GENDER, MENTALHEALTH AND THE PANDEMIC: AN OVERVIEW

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Abstract

Among the most profound social divisions in our culture is the one we make by gender. Whether we are male or female shapes our access to resources and our life choices and options. It colors the ways we relate to others, what people expect of us, and what we expect of ourselves. Because our social practices are fundamentally gendered, mental health and emotional troubles should also differ for men and women. For some time, however, there have been heated debates over the differences between the mental health of men and women. Some argue that women have more psychopathology than men, and some claim men have more. Others think that both genders suffer equally, but from different maladies. In this chapter, we present examples of these conflicting positions, examine the evidence for them, and discuss social explanations for disparities by gender. The present study is an attempt to understand the contemporary nuances of gender and mental health in the context of the pandemic.

Keywords: Gender, Mental Health, Gender Disparity, Pandemic

Introduction

Dominant gender conceptions are those held by groups in positions of power. Explanations for gender differences in mental health problems focus on aspects of these dominant gender conceptions and practices. In the agricultural societies before this, both men and women produced goods within the home. In addition to raising children, women had central productive responsibilities such as making clothing and working in the fields along with men. With industrialization, the workplace became divided from the home. Middle-class men began to leave home to work, and women stayed to care for the children in the household. The rise of industrial capitalism in the 1800s heralded a shift of major consequence in the social situations of men and women. This seemingly simple split in the realms of men and women had ramifications throughout all levels of social and personal life. The productive work of the public sphere became primarily associated with men and masculinity. The socio-emotional work and domestic labor of the private sector became primarily linked with women and femininity.

Background

A so-called cult of domesticity arose to validate the assignment of women to the private sphere. Middle-class ideology dictated that women were fragile and emotional beings and that children required their mothers' not fathers' special care for moral and psychic development. Thus it was that public and private realms became divided and gendered: Men belonged in the realm of economic productivity, and women belonged in the realm of emotions, social relations, and caretaking. Consistent with these splits, dominant conceptions of femininity came to associate women with personal characteristics of nurturance, sensitivity, and emotional expressiveness. In contrast, dominant conceptions of masculinity associated men with characteristics of assertiveness, competitiveness, and independence. This division of public and private has had strong implications for power differences between men and women. The economic resources of the public sphere are more transferable than the socio-emotional resources of the private sphere. [1]

Money is a resource that can be used or transferred in any context, exchanged for the same rewards, and accumulated without limit. In contrast, caretaking skills and emotional sensitivity are resources that are tailored to particular individuals and cannot easily be transferred to other individuals or extended indefinitely. In this sense, the economic resources of the public sphere bring greater power and are hence more socially valued than the socio-emotional resources of the private sphere. Because men and women are split along public–private lines, they hold different amounts of power and esteem in the social eye.[2]

Gender and Mental Health

With this background in mind, we may understand the ways by which gender conceptions and practices including the division of labor, power relations, and dimensions of the self, shape the divergent psychological troubles of men and women. The differences in power and responsibilities translate into lower earnings for women than men, even in the same jobs that require the same training and experience a wage gap caused in part by the devaluation of women's skills. In addition, average incomes are lower in professions where women make up a significant percentage. Often, income is also divided unequally within the family, with husbands receiving more than wives, who spend larger proportions of their share on their children. Scores of studies attest to the negative effects of low income on mental health.[3]

The division of public and private spheres results in women's greater responsibility for domestic labor, regardless of their employment status. Most women are employed currently, including those with small children. Women do the bulk of child care and housework even if they work hours comparable to their husbands outside the home and bring in the same income. These responsibilities for the household work often result in an overload of demands that raises women's levels of depressive and anxious symptoms. When household tasks are split, women tend to do the kinds of tasks over which there is less discretion and that must be repeated often, such as preparing meals, shopping, cleaning, and laundry. These kinds of tasks produce a strong sense of time pressure, which also engenders depressive symptoms. [4]

In addition, the stress of managing often unpredictable child care arrangements also takes a psychological toll, and women who have trouble with such arrangements suffer high levels of distress. In contrast, when child care is secure and when husbands share the work at home, women's symptoms of depression and anxiety resemble the low levels among men. Thus, women's excess in internalizing problems is partly caused by the greater time pressure of their household tasks and the overload of job and family demands that they experience more often.The separation of spheres by gender also has consequences for the social relationships of men and women and, in turn, their mental health. Consistent with their identification with the private sphere, women maintain more social ties that are emotionally intimate. Women enjoy higher levels of mattering in relationships; that is, the feeling that others care deeply about them. [5]

