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# Influence of gender on the development of psychosomatic disorder: a narrative review

*Influencia del género en el desarrollo del trastorno psicosomático: revisión narrativa*

*Influência do gênero no desenvolvimento do transtorno psicossomático: revisão narrativa*

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**ABSTRACT**

**Objective:** to describe psychosocial and cultural factors that can determine the psychosomatic process, to analyze the influence of gender on their development and reflect on how to approach them. **Method:** this narrative review gathered substantiated content on psychosomatization and discomforts without apparent organic cause that take account of gender as a study variable or offer theoretical foundations. The Dialnet, Scielo, Google Academic, and CUIDEN databases were consulted, as well as books, documents, and statistical reports of interest. **Results:** 10 articles available on the web, 5 print articles, 8 books and monographs, and 3 statistical reports were selected. **Conclusion:** what is reflected in the literature is that gender inequalities can condition the development of psychosomatic disorders in relation with psychosocial factors. This is expressed as a conspicuous differential morbidity. That given, it is necessary to highlight the importance of holistic health care from a biopsychosocial and gender perspective.

**Descriptors:** Psychosomatic disorders; Gender; Health Status Disparities; Models, Biopsychosocial.

**RESUMO**

**Objetivo:** descrever os fatores psicossociais e culturais que podem determinar o processo psicossomático, analisar a influência que tem o gênero sobre seu desenvolvimento e refletir sobre sua abordagem. **Método:** foi realizada uma revisão narrativa, reunindo conteúdos fundamentados em psicossomatização e desconfortos sem causa orgânica aparente que levem em consideração o gênero ou forneçam fundamentação teórica. Foram consultadas as bases de dados Dialnet, Scielo, Google Academic e CUIDEN, bem como livros, documentos e análises estatísticas de interesse. **Resultados:** Foram selecionados no total dez artigos disponíveis online, cinco artigos em papel, oito livros e monografias e três relatórios estatísticos. **Conclusão:** a literatura reflete que as desigualdades de gênero podem condicionar o desenvolvimento de transtornos psicossomáticos em relação aos fatores psicossociais. Isso se traduz por uma morbidade diferencial notória. Diante disso, é necessário destacar a importância da atenção holística à saúde, a partir de uma perspectiva biopsicossocial e de gênero.

**Descritores:** Transtornos Psicossomáticos; Gênero; Desigualdade em Saúde; Modelos Biopsicossociais.

**RESUMEN**

**Objetivo**: describir los factores psicosociales y culturales que puedan determinar el proceso psicosomático, analizar la influencia que el género tiene sobre su desarrollo y reflexionar sobre su abordaje. **Método:** se realiza una revisión narrativa, reuniendo contenido fundamentado sobre psicosomatización y malestares sin causa orgánica aparente que tuvieran en cuenta el género o aporten fundamentación teórica. Se consultan las bases de datos Dialnet, Scielo, Google Académico y CUIDEN, así como libros, documentos y análisis estadísticos de interés. **Resultados:** se seleccionan un total de diez artículos disponibles en red, cinco artículos en formato papel, ocho libros y monográficos y tres informes estadísticos. **Conclusión:** la literatura refleja que las desigualdades de género pueden condicionar el desarrollo de trastornos psicosomáticos en relación a los factores psicosociales. Ello se traduce en una notoria morbilidad diferencial. Ante ello, es necesario destacar la importancia de la atención sanitaria holística, desde un enfoque biopsicosocial y de género.

**Descriptores:** Trastornos Psicosomáticos; Género; Disparidades en el Estado de Salud; Modelos Biopsicosociales.

## INTRODUCTION

A psychosomatic disorder can be defined as the result of a process by which emotions are expressed through the body causing pathologies with no apparent organic cause. Psychosocial factors related to the individual and stressful life events play a fundamental role in the development of psychosomatic disorders[1,2].

It is now widely known that any source of stress can chip away our well-being, and this silently accumulates over time with severe consequences for our health. The same is true for repressed emotions that are not adequately expressed or assimilated[3].

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Research conducted in 1998 on the mechanism of opioid receptors helped to establish the psychosomatic phenomenon as the cause of certain health issues[4]. These studies conclude that the activationenergy generated by thoughts[3] can condition the activation or inhibition of protein production in cells. These studies also found that what we call the "mind" – which theoretically generates these thoughts – is distributed throughout human anatomy in the form of signal receptors called opiate receptors[3,4].

