patients and cancer survivors. Younger women have stronger fears, a finding that may be due to the generally more aggressive nature of breast cancer among younger women, or a sense that a cancer diagnosis early in the life cycle is particularly unexpected. A number of medical characteristics influence psychosocial adjustment to the initial breast cancer diagnosis. Treatment decision making e. Chemotherapy has been associated with decreased adjustment, varying with its toxicity and assaults on the body nausea and vomiting, hair loss, weight gain, fatigue. In some studies, however, psychological distress increases again after the termination of treatment because women no longer feel they are actively fighting the disease and have no concrete evidence of disease processes e. Results regarding the type of surgery have been

equivocal. In contrast, a longitudinal study showed that women who had BCS were more distressed and perceived less social support than women who had mastectomies. Coping with breast cancer, or any cancer, means different things for different people at different points in the illness, in part because it occurs in the context of other life circumstances. That is, not only are there many different aspects or adaptive tasks of breast cancer to cope with, but these islands rise above the water at different times. Thus, when women are asked to report how they cope with their breast cancer, it is impossible to know which aspects of breast cancer they are thinking about. Which aspects of having cancer are most salient for that woman at that time? For example, studies of women undergoing chemotherapy or taking tamoxifen suggest that adjustment may be disrupted with new treatments or even in the absence of treatment, which gives no cues of remission or recurrence. Even asking women how they cope with a more focused aspect of their cancer, such as chemotherapy or cancer-related pain, has a limitation. A woman undergoing chemotherapy may have to deal with excessive fatigue, fears about the long-term physical effects of this treatment, or sexual difficulties resulting from induced menopause. As with other stressors, women with breast cancer use a wide range of coping techniques: The coping strategies of cognitive reappraisal, seeking social support, and avoidance consistently have been identified as among the most common strategies for coping with breast cancer. Overall the strategies of acceptance, positive reframing, and seeking and using social support have proved to be beneficial for women with breast cancer. Similarly, positive reframing involves a cognitive attempt to reappraise the stressor of illness, to change its meaning, in order to view it in a more positive light. For example, a woman undergoing chemotherapy may think of the accompanying nausea as evidence that the treatment is working, rather than evidence that the drugs are harming her body. Positive reframing has been identified as one of the most common strategies for coping with breast cancer and has been related to greater psychological adjustment. Avoidant coping, including denial, behavioral or cognitive disengagement, and some tension-reduction strategies, such as using drugs or drinking, are consistently related to increased distress. Denial is the refusal or inability to acknowledge facts about the breast cancer. There is some controversy over whether denial is a beneficial coping strategy for women with breast cancer. Evidence suggests that it may be helpful at the time of diagnosis, when the woman is flooded with emotional reactions, and detrimental if it delays treatment decisions or is used continually or as a primary coping strategy. Avoidant coping has predicted greater distress after cancer diagnosis and after surgery, and in one study predicted cancer progression 1 year later. Arthritis and Rheumatic Diseases The rheumatic diseases, arthritis, and musculoskeletal conditions constitute more than different illnesses and conditions, affecting nearly 40 million people in the United States. Arthritis and musculoskeletal disorders are the most common self-reported chronic conditions affecting women. Rheumatoid arthritis RA is a chronic, systemic illness whose cardinal manifestations of joint inflammation, swelling, and stiffness result in severe pain, joint destruction, fatigue, and physical disability. The course of RA is unpredictable and highly variable, with symptoms that flare and remit. The average age of onset of RA is between 25 and 50 years, although the incidence and prevalence of the disease increase with age. The prevalence of RA is much greater for women than for men:

Chapter 3 : What is Health Psychology? - Definition | What is Psychology?

The Health Psychology Research Group is concerned with the application of psychological theory, methods and treatment to the understanding and promotion of physical health. Our perspective is based on the biopsychosocial model which posits that biological, psychological and social processes are integrally and interactively involved in physical.

Members What Women Want: Not, Men and women, but Masculine and Feminine. I use the terms Men and Women only for convenience sake, but feel free to replace the word Man with Woman and visa versa. If you agree with it, great. Find a way to use it. Find an explanation that works for you. Why would you go to the bathroom in pairs? How do you manage to spend 1 hour every night on the phone with someone you spent all day with and not get bored? Understanding women is simple and straight forward. And when you do, everything makes sense. So lets start with the basics. Obviously, all three of these quotes are taken out of context and are missing large sections of supporting information. If you want to get a full understanding of these concepts, how they relate to meeting and attracting women, and how you can use them to become the Man of your dreams, check out Endgame here. On the surface, all women seem different. Some want rich men, some want powerful men, some want to date celebrities. It can seem really confusing, right until you start to dig a little bit under the surface. Up until a few minutes ago, you thought you were looking at a whole lot of different issues in your life. Could it be possible that this problem you have with understanding women could have a core issue as well? Women want the things they do because of the way they make them feel, just like you do. So how do you think these things, this power, money, or fame, make women feel? He had to think for this one. Safe, secure, looked after. He seemed to be getting it. This is at the core of just about every single one of these desires. Does that make sense? Did you sprinkle a little too much crack on your cereal this morning? Certainty is knowing that everything is going to be okay. Think about it like a roller coaster. I did, you did, Sylvester Stallone did, and we all did. This is the key female hormone and is a growth promoting hormone. In a female baby, this development continues all the way through their gestation period and continues to drive their development all the way through their life. At the week eight mark, a huge shift happens. Estrogen production is reduced dramatically and testosterone floods into the brain. This starts to produce huge changes. These are the areas that drive competitiveness and action. And it shapes the way females and males engage their world, right from birth. I much prefer for guys to work things out for themselves so I let him stew for a minute. But before we go on, I have to mention one thing. Is this going on record? Whatever you say is going in your fileâ€”for life. The dominant way that a feminine woman develops her perceptions of the world, and therefore, her sense of certainty, is through communication. So go back up to the top and read it. Feminine women operate from a fundamentally different place than Masculine men. Masculine men rely on their ability to take action and make things happen to experience certainty. Feminine women rely on communication to experience certainty. It might seem like a small difference but a difference in the basic and most fundamental way you engage life has significant ramifications for the rest of your life. They were characteristics of related to different pathways to certainty more than the mechanisms for certainty. I talk about Masculine and Feminine at two ends of a very broad spectrum. Like any spectrum, there are very few people who sit at either end of this spectrum. Most people sit somewhere inside the borders of the spectrum but most people lean at least a little to one side. People fluctuate throughout the month, week, day, hour, and even minute. Why are women are indecisive??? To masculine Men, feminine Women seem indecisive. For a masculine Man, having a decision made and getting a job done allows them to experience more certainty. For a feminine Woman, making sure that everyone is on board and likes the decision allows them to experience more certainty. Their certainty is based on what people think about that decision. They care more about everyone being looked after and happy than getting a job done. Asking a feminine Woman to be decisive is the same as asking a masculine Man to have a conversation without reaching any conclusions. How do women spend forever on the phone?? For a masculine Man, reaching a conclusion, whether it be through completing a job or making a decision allows them to experience more certainty. This means that

masculine Men like to get on the phone, discuss a topic, reach a conclusion, and get off. For a feminine Woman, connecting and communicating with people allows them to experience more certainty. Asking a feminine Woman to be quick and decisive on the phone is like telling a masculine guy that he needs to stay on the phone for 2 hours, regardless of if he has anything to talk about, for no particular reason. Why do women need so many clothes?? This could be feeling comfortable, playing sport, or finishing a job. Because this is what allows them to feel more certain. For feminine Women, clothes play a different role. Having the right size heels to go with that long black dress is important. Having the latest brown boots from that important Italian fashion house so that your legs look great in that new black dress is important. Asking a feminine Woman to select her clothes on a purely functional basis is like asking a masculine Man to sacrifice all practical functionality in his outfit, just to make sure other people approve of him. What kind of person do you think would make a woman feel more safe, secure, and certain? A powerful, tough, and strong guy who says what he thinks, does what he wants, and is willing to stand up for what he believes in b. What if he slept with other women and put her down? For a Masculine person, staying with someone who treats you badly is a stupid and pointless decision. Why do women need to be constantly reassured that everything is OK? A masculine Man who is able to complete tasks and move towards his goals has constant evidence around him that says things are going to be ok. If he has a job, can earn money, has food and shelter and access to more provisions, and can take the actions he needs to take to move towards his desired destination, then he feels certain. All of a sudden, her certainty is gone again. They need to be constantly reassured because their certainty has no rock solid base and therefore, they need constant feedback to experience certainty. Once a masculine Man passes through puberty, the hormone fluctuations he experiences on a month to month basis are pretty gradual and pretty insignificant. This is not the case for Women. Can you imagine what that would feel like? To wake up every day without any control over how you felt? If that was your every day reality, would you want to be constantly reassured? I know I would. Why do women test guys constantly? For a masculine Man, constant testing is pointless. For a feminine Woman, constant testing is necessary. Feminine Women test because their sense of certainty is based on communication. If you appear to be strong and confident and communicate to her that everything is going to be ok, she experiences certainty. If you stay the same confident, strong, directed guy under pressure, then she experiences more certainty. Why do women prefer bad boys? He experiences certainty through his ability to take action and make a difference and he communicates that to women. He waits for polite smiles, social validation, the approval of his mates, and acceptance from people around him to experience certainty. He is the definition of needy â€” he needs approval and validation to feel good about himself. Women are so sensitive??? Masculine Men base their certainty on their ability to take action and make a difference. Their certainty is based on communication which means that their frustration, disappointment, and depression is based off the communication they receive. Saying to Feminine Woman that she looks ugly in those pants is the same as preventing a Masculine Man from being able to build the shelter he needs to stay warm and dry.

