In modern Western industrial societies, adult women, as a consequence of the roles they occupy, have higher rates of mental illness (as indicated by severe psychological distress) than do adult men. [The Social Sciences Citation Index® (SSCI®) indicates that this paper has been cited in over 220 publications since 1973.]

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In the early 1960s I dropped out of graduate school and took a job on a research project in a public mental hospital. As part of my job, I interviewed all patients (n = 428) who had entered the hospital over a 2½-year period. Women were a majority in the population interviewed and their complaints were much more likely than those of men to center on their social and instrumental roles.

In 1969 the American Sociological Review published an article by Phillips and Segal in which they argued that the higher rate of symptoms reported among women in community surveys did not reflect greater psychological distress among women but was a consequence of it being less stigmatizing for women than for men to admit to symptoms of psychological distress. Although the paper was well received, no empirical evidence was offered to support their position.

Based on my previous experience, I viewed the apparently higher rates of psychological distress among women as real. With the assistance of Jeanette Tudor, a graduate student at Vanderbilt, I undertook a thorough review of the literature. It indicated that women found their roles, particularly the marital role, more problematic than did their male counterparts. In our paper, we used a very specific definition of mental illness: namely, a nonorganic disorder that typically reflected clear manifestation of psychological distress (i.e., neurotic, functional psychotic, transient situational, and psychophysiological disorders). Using this definition, it was found that women had a higher rate of mental illness, as indicated by (1) admissions to mental hospitals, (2) admissions to psychiatric wards in general hospitals, (3) admissions to psychiatric outpatient clinics, (4) the practice of private psychiatrists, (5) the evidence that women were more frequently treated for mental illness by general physicians, and (6) findings from all community surveys of mental health conducted in Western industrial societies after World War II. (The majority of the studies conducted prior to World War II show that males had higher rates.)

Our paper received a mixture of very positive and very negative reviews, and we experienced considerable difficulty in getting it accepted for publication. In the published version, due to the imposed space limitations, we were forced to eliminate our discussion of a number of important issues that were subsequently raised by critics.

The paper played a significant role in obtaining a grant from the National Science Foundation. At the same time, our paper was criticized on the grounds that (1) the definition of mental illness we used was invalid, (2) our review of the community surveys was biased, (3) health professionals were biased toward finding women mentally ill, and (4) as women reported that they were as happy as men, it was improbable that they actually experienced more psychological distress.

The major and most persistent criticism was that females were more likely than males to participate in illness behavior. For comparable disorders, women were more likely to report symptoms in a survey, to seek professional help, and to adopt the sick role. I subsequently conducted three studies aimed at evaluating this possibility and found no evidence to support this position. A number of other studies have recently come to a similar conclusion. Our position is now largely accepted by the social sciences community.