According to the experts, the close ties that bring women support can also be sources of negative interactions, such as conflicts, demands, and guilt. The negative interactions can offset the benefits of supportive interactions, leaving women with higher levels of distress than men overall. In addition, women experience more distress over the problems of those they care about than do men. For this reason also, women can suffer greater anxiety and depression few scholars call it the ‘costs of caring’ from their closer social connections. The dimensions of the self that differentiate men and women have implications for mental health. Gender differences in internalizing and externalizing problems emerge in childhood and adolescence, which indicates the importance of socialized dimensions of selfhood. Consistent with the divisions in spheres and in power, women have more negative self-evaluations than men, a difference that also arises in adolescence. These negative self-evaluations increase the risk of mental health problems, especially internalizing problems. [6]

In contrast, high self-esteem and sense of mastery are positive for mental health, operating as personal resources that protect the self in the face of stress. These differences in aspects of the self contribute to women's higher rates of anxious and depressive symptoms. Consistent with the division into public and private spheres, women possess higher levels of emotional reliance and empathy, whereas men are more independent in relationships.Extreme degrees of connectedness or dependency raise the risk of internalizing symptoms. In contrast, extreme independence and low empathy increase externalizing problems such as antisocial behaviour. There is some evidence that the gender differences in connectedness and autonomy contribute to the disparities in internalizing and externalizing problems.[7]

Corresponding to the differences in economic resources, men and women differ in perceptions about the amount of power they possess in relationships. Low perceptions of power raise the risk of internalizing symptoms in particular Gender differences in perceived power also contribute to the disparities in internalizing symptoms between men and women. Consistent with these differences, men and women vary in self-salience, which are schemas about the importance of the self versus others in social relations. Basically, self-salience involves who we put first, ourselves or other people. At the extremes, self-salience shapes individuals' tendencies toward internalizing or externalizing problems. Schemas that elevate others at the expense of the self raise the risk of internalizing symptoms, whereas those that promote the self at the expense of others predispose individuals to externalizing behavior. Dominant conceptions of femininity privilege the needs of others above the self, whereas conceptions of masculinity privilege the self more strongly. These differences in self-salience help explain why women predominate in internalizing problems and men exceed in externalizing problems.[8]

All of these gender differences in power, responsibilities, and dimensions of the self – shape men's and women's experiences and reactions under stress, which have implications for mental health. Stressors that challenge valued roles or cherished goals and ideals are especially destructive to well-being. Women's greater responsibility for caretaking and domestic life can make problems with their children particularly stressful. For the same reason, women feel more distress than men when spending time away from young children. There are also different meanings for men and women in combining work and parent roles. Men's conceptions of themselves as paid workers are consistent with their conceptions of being a good parent. They see breadwinning as part of their parental role. For women, paid work and being a parent overlap

less income is not as central to their notion of parenting. Because of these different social conceptions, women with children more often experience intense internal conflicts and challenges to identity when they are employed. These reactions in turn contribute to their higher distress in combining these roles compared with their husbands.[9]

The costs and benefits of role meanings are different for men and women, particularly for the work role. Although most meanings associated with work outside the home are positive for men and women, there is a central cost for women: Work outside the home detracts from time spent with family. Thus, the meaning of work has a cost to women that it does not for men, which helps explain why married mothers have greater internalizing problems than married fathers. Given the differences above, men and women vary in their specific strategies for coping with stressful events and circumstances. Men are more stoic and less expressive in their responses to stressors than women. They more often try to control the problem, accept the problem, not think about the situation, and engage in problem-solving efforts. Women more often pray, solicit social support, express their feelings, and try to distract themselves. [10]

Overall, it may be argued here that the problem-focused coping strategies, which attempt to control the stressful situation and reflect a high sense of mastery, are associated with lower depression and help explain men's lower rates. However, different strategies are effective for particular kinds of problems. Generally, strategies that keep partners engaged are more effective for interpersonal problems. For impersonal problems like those on the job, coping mechanisms that allow distancing or devaluation of the problem are most helpful. In this sense, women's typical coping techniques stand them in good stead for dealing with problems in relationships; men's techniques benefit them for dealing with problems at work. We see the division of spheres again reflected in this distribution. We also see that flexibility in coping may be the most effective strategy of all, allowing one to use the best technique for the specific problem at hand.[11]

The explanations presented so far hold that gender differences in mental health result from different underlying experiences of women and men, which divisions in power, responsibilities, and aspects of selfhood produce. In contrast, another approach claims that different norms for expressing emotion rather than different underlying experiences explain the mental health disparities. Norms for the expression of emotion, or what are called “feeling rules,” vary dramatically for men and women and prompt different responses to similar

situations. There are “proper” or “appropriate” ways for men and women to emote, the genesis of which can be explained by differential socialization for boys and girls. As suggested earlier, children internalize messages that equate masculinity with assertiveness, dominance, aggressiveness, independence, and risk-taking, but girls are raised to be the opposite, most notably nurturing and caring. Males are expected to suppress emotions defined as feminine and weak, such as feelings like helplessness, worry, and insecurity – all of which are associated with anxiety and depression. Anger is somewhat more tolerated even though not welcomed. In contrast, emotions such as fear and helplessness – consistent with anxiety and depression – are more normative for women.[12]

Some argue that these feeling rules leave men and women little choice in expressing their troubles. For example, because open displays of anxiety and depression are relatively forbidden, men may attempt to hide, remove, shorten, or deflect any such feelings. Drinking accomplishes this goal, under the cover of relative acceptability. For these reasons, some see substance abuse as a male version of depression; that is, a gender-equivalent expression of depression. Both come from the same underlying feelings, one allowing direct expression and the other indirect. As some evidence of this, low-level jobs increase psychological distress for women and increase drinking for men. Thus the same problematic circumstances can result in divergent disorders in men and women.[13]

Gender, Mental Health and Pandemic

The Coronavirus, first declared as a global pandemic on March 11th, 2020, has impacted millions of individuals in a variety of ways. Across the nation, people have suffered financially, physically, and emotionally from the virus. As a result, an immense number of individual’s mental health amongst every age group have taken an extreme toll. However, a prominent population that has been heavily impacted is women. According to research, the fatality rate for men has been twice as higher than for women. However, the pandemic has impacted more women’s mental health than men. Because women represent the majority of the health workforce, they have been at a greater risk for COVID-19 and the emotional toll it comes with. The effects of quarantine alone have caused many to feel isolated, lost, and scared, which is distressing for anyone but add a susceptible population for increased mental health issues into the mix, and you have a recipe for disaster.

The COVID-19 pandemic surged mental health concerns and has disproportionately impacted women and girls. Unfortunately, policy decisions and health initiatives often overlook women's health, especially mental health. According to the World Health Organization (WHO) and U.N. agencies, low and middle-income countries spend less than 1.6% of health budgets on mental health. These dynamics are reversing progress made toward closing gender gaps. Globally, women are reporting a higher increase in anxiety and depression than men.[14]

According to CARE's Rapid Gender Analysis and the impact of the pandemic on men 's and women's lives across 38 countries, the number of women who reported mental health impacts from COVID-19 was threefold that of men. More than a quarter of women reported increased stress, anxiety and other mental health struggles. Not only has the labor increased for women in the frontline, but domestic violence and violence against women have increased since quarantine, too. Shelters, hotlines, and other resources for women experiencing violence have reported a dramatic increase in number of reporting since the start of COVID-19. Because of the violence and stress on women throughout the pandemic, post-traumatic stress disorder, anxiety, and depression have become more prevalent in women across nations. [15]

Other mental health hardship women have faced since the start of COVID-19 has been related to family stress. With many schools rapidly opening and closing, many mothers have had disproportionately more stress and responsibilities, including home-schooling children, all while managing their own psychological responses to COVID-19. With all of this to say, the gender gap is not getting any smaller because of these repercussions, and the pandemic does not appear to be ending anytime soon, either. Though the Tele-Health has become the new normal as an alternative to in-person services, which is safer and more convenient for some but not all. There have been major disparities amongst communities with a lack of accessibility to resources that may enable others to successfully utilize Tele-Health services. Many individuals and families don't have access to internet in their home, let alone a device to communicate with providers.[16]

Because of the prevalence rate of women facing mental illness, it is increasingly essential now more than ever for women to have the ability to access mental health care. An additional barrier to accessing mental health services in the pandemic has been facilities temporarily closing in-person services, becoming increasingly difficult for individuals to establish care for the first time with a provider. This has resulted in virtual crisis hotlines being the only option, which cannot replace long-term therapy. The research that has been done since the start of the

pandemic has only further proven how essential the funding and accessibility for mental health truly is. As the pandemic is continuing to be navigated, it is important that we consider future implications for mental health services and Tele-Health especially for women. Additionally, as policymakers continue to discuss further actions to alleviate the hardships of the pandemic, it is crucial that individual's mental health is taken into consideration into any additional relief package, should it come our way.[17]

Mental health in the public eye is usually centred on statistics of persons needing help and lack of experts all cloaked in inaccessible language. Looking at mental health as just symptoms, disease and treatment rather than the broader context and environment of individuals is problematic. First, it doesn't take into account pervasive stigma and ableism when living with mental health issues, which means that people are labelled when unable to pass as 'normal' and are isolated within families, schools, workspaces and in hospitals.

The CARES Act (The Coronavirus Aid, Relief, and Economic Security Act) was a step in the right direction, but further aid and oversight for mental health services are necessary for the sake of the general wellbeing of our nation. Self-Care has become one of the most significant aspects of post-pandemic world. During this difficult time of living in a pandemic, with stress running high, it is more important than ever to take care of your physical and mental health. Activities such as exercise, listening to music, talking to a therapist, journaling, and developing a consistent sleep routine are ways you can better both your physical and mental health. Hence, rights based mental health praxis and communication is deeply feminist. It necessitates an intersectional and inter-sectoral approach, which takes on board the ways in which systemic and structural barriers all contribute to an individual's mental health as well as that psychosocial distress is related to inclusion, social justice, development, livelihoods, physical health and human rights.[18]

The dominant biomedical narrative falls short in this regards as it doesn't address links between mental health, marginalization, poverty and stigma. Thus, mental health needs to be viewed as psychosocial because psychological and social factors affect mental health as well. Many studies have shown that marginalized communities are more susceptible to mental health stressors. Additionally, the distribution, affordability and suitability of mental health services render them largely inaccessible for communities marginalised by caste, class, location, language, gender and sexuality.[19]

Conclusion

In conclusion, we might pose ourselves some questions for reflection. In most writings on domestic violence under the pandemic, for example, the solutions offered are still helplines, shelter homes, and stricter laws, although research in the Global South shows that women who own a house or land, or have formal jobs, are at substantially lower risk of intimate partner violence than women without property or secure jobs. Yet we see rather little coordination between social movements against domestic violence and social movements for women's rights in land and property.

The gender effects of COVID-19 are complex, and extend much beyond the issues of care work and domestic violence that have captured global attention. Some effects have been immediate, such as job losses, food shortages, and enhanced domestic work burdens; others will emerge in time, such as the depletion of savings and assets and pandemic-related widowhood, which would make recovery difficult.

As few scholars point out, as a culture we must stop using language and stereotypes that presents females as hysterical, emotional beings who are socialized toward co-dependency. We need to dismantle the stereotype that men are supposed to be strong and shouldn't need to ask for help, as well as the notion that they don't show their emotions. This starts by taking a look at mental health through a feminist lens and challenging all of us to do better. Tarring every woman with a mental illness with the crazy brush or just lumping us in with any person of the female persuasion who's perceived to act irrationally or just in a way you don't like, is archaic and silly. People deserve nuanced, informed responses to one's diseases, not labels that target some imagined 'irrational' aspect of one's gender.[20]

Feminism has already taken steps to incorporate the mental health needs of a diverse population into its fold. Feminists do research on mental health, advocate for the inclusion and exclusion of certain diagnostic categories, train therapists in feminist and multicultural therapy, advocate and lobby for government funding at local, state and national levels. Feminists are also working to dismantle oppressive social systems and institutions that can, in the long run, improve their lives, and mental health as part of that.

Sonam Mittal, the founder of 'Azaadi' which mainly works against sexual harassment at workplace, says, 'As feminists, we need to focus on mental health in a way that it breaks

stereotypes. At the same time, as activists who are out there fighting for human rights, it's critical we understand the seriousness of secondary trauma.'[21]

As argued here, COVID-19 is likely to have a range of complex and often indirect gender effects that could be missed. To identify these effects, we need to draw on our understanding of preexisting gender inequalities and social norms as well as examine literature that illuminates how people cope with economic and social crises, not just immediately but also in the long term. This can help us anticipate not only the direct and immediate impact but also the indirect and long-term impact. Media reports can further alert us about emerging adversities that could be incorporated into surveys. Such a conceptualization and learning from past crises and real-time reporting appears to be largely missing from many of the telephone surveys conducted during the pandemic in India with the exception of hunger among the jobless.

An anticipation of the diverse potential effects of COVID-19 can help us design surveys that can better capture impact that would otherwise remain invisible, and to guide policy for mitigating adverse effects, including those that are barely apparent yet. This would include but not be confined to the effects discussed here, such as an unequal sharing of food and hunger, increase in care work burdens and domestic violence, asset loss, the abandonment of women and girls due to poverty, the insecurities and dependencies experienced by widows whose husbands have died from COVID, and the educational reversals for girls. Tracking indebtedness and asset sales would be especially revealing of women's economic situation and vulnerability within families. Moreover, tracking COVID driven poverty by gender, beyond the immediate short term, is imperative, since long-term precarities can set in for women with limited resilience.

Access to high quality mental health care is not only attainable financially but logistically such as clinicians within walking distance or on public transportation routes remains out of reach for a large percentage for the needy. Gendered mental health diagnosis, such as BPD, also needs to continue to be challenged, especially as we work to dismantle the gendered notion of having an emotionally-based disorder in the first place.

Similarly, for several decades now, a diversity of empirical work across disciplines and feminist practice has demonstrated that working in groups empowers especially poor women, both within families and vis-à-vis communities and markets. This needs to inform policy discussions on women and the pandemic. As Bina Agarwal points out, "Building back better" will require creativity on many fronts, not least by creating a synergy between feminist theory,

evidence gathering, and practice. Together these could add up to much more than the sum of their individual trajectories.

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