Chapter 4 : The Health Psychology of Women - Google Books

The Women's Health Psychology Lab at the NASPOG Convention Welcome to the website of Professor Pamela Geller's Women's Health Psychology Lab! Our research focuses on health psychology, specifically women's reproductive health.

Prospective applicants are encouraged to view the frequently asked questions page and to also read about our current research below to gain more information about our lab. Below are descriptions of our ongoing research projects. For information about opportunities to enroll in ongoing projects, please visit our Research Participation page. This information was last updated in July Mother Baby Connections Program This is a newly developed interdisciplinary intensive outpatient program serving women with depression, anxiety, and psychological distress during pregnancy and postpartum. Interventions target areas such as symptom reduction, maternal-infant interaction, and relationship with partner e. Several projects are ongoing: Related clinical research projects also are in the process of development. This study has several aims: This project is led by Victoria Grunberg. Barriers to Treatment among Minority Women with Infertility This research investigates the myriad psychosocial barriers that prevent minority women from seeking assisted reproductive technology ART treatment for infertility. The primary goal of this study is to determine what perceived or genuine obstacles e. This project is led by Mona Elgohail. This research study aims to address barriers to seeking psychotherapy and to reduce depressive symptoms in this population using a newly developed internet-based intervention. A Study of Sexual Communication This project aims to examine the effects of efforts to conceive, sexting, and sexual communication on intimacy and sexual satisfaction among women. Research has shown that sexual satisfaction and intimacy often diminish while trying to conceive a child, especially when struggling with infertility. This project attempts to address this problem while building on the findings of the Sexting and Intimate Partner Relationships Among Adults study, which found that sexting is related to sexual and relationship satisfaction. This project is led by Emily Stasko. The primary goal of this study is to create a NICU-adapted, manualized mindfulness treatment and determine the acceptability and feasibility of this intervention. Secondary goals include examining the efficacy of stress reduction, promotion of mother-child attachment and increase of psychological resiliency. This project is led by Christina Bricca DiSanza cjb drexel. NICU Infant Development and Family This study examines whether and to what extent parental mental health, parenting style, parent-infant interactions and couple and family functioning contribute to NICU infant cognitive, language, motor and socio-emotional development. Results will help inform researchers and clinicians how best to understand and address family distress following NICU hospitalization. Maternal Self-Efficacy in the Postpartum Period This project aims to begin development of a new measure of maternal self-efficacy through the collection of qualitative data from postpartum mothers. The goal is to translate this qualitative data into items in a new quantitative measure as a means of both generating a patient-centered and content valid measure of self-efficacy as well as to inform the development of future psychological interventions for new mothers. This project is lead by Ari Albanese. Perceived Social Support and Parent-Infant Bonding Caregivers facilitate the healthy development of their child through appropriate behavioral responsiveness and emotional availability. Caregivers themselves need support during challenging times such as the first year postpartum. The goal of this research is to determine if perceived social support can be a leading factor in promoting proper parent-infant bonding, benefiting the health of both parent and infant postpartum.

Chapter 5 : Journal of Women's Health Care- Open Access Journals

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Chapter 6 : The Psychology of Women - Margaret W. Matlin - Google Books

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The psychology of women addresses topics such as gender stereotyping, physical development across the female life cycle, theoretical perspectives on women's personalities and mental health, women's health issues, sexuality, reproductive rights and reproductive health, verbal and nonverbal communications by and about women, women and.

Chapter 7 : Psychology of Women - Psychology - Oxford Bibliographies

Health psychology is a major strength and focus of research across both the Clinical and Experimental Training Programs of our department. One of our departmental distinctions is that health psychology faculty work together across areas, and graduate students often choose research mentors outside their own training program.

Chapter 8 : What Women Want: Female Psychology - Attraction Institute

The APA Society for Health Psychology (SfHP) initially established the Committee on Women's Health in the 's to advance women's health research, provide resources on women's health to Division and APA members, collaborate with the APA Women's Programs Office and to advance the status of women in the Division and APA.

Chapter 9 : Women's Health â‹† Health Psychology â‹† Lifestyle

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