I. Introduction

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The accelerated rate of change in the roles of women and men in American society of the past ten years confronts all psychiatrists with questions about professional knowledge and skills and personal biases and prejudices. None of us can escape the historical moment in which we live. We must address its issues as they are expressed in our patients' lives.

The present attitudinal changes have been gradually evolving over the past two-hundred years. The family, its size, structure and social functions and the lives of women have been slowly separating and developing independent existences. The contemporary psychology of women and men reflects the decline of patriarchy, and growth of free choice in intimate relationships, greater equality in educational opportunity and attainment, a rise in marital equality, a more intense concern on the part of parents in regards to the education of children, more permissiveness in child rearing, and increased cooperation between people in the areas of love, sexuality, birth control, and homemaking responsibilities. Men are less likely to work and find satisfaction only outside of the home; women are less likely to work and find satisfaction only within the home than was previously true in our history.

The revisions of the Diagnostic and Statistical Manual of Mental Disorders (DSM III) enhances the clinician's ability to make a comprehensive diagnostic statement about every male and female patient. This improved accuracy of the diagnostic assessment will have a favorable impact on the quality of treatment. Another document affecting all physicians, including psychiatrists, is the American Medical Association's Principles of Medical Ethics. The 1980 revision of this document states that a physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, and shall respect the law and recognize a responsibility to seek changes in those legal requirements which are contrary to the best interests of the patient.

In order to comply with these standard setting documents, it is essential for all psychiatrists to assess whether or not their knowledge is current on major issues in our society. A major issue at all levels of society is what factors accrue from sex role stereotyping, and limit, rather than enhance, individual development and self-expression. The political, economic, legal, and interpersonal disputes that are daily brought to our attention through the media, as well as by our patients and in our personal lives, are unavoidable.

The curriculum proposed in this publication is a guide to study about the significant areas of women's and men's lives that are shaping and being shaped by a wide variety of factors. The choice of references was made to heighten the reader's awareness about what is known as fact, what topics require scrupulous research, and what the reader's knowledge and attitudes are about these areas. None of us can escape from idiosyncratic biases toward these topics nor from assuming some aspects of the prejudices of our own subculture(s).

There is increasing evidence that the psychiatrist must consider quite different data when assessing and treating women and men. Other factors such as race, socioeconomic class, family structure, religious affiliation, ethnicity, and sexual orientation contribute to the unique personality of every human being.

This curriculum is designed to illuminate our current understanding of significant differences and similarities between male and female life experiences. More recent information is available about women's experiences than about men's experiences. This fact undoubtedly reflects women's heightened self-awareness about sex role stereotyping of the female individual into roles such as mistress, wife, and mother. This stereotyping has had destructive ramifications for everyone within society. Furthermore, since time immemorial, women's role as bearers of children has been extended to include a responsibility for being the repository for and the purveyor of the societal culture. As the bearers and caretakers of children, women have been blamed for their children's problems unjustly, since they alone have not formed children's characters.

It must be pointed out, as will be evident in reviewing the bibliography, research is inadequate in quantity and often in quality on almost every topic in this curriculum. As is so often true, initial research efforts are clinical studies of individuals or small groups of people. The reports are about individual cases and tend to be anecdotal. In any report, the method of data collection and its presentation should raise questions about scientific authenticity. Replication of the study with a vigorous scientific approach is necessary in many instances. Yet this is a process that is particularly difficult in the social sciences and perhaps even more so in psychiatry which is the nodal point of interaction between the social and biological sciences. Nonetheless, such an approach is being undertaken in a number of areas and is reflected in some of the research presented in this curriculum.

The lacunae and variable quantity and quality of the material does not lessen its value as a curriculum on the psychology of men and women. Instead, it should heighten our awareness that we are at a beginning, both in the curriculum and in our study of the differences in the psychology of men and women. Finally, it should stimulate interest in research.