However, skepticism within the biomedical community, disregard of the phenomenon, and a constant misunderstanding of the terminology – which was not fully defined until recently[1,5] – results in a significant under-diagnosis. This is linked to the consequent increase in certain diagnoses, such as those related to anxiety or depressive disorders, leading to overmedicalization[6], particularly in women, adding to the biopolitics of gender bias in healthcare[7,8]

Considering that the current patriarchal system shapes psychosocial and cultural factors, we can clearly observe the unequal incidence, prevalence, and development of certain pathologies based on gender[8,9].

Social pressure and limitations, current ideals of beauty, role imposition, family responsibilities, and the glass ceiling women experience professionally, are just some of the obstacles that continue to diminish women's minds and bodies, possibly triggering symptoms of psychosomatic origin[10,11].

These manifest as health issues of no apparent organic cause, such as nocturnal migraines, insomnia, depression, fibromyalgia, or the inability to experience pleasure[1,8]. According to the psychosomatic model, these are the body's way of expressing an emotional blockage caused, in this case, by societal expectations of women along with the sociocultural disadvantages and oppression women experience throughout their lives.

The most common response is the medicalization of these issues without taking into account the psyche[4]. This approach results in short-term improvement that leads to temporary conformity, and involves the excessive consumption of psychotropic drugs that could be avoided if we approached this issue from a holistic perspective[8,9,12].

Based on an analysis of the current state of the field, this article aims to describe the psychosocial and cultural factors that can determine psychosomatic processes, the impact of gender on their development, and finally to reflect upon the best possible approach to treatment.

## METHOD

We carried out a critical narrative review of the relevant literature, including indexed documents, books, and journal articles. For this purpose, the following sources were selected: Scielo, Dialnet, CUIDEN, and Google Scholar, consulted between December 2017 and May 2018.

The inclusion criteria limited the sources to articles published in the last 10 years, in Spanish, English, or Portuguese.

In terms of exclusion criteria, we omitted sources that did not meet the criteria cited above, as well as literature that was not fully available, or that dealt with somatoform disorders contemplated in the DSM-IV and DSM-5 instead of psychosomatic disorders.

The keywords used were: "psychosomatization", "psychosomatic", "biopsychosocial", "psychosomatic symptoms", "woman", and "gender". The search was carried out in both Spanish and English, and the Boolean operator "AND" was used to combine said keywords.

This was complemented with a secondary search of the relevant bibliography of articles in paper format, books, and specialized documents on the subject, as well as statistical reports at a national level.

We obtained the following sources after the initial search in the databases: A total of 65 articles from Dialnet, 204 articles from Scielo, 10,500 articles from Google Scholar, and 37 articles from CUIDEN. After applying the exclusion criteria, we selected a total of 10 articles available online (Figure 1), another 5 articles in paper format, 8 books and monographs, and 3 statistical reports.

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| SOURCE | TYPE OF SEARCH | SEARCH TERMS | No. OF RESULTS | SELECTED ITEMS |
|---|---|---|---|---|
| **Dialnet** | Basic.<br>Filter: journal article.<br>Filter: Full article available. | Psychosomatic symptoms | 51 | **2** |
| | | Psychosomatic symptoms AND woman | 14 | **3** |
| **Scielo** | Basic.<br>Limited to the last 10 years. | Psychosomatic symptoms AND woman | 51 | **1** |
| | | Psychosomatic symptoms AND biopsychosocial | 153 | **1** |
| **Google Scholar** | Basic.<br>Limited to the last 10 years | Psychosomatic AND biopsychosocial | 10,500 | **2** |
| **CUIDEN** | Basic.<br>Filter: journal article. | Psychosomatic | 37 | **1** |

**FIGURE 1:** Search strategies in electronic databases. Tortosa, Spain, 2018.
Source: Compiled by the authors.

## RESULTS AND DISCUSSION

### Psychosocial and cultural determinants

Almost all the references consulted indicate a series of contextual factors related to the manifestation of psychosomatic symptoms, in addition to other comorbidities, especially those of a psychiatric nature. The existing literature supports the theory that the manifestation of psychosomatic symptoms without organic cause is, in most cases, associated with major depression (55% of patients), anxiety (34%), and personality or panic disorders (61% and 26% respectively)[13]. It is likewise related to self-perceived poor health, stress, lack of social support, and other determinants of quality of life[14,15]. The gender difference is also significant, with psychosomatic disorders being 10 times more frequent in women than in men[13].

