I want to begin by thanking Jane McLeod and Brian Powell for nominating me for this award as well as the Awards Committee. Receiving the Pearlin Award (also fondly referred to as The Lenny) has special meaning for me because Len’s 1977 article on marital status, life strains, and depression—which I read as an undergraduate back in the stone age—inspired me to pursue graduate studies in sociology. Len’s poignant writing about the myriad ways in which individuals’ structural locations shape their everyday life experiences and subsequent mental health still inspires me. I’m grateful to him, Gerrie Pearlin, and members of the Mental Health Section for your generous support and friendship over the years. I’m a member of a few ASA sections, but this one has always been my primary identity group.

I’d also like to take this opportunity to acknowledge Jane and Brian as well as Sarah Rosenberg, Mary Clare Lennon, Jennifer Glass, Kathryn Lively, Peggy Thoits, Arlie Hochschild, Catherine Ross, Debra Umberson, Walter Gove, Ronald Kessler, and our beloved colleague Carol Aneshensel whose theoretical and substantