
UNIT 10 MENTAL HEALTH AND GENDER ISSUES

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10.0 INTRODUCTION

Mental health has emerged as a popular discourse and as a central theme across the globe in the last decade and gained a lot of significance in the post-Covid pandemic era. Mental health as a concept entails an understanding of its varied components that combine a blend of various psycho-social constituents as well as socio-cultural determinants. This unit attempts to bring about an understanding of the diverse concept of mental health and its holistic components. It aims to discuss the socio-cultural determinants of mental health with thrust on gender as a critical determinant. The unit also enumerates few strategies for enhancing mental health of individuals across the society.

10.1 LEARNING OUTCOMES

After studying this Unit, you would be able to:

- Explain mental health as a positive concept;
- Delineate the components of mental health;
- Differentiate between mental health and mental illness; and
- Examine gender as a determinant of mental health.

10.2 CONCEPT OF MENTAL HEALTH

Mental health is the capacity of each individual to feel, think and act in ways that enhance the ability to enjoy life and deal with its challenges. It is a

positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity (Anand, 2016).

The World Health organisation defines mental health as ‘a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stressors of life, work productively and is able to make a contribution to his or her community’ (WHO, 2014). The significance of mental health has been accentuated by the WHO in its reiteration that ‘there is no health without mental health’. The core components of mental health include a person’s well-being, his/ her effective functioning in the community. The promotion, protection and restoration of mental health are regarded as a vital concern of individuals, communities and societies throughout the world (WHO, 2014).

Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium (Galderisi et al; 2015)

Mental health is, therefore, an essential component of social cohesion, productivity, and peace and stability in the living environment, contributing towards social capital and economic development in societies (WHO, 2005). It is indeed fundamental to good health and quality of life, is a resource for every-day life and contributes to the functioning of individuals, families, communities and society. The WHO phrase ‘there is no health without mental health’ conveys clearly the positive sense of mental health.

After understanding the concept of mental health, let us now delineate some of the popular discourses on mental health.

A) Marie Jahoda: Components of mental health

Marie Jahoda (1958) in her book ‘Current concepts of positive mental health’, sought to define positive mental health in terms of the following components:

1. **Positive attitude toward the self:** Having a positive attitude towards self includes accessibility to consciousness, correctness in self-apprehension, feelings about the self, and sense of identity. To put it simply, it implies understanding of self with objectivity and without any biases, making realistic self-assessment and also accepting one’s strengths and weaknesses.
2. **Growth, development and self-actualization:** This includes understanding and utilization of one’s abilities, growing as per one’s potentials, being positively concerned with other people, having the capacity to evoke empathic responses from other people and aspiring for

higher goals in life.



Figure 1.1: Components of Mental health (Jahoda, 1958)

3. **Integration:** Integration can be understood as a balance between psychic forces (id, ego and superego); having a unifying and mature cognitive outlook towards life; and resistance to stress.
4. **Autonomy:** Autonomy implies self-determination and independence. It includes regulation of one's behaviour from *within* and exhibiting independent behavior. In other words, a mentally healthy person should be able to act rationally during threatening or stressful situations with some degree of stability.
5. **Perception of reality:** This component includes having perceptions that are free from need-distortion, and developing empathy and social sensitivity. This means an accurate and objective perception of the world and making correct assessment of the life situations. This also involves impartial analysis of the responses of others by means of empathy without any kind of subjectivity based on own wishes, wants or needs.
6. **Environmental mastery:** Mastering the environment means adequacy in love, work and play, adaptation and adjustment, and the capacity to solve problems. As listed by Jahoda, these include the ability to love; adequacy in love, work, and play; adequacy in interpersonal relations; efficiency in meeting situational requirements; capacity for adaptation and adjustment, and; efficiency in problem-solving.

According to Jahoda (1918), the more the aforesaid criteria are satisfied, the healthier the individual is, in terms of efficient perception of reality, self-knowledge, exercise of voluntary control over behaviour, self-esteem and self-acceptance, the ability to form affectionate relationships and productivity.

B) Corey L. M. Keyes: The Two Continua Model

Another eminent mental health specialist who has famously described indicators of mental health is Corey L. M. Keyes (2002). He agrees that it

takes a combination of emotional, psychological, and social well-being to be considered as mentally healthy. Emotional well-being includes happiness, interest in life, and satisfaction; psychological well-being includes liking most parts of one's own personality, being good at managing the responsibilities of daily life, having good relationships with others, and being satisfied with one's own life. Social well-being refers to positive functioning and involves having something to contribute to society (social contribution), feeling part of a community (social integration), believing that society is becoming a better place for all people (social actualization), and that the way society works makes sense to them (social coherence).

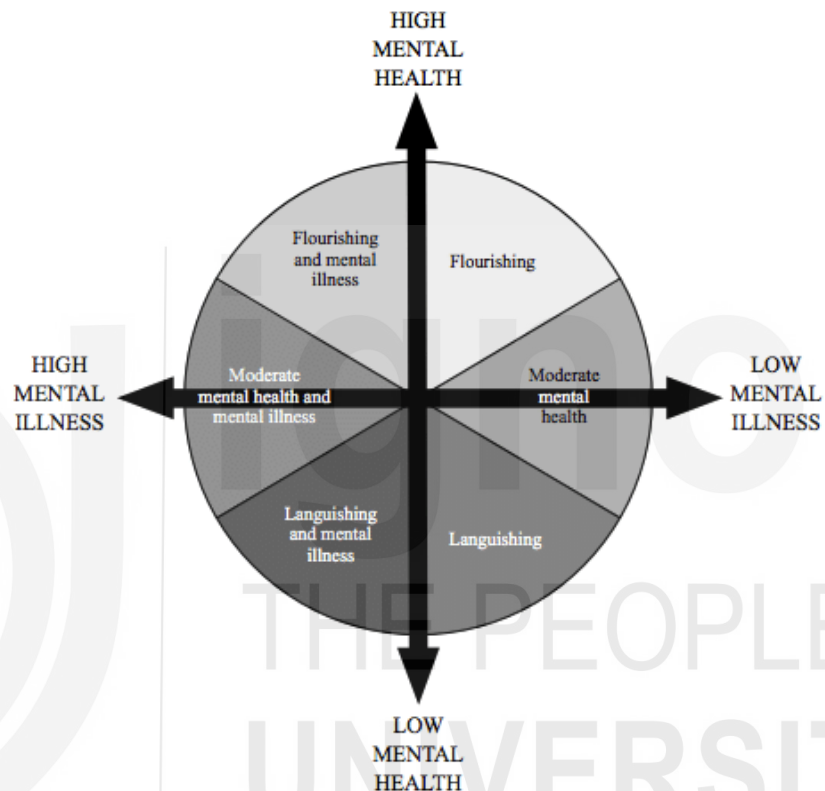


Figure 1.2:Keyes' Two-Continua Mental Health Model

Source: https://www.researchgate.net/publication/272478934_The_Impact_of_Securely_Attached_and_Integrated_Leadership_on_Follower_Mental_Health_and_Psychological_Capital/figures?lo=1

The Two Continua Model of mental illness and health holds that both mental health and illness are related, but are distinct dimensions. One end of the continuum indicates the presence or absence of mental health, while the other, shows the presence or absence of mental illness.

Keyes has called the pinnacle of mental health as *flourishing* and the opposite end of mental health continuum as *languishing*. He described *flourishing* as a state where individuals combine a high level of subjective well-being with an optimal level of psychological and social functioning. In contrast, *languishing* refers to a state where low levels of subjective well-being are combined with low levels of psychological and social well-being. Those who are not languishing or flourishing are considered to be in moderate mental health.

10.3 DISTINGUISHING MENTAL HEALTH FROM MENTAL ILLNESS

There is a gradual as well as a growing recognition across the world regarding addressing mental health as an integral part of overall health and also as a positive concept. However, it is indeed imperative to differentiate mental health from mental illness. While the former is considered as a positive concept, the latter term, that is, mental illness or mental disorder is a clinically diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification system of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) or the International Classification of Diseases (ICD 10). There are different types of mental illnesses and each of these can occur with a varying degree of severity and interfere with an individual's cognitive, social and emotional abilities (Anand, 2017). However, it may also be noted that most mental illnesses can be treated by mental health professionals and the affected persons can be enabled to get rehabilitated in society through appropriate psycho-social interventions.

Check Your Progress Exercise I

Note: I. Use this space given below to answer the question.

II. Compare your answer with the Course material of this Unit

1. Explain the concept of mental health and enumerate its components (6-8 lines)

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2. Describe the Dual Continua Model of mental health (4-6 lines)

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After gaining a conceptual clarity on mental health, let us study the socio-cultural determinants of mental health.

10.4 SOCIO-CULTURAL DETERMINANTS OF MENTAL HEALTH

Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live (WHO, 2014). Social factors such as gender, social class, race and ethnicity, and household patterns, and; social institutions such as disability and social security systems, labour markets, and health care organizations impact mental health (Mechanic and McAlpine, 2002). In other words, the determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports (WHO, 2013, as cited in Anand, 2020). The social determinants of mental health cumulatively impact across the life course, and are experienced by populations who have greater exposure to risk factors, and lesser access to opportunities to protect their mental health (Mental Health Foundation, 2015; Anand, 2020).

After gaining a brief understanding of the socio-cultural determinants of mental health, let us focus on gender as a critical determinant of mental health.

10.4.1 Gender as a Determinant of Mental Health

Gender is a critical determinant of mental health. It defines the range of behaviour that is considered appropriate and permissible and generally the range is narrower for women than for men (Ramsden, 2012). Such conceptualizations draw inspiration from the notion that gender is not an attribute a person possesses but something a person acquires by “doing” through “routine, methodical and recurring accomplishment” (Eklund and Eklund, 2015). Gender is related to how we are perceived and expected to think and act as women and men because of the way society is organised and not because of our biological differences. Gender affects many aspects of life, including access to resources, *inculcated* methods of coping with stress, styles of interacting with others, self-evaluation, spirituality and expectations of others. These are all factors that can influence mental health either positively or negatively. Furthermore, traditional gender roles define masculinity as having power and being in control under emotional situations, at the workplace and also in sexual relationships.

Some of the significant factors that thrust on the role of gender in determining mental health of an individual are as follows:

Gender Socialization

During the course of socialisation, boys are trained to inculcate the

acceptable male behaviours including competitiveness, independence, assertiveness, ambition, confidence, toughness, anger and even violence (to varying degrees). They are expected to avoid characteristics associated with femininity as emotional expressiveness, vulnerability (weakness, helplessness, insecurity, worry) and intimacy (especially showing affection to other males). Girls on the other hand, are socialised to develop traits like being nurturing, supportive and assigning high priority to their relationships. They are socialised and groomed to be emotionally expressive, dependent, passive, cooperative, warm and accepting a subordinate status in marriage and employment. Competitiveness, assertiveness, anger and violence are viewed as unfeminine and are not generally tolerated as acceptable female behaviour. Gender socialisation, therefore, has a direct impact on one's acquisition and development of *self* and understanding of social roles and responsibilities. This indeed affects the mental health of an individual (Anand, 2017).

Violence

Women are exposed to a wide range of specific risk factors making them more vulnerable to mental illness (Anand, 2020). Research evidence indicates the vulnerability of women to develop mental health concerns due to the high incidence of violence across their lifespan. The nature of violence may include physical, sexual, verbal, psychological, social, emotional, intellectual and financial violence. These may include high incidence of domestic violence, rape, murder, kidnapping, physical assault, trafficking, prostitution, forced marriage etc. (Anand, 2015). Gender violence is the most pervasive and insidious human rights abuse and is often espoused as a tool to socialize family members according to the prescribed norms of behaviour within an overall perspective of male dominance and control. The family and its operational unit, the household, are the sites where oppression and deprivation of individual psyche and physical self are a part of the structures of acquiescence; often enough, those being *moulded* into an acceptance of submission and denial are married women and children. Physical coercion and various unambiguous forms of aggression are often used to ensure obedience. Violence grounded on sex based hierarchical order however, constitutes a breach of the fundamental rights to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity. They provide necessary conditions for adversely impacting the self-esteem, level of confidence and consequently, the mental health of women (Anand, 2014).

Gender discrimination

The pressures created by multi-faceted roles, gender discrimination and associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual abuse, combine to account for women's poor mental health. There is also a positive relationship between the frequency and severity of such social factors and the frequency and severity of mental health problems in women. Severe life events that cause a sense of loss, inferiority, humiliation or entrapment can predict depression (WHO, 2020). Furthermore, women are also more likely than men to suffer from co-morbid mental

disorders, that is, the co-existence of more than one mental disorder. Comorbidity is associated with increased severity of mental illness and disability (Astbury, 1999).

Control of sexuality

Gender afflicted approach is also discernible in the form of control of female sexuality. Nayar and Mehrotra (2015) discuss regarding the distress of women in the context of the community they live in and the gender roles they negotiate at the various socio-cultural, economic and political forces that influence the everyday lives of women living in a slum. As a category, women do not controlled the means of production or of reproduction; in addition, they are routinely being sexually abused as well. Through detailed case narrations, they present psychological as well as socio-cultural arguments for explaining women's distress. They reason:

Control over female sexuality is critical to purity and boundary maintenance between castes. Women are guardians and conduits of purity and honour of the caste. But to achieve this goal at the level of institutions, the family-household is important. Purdah, restrictions on mobility, stress on virginity before marriage, anxiety regarding early and appropriate marriage of girls, stigma of illegitimate offspring and abandonment, ideological valorising of chastity and fidelity are connected to the exigencies of boundary maintenance, symbolised through notions of purity and honour.. (pp. 112)

Stigma

Another issue associated with the socio-cultural constructs of society is that of stigma and discrimination associated with mental disorders. Many women and men experiencing emotional distress and /or psychological disorder are neither identified nor treated by their doctor due to non-disclosure. Research shows that while women exceed men in internalizing disorders such as depression and anxiety, men exhibit more externalizing disorders such as substance abuse and antisocial behaviour, which are problematic for others (Rosenfield and Mouzon, 2013). The role of culture in which individuals live, their economic status, the interactions they experience and the context in which they access and receive healthcare must be considered in addition to physiological functioning while acknowledging the gender viewpoints in mental health. Thus, women with mental illness battle dual discrimination and stigma, owing to their being *women* and with mental illness.

10.4.2 Gender Differentials in Mental Illness

Gender differences in mental disorders have been reported, particularly, in the prevalence of common mental disorders including depression, anxiety disorders and somatoform disorders (WHO, 2000). According to WHO (2020), gender differences occur particularly in the rates of common mental disorders (depression, anxiety, somatic complaints). These disorders, in which women predominate, affect approximately one in three people in the community and constitute a serious public health problem. As reported by WHO (2020):

- Unipolar depression is twice as common in women.
- Lifetime prevalence rate for alcohol dependence is more than twice as high in men than women (in developed countries, about 1 in 5 men and 1 in 12 women develop alcohol dependence during their lives).
- Men are more than three times more likely to be diagnosed with antisocial personality disorder.
- No marked gender differences have been found in the rates of severe mental disorders (schizophrenia, bipolar disorder).
- Gender-specific risk factors for common mental disorders that disproportionately affect women include gender-based violence, socioeconomic disadvantage, low income, low/subordinate social status and responsibility for the care of others.

Furthermore, depression is not only the most common women's mental health problem but may be more persistent in women than men. Higher rates of depression, anxiety and somatic symptoms are related to a range of risk factors such as gender-based roles, stressors and negative life experiences and events.

Let us now study the interrelationship between gender and mental health from a lifespan/ developmental approach.

10.5 MENTAL HEALTH ACROSS LIFESPAN APPROACH

The lifespan or developmental approach is a popular paradigm in mental health that was initially propounded by Eric Erikson (1950). Different stages of development are identified along with various life crisis and expected developmental tasks. The earliest signs and symptoms of a disorder may occur at any time throughout the lifespan and the nature and timing of prevention and early intervention depends not just on the individual's age, but also on the identified pathways to mental health concerns and the identified risk factors and critical transition points that characterise those pathways. Most mental health issues develop along a pathway, or trajectory, with gradually increasing frequency and severity of symptoms. While few develop slowly over time, such as some drug use disorders, others can be episodic in nature, such as schizophrenia and depression. Other disorders may develop very quickly following a major trigger event causing anxiety, depression or post-traumatic stress reactions in people who would otherwise not experience a mental health problem (mentalhealthpromotion.net). Moreover, each developmental phase with the occurrence of recurrent life events leaves behind a residual effect of stress experienced in the psyche of an individual. The table 1.1 presented below enumerates various lifespan stages along with their unique developmental tasks and common mental health issues with focus on gender:

Table 10.1: Mental health across lifespan

Lifespan Stage	Major Developmental Tasks	Significant Gender Concerns	Common Mental Health Issues
Childhood	Physical health and well-being, secure attachment, acquisition of language and social skills, entering school, scholastic achievement	Gendered socialisation by family, school and community at large, gender discrimination in food and nutrition, playtime, education (and its quality), overall opportunities as well as encouragements provided to girls, child marriage, child sexual abuse, incest	Conduct disorders, mood disorders, Attention Deficit Hyperactive Disorder (ADHD), other behavioural maladjustments
Adolescence	Puberty, identity formation, pressure to excel in academics and vocations, career choice	Menarche followed by socio-cultural restrictions among girls, concerns about physical appearance/pressure to look <i>slim/beautiful/macho</i> , gender specific professional aspirations, access to resources, sexuality	Anxiety, eating disorders (anorexia nervosa, bulimia nervosa, binge-eating), depression, onset of substance abuse / alcoholism, suicide
Adulthood	Professional development, income generation, marriage, stable interpersonal relationship with significant others, parenting/child rearing, employment	Choice of partner, pregnancy and child birth, preference for male child, work-life balance, violence, single parenthood, divorce, sexuality, career choice, access to resources, sexual harassment at workplace	Anxiety, post-partum depression, sexual dysfunction, alcohol and substance abuse, Post Traumatic Stress Disorder (PTSD)

	related stress		
Old age	Retirement, acceptance of physiological changes, relationship with children and grandchildren, wisdom, active aging	Neglect/abuse, widowhood, reduced social support	Neuro-cognitive disorders (e.g., dementia), depression

After gaining an insight into the various stages of lifespan and analysing various mental health concerns, let us delineate some strategies for developing positive mental health of individuals.

10.6 STRATEGIES FOR DEVELOPING POSITIVE MENTAL HEALTH

The individual at the core of functioning is surrounded by the social world – in the proximal world it includes family, kinship, employers, peers, colleagues, friends and, in the distal context, society and culture. The interaction between individuals and society becomes critical in building healthy communities, which in turn can promote mental health (Bhugra, 2013). Some of the broad strategies to develop positive mental health among individuals may include the following:

- Socialization of children to inculcate self-confidence, security, confidence building, development of latent talents that aim at the overall development of personality
- Developing emotional and life skills among children and adolescents in order to provide them a foundation to cope with stressors in later life and successful accomplishment of developmental tasks
- Awareness programs at the level of schools and communities to build sensitization towards mental health along with capacity building and sensitization of school teachers, students, school authorities as well as parents.
- Preventive and promotive level programmes with thrust on mental health as a positive concept, early identification of mental disorders, reducing stigma and discrimination associated with mental illness at the community level
- Training of grassroots functionaries on mental health e.g., Anganwadi workers, ASHA workers, dais, RWAs and local leaders etc.
- Thrust on de-institutionalization and rehabilitation of persons with mental disorders, especially women and children through creative and innovative strategies.
- Partnering and collaborating with non-governmental organizations along with key stakeholders from the State and the private sector at the micro

as well as macro levels.

- Holistic activities including treatment, rehabilitation, community care, research, training and capacity building and awareness
- Lobbying for enhancement of mental health professionals to meet the huge unmet demand and also for increasing budgetary allocations for mental health services
- Advocacy for laws and policies on mental health and strict monitoring of their implementation
- Involvement of media and multiple stakeholders

Check Your Progress Exercise II

Note: I. Use this space given below to answer the question.

II. Compare your answer with the Course material of this Unit

1. List the socio-cultural determinants of mental health (4-5 lines)

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2. Describe the lifespan approach towards mental health (4-5 lines)

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3. Enumerate upon the strategies for developing positive mental health among individuals (5-6 lines).

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10.7 LET US SUM UP

Good mental health is integral to human health and well-being. Since an individual’s mental health is shaped by various social, economic, and physical environments operating at different stages of life; it is pertinent to work at multiple levels (micro, mezzo and macro) in order to address the mental health needs of the general population. Multipronged strategies are

required to provide mental health services for treatment of mental illness and promotion of mental health within a multidisciplinary framework.

11.8 UNIT END QUESTIONS

1. How does gender influence mental health of a person? Explain.
2. Explain how different components of health are related to gender.
3. What is understood as positive mental health? Discuss with the help of suitable examples.

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10.10 SUGGESTED READING

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