Published studies reveal the influence of the environment on the health-disease continuum and, in the case of women, it is possible to observe how the contextual conditioning factors of gender significantly contribute to vulnerability. Therefore, roles, stereotypes, ideals of beauty, subordination, or the model of femininity are determining factors in the development of different lifestyles, diseases, levels of access to healthcare, and even mortality rates[6,8,16].

The most relevant occupational health determinants include the gender wage gap, unequal or inexistent access to positions of power and the significantly higher pressure on women to reconcile work with family life[17,18]. It is worth noting that professions with the highest psychosocial risk are those with greater percentages of women[19].

These labor market inequalities directly impact the mental health of women[19], and imply that they are unable to "emancipate" themselves whether financially or symbolically from their traditional roles and, thus, unable to break with the long-standing division between male and female activities[20]. It is also worth highlighting the structural and historical phenomenon of male domination over women, a determining factor in the internalization of female inferiority and submission in Western patriarchal societies[18,21].

There are notable gender-based differences in how time is spent and distributed. Women spend more time doing housework, and caring for children and family members. They also spend more time doing other chores and studying. In contrast men, in general, devote more time daily to personal enjoyment and socializing[22].

Since women are usually the ones caring for dependent family members, it is difficult for them to enjoy leisure activities such as sports or hobbies, or find the time for self-care and personal development[23]. This is reinforced by the non-legitimization of empowerment implicit in the ambivalence of patriarchal society towards all things considered "feminine"[18].

Additionally, it is worth highlighting the established and entrenched ideals of beauty imposed on women. Due to inherent social pressures perpetuated by advertising and political interests, women are objectified and reduced to mere

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things, which is a powerful determining factor in their self-esteem and self-concept as parts of a social system[8,11,21]. This reality is statistically reflected in women's self-perceived quality of life and in the differential morbidity of mental health[9,24] and psychosomatic disorders in women[16].

**Women's Malaise**

In our search for the causes of women's malaise, we conducted an intervention in Primary Care with women and men who presented symptoms such as depression or anxiety, somatizations, and pain without organic cause, to find the possible associated psychosocial factors. We recorded psychosocial vulnerability distributed by gender, which revealed that the main psychosocial factor affecting women (27%) is the burden of the traditional role (dependency, isolation, lack of a support system, and caregiver work). This is followed by couple conflicts (20%) and concern for children. The results obtained showed that grief, abuse, work or academic conflicts, and double shifts are also important factors.[16].

For men, on the other hand, couple conflicts occupy the first place (25%), followed by grief (20.3%) and work or academic conflicts (14.1%), with caregiver workload and accidents and illnesses (7.8% in both) coming last. Given these results, we conclude that gender roles inform and perpetuate psychosocial vulnerabilities in women[16].

The probability of homemakers suffering from depression increases once their children become independent, which suggests the association between depressive states and the loss of a well-established social role[11]. This social role is assimilated from a very early age through the construct of gender and, unconsciously, is the basis of possible distress that can trigger or help develop a psychosomatic process[15,25,26].

The cultural malaise that women experience directly influences the construct of their individual subjectivity, thus possibly triggering psychosomatic processes. The complex social and psychological relationships between body, image, norms, and stereotypes, gradually undermine the vital development of women[26]. Gender plays a role not only as a social construct but also in terms of hormonal and intrapsychic processes linked to women's experiences and the symbolization of gender differences. This inherent difference means that, from the very beginning, women are predisposed to developing psychosomatic illnesses, a predisposition that is further strengthened by the sociocultural dogmas of the society in which they are immersed[25–27].

Thus, the diminishing of women by patriarchal society results in strong behavioral and thought inhibitions associated with negative emotional responses like anxiety, fear, or anger, all causes of discomfort[28,29].

**The expression of malaise and approaches to treatment**

Social support networks, socioeconomic level, and the sense of belonging are some of the main sociocultural variables that constitute protective factors. In this regard, we also found individual differences based on gender, especially related to the sense of belonging, as we live surrounded by a patriarchal society. Where present, protective factors may affect the impact of risk factors, either before the appearance a psychosomatic disease or during its development and prognosis[30].

Many of the documents consulted mention psychological risk factors. The existing literature shows that there is an inherent influence of the messages promoted by society towards women regarding their bodies, their appearance[25], their reproductive duties[27], and their professional limitations[31], all of which contribute to gender-based subjugation[30].

However, not only quality of life, anxiety, or stress of this nature are associated with psychosomatic causes of health issues. Some research points to long-term emotional struggles. Early stressors, such as early maternal separation or child abuse are traumas that directly interfere with factors that will influence a person's quality of life and their ability to manage and cope with problems in adulthood.[14].

Men and women tend to express and channel their malaise differently. While men are unconsciously inclined to express anger or take refuge in toxic habits, women tend to repress their emotions[10], which, according to psychosomatic theory, generates a somatic response that can manifest as a physical symptom without organic origin[3,4].

It is worth highlighting that the almost exclusively female tasks inherited from the patriarchal system further contribute to this phenomenon. A clear example is the difficulty of balancing work and family life, or the lack of truly free time that is not occupied by housework or caring for dependent family members[11]. For example, because of this double shift, Catalonian women exercise less than men in their free time. This fact calls into question equal involvement

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in health improvement, because, while public health promotion discourses encourage individuals to increase daily exercise, the burdens that prevent women from exercising more are ignored, evidencing the need for a different type of intervention[12].

It is important to emphasize that lower diagnostic efforts towards women lead to greater consumption of anxiolytics and tranquilizers[11], given the practicality of prescribing a drug targeting the symptoms rather than investigating their origin and addressing the underlying problem[29]. Studies confirm that poor mental health directly affects physical health, which is why people with anxious pathologies are at a significantly higher risk of suffering somatic manifestations such as headaches (4.2 times higher risk), heart disease (3.9), musculoskeletal diseases (3.8), and digestive diseases[10].

Up to 13% of the women treated in primary care leave the consultation without a diagnosis, with poorly defined signs and symptoms without a demonstrable medical cause[16]. The consequence, as mentioned before, is overmedicalization. Insensitive communication by healthcare providers and the absence of an organic cause for the woman's malaise, lead to greater prescription and consumption of tranquilizers, anxiolytics, and even analgesics[26,28,29].

To eradicate this clinical neglect of women's malaise, a nursing intervention project in working women with psychosomatic profiles reflected the importance of a holistic approach, focusing on preventing stressful responses in the physiological, psychological, sociocultural, developmental, and spiritual spheres[31].

Working provides social identity and should represent personal growth for women, which is why preventing the associated negative conditions is an urgent issue we need to address. Considering both the usual combination of productive and reproductive work almost inherent to women, the negative psychosocial factors in the workplace can be also transferred to other areas of their life, usually manifesting as symptoms of no apparent organic cause[29,31]. For this reason, specific categories of intervention focused on detecting and preventing risk factors and identifying potential protective factors are established, thus contributing to the quality of life of working women[31].

These levels of prevention and intervention must be extended to the general population, starting with the healthcare system disengaging from an exclusively biomedical paradigm, and implementing a more biopsychosocial and gender-sensitive approach[25,31].

## CONCLUSIONS

The literature reviewed in this paper shows the influence exerted by the environment on the health-disease continuum, and how psychosocial and cultural factors associated with gender act as risk factors. For women, feelings of social inferiority derived from these risk factors determine both the possible development of pathologies and the healthcare they receive.

It is worth highlighting the gender inequality associated with contextual factors, which are harmful to women due to the malaise caused by psychosomatic disorders. This is relevant, considering the pressure and dogmas to which this specific population is subjected in today's society. Therefore, a gender perspective is a crucial part of a holistic approach to healthcare, in order to provide comprehensive and unbiased assistance. Active listening is essential to detecting significant stressful events and situations that may trigger or perpetuate women's malaise. The care model must be based on an understanding of the individual and contextual circumstances of each patient.

As different studies show, the incidence and prevalence of comorbidities that are related to unfavorable environments and the persistence of certain gender-role patterns suggest that health education in this aspect is essential to promoting structural change.

Health intervention from a biopsychosocial and gender perspective is of great importance. In the first place, it is necessary to dismantle the idea of the mind, body, and emotions as separate from each other. Healthcare providers have the responsibility to carry out competent biopsychosocial interventions targeting women's malaise, keeping in mind that in addition to the biological causes, this malaise may also be influenced by psychosocial or cultural circumstances.

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