Why should we study a curriculum formulated on the psychology of men and women? A simple and complete answer is that it will help us better understand our patients and ourselves. Within the subgroup in society in which each woman and man lives, each is encouraged to develop both a distinct personality structure and a pattern of interactions with other people that is

derived from experiences, expectations, and fantasies. Physicians specializing in psychiatry are particularly confronted with the results of these interactions. Their impact may vary from intriguing personality characteristics to debilitating symptoms. It is not uncommon for the patient's request for help to reflect some aspect of the mythology about being a woman or about being a man.

One of the problems in studying women as individuals and as members of social units has been the fact that so few women have been either educated or encouraged to be researchers. The perceptions of what it is to be a woman are quite different from the perceptions of a man viewing a woman. The role of the woman vis-a-vis the man in society has been another factor that has made it, and continues to make it, difficult for women to study women. Few women have lived without a family role as a critical part of their identity. Men have not had this role as central in their lives. Furthermore, even when separate from spouse and family, the majority of women have usually functioned in society in roles that were either supportive of the family role, complementary of the family role, or an extension of the family role. Our historical and current evidence indicates that the most intense conflicts occur within a woman or man when she or he is trying to be different from others in her or his social group. As previously noted, it is almost always a woman's dilemma. An awareness of deviancy and an attending sense of loneliness and alienation can stimulate, on the one hand, a search for a person or group with similar conflicts, needs, interests or, on the other hand, result in a retreat back into the traditional social role. The conflict about roles is currently finding most open expression in the concern about the family, its structure, and function.

Few psychiatrists have had a course, or even lectures, on the material contained in this bibliography because a majority of the articles have been published in the past ten years. Even those psychiatrists in residency training have probably not read material within this conceptual framework, and even fewer psychiatrists have had experiences teaching this material. This fact may be of some solace for all, particularly when personal feelings overwhelm a well reasoned approach and discussion.

There are a number of serious issues involved in the teaching and learning about these topics. Scholars differ in their appraisal of any given study. They raise questions about methodology, analysis of data, and the conclusions. Thus, each of these phases in all of the references should be carefully considered by the reader. This approach is extremely complicated and difficult in view of the feelings that can be aroused in the reader and which, in turn, can impair an objective approach. Another factor that affects teaching and learning is the current ambience of anxiety within society regarding many, if not all, of these topics. Emotional rhetoric cannot help but influence the atmosphere within which this material is discussed. The society's atmosphere is emotionally charged with questions about where and how women have equality with men. These questions can evoke irresponsible unthinking responses even in otherwise thoughtful, reflective individuals. In times such as this one, it is easy to interpret or react to information as though it is accusatory in nature. Sometimes there is solid documentation for the validity

of the accusations. At other times data is misperceived in this light. In conclusion, reading and discussing this material will often call upon the best within each of us as a psychiatrist, and our knowledge of the psychology of human beings.

The material has been organized in a manner that should enhance the ease of selection of topics for study. Few teachers will have an opportunity to present all topical areas in a given course. However, it is recommended that anyone planning to teach one or more of the topics review the entire bibliography since she/he may find references relevant to her/his needs under another topical heading. Obviously, this suggestion applies to all readers. The reader will also note that a number of articles are cited more than one time, and that a given article may cover more than the topical heading under which it is subsumed. These are other reasons to review the entire Bibliography before deciding upon materials for a course or a lecture or reading for personal knowledge.

The contributors and editors of this document know that they may have overlooked important references that should have been included in this introductory bibliography. The reader may know some of them and may have a different preference list than those given for each topic. The material included in this guide for curriculum development was culled from extensive bibliographies that are to be the basis for a book. Thus, the authors welcome suggested additional references and changes in the curriculum. Finally, the experiences of those persons who teach courses derived from this curriculum need to be reported to the editors. Through our combined effort, we may learn from this beginning and rehone the material just as changes are occurring in the lives of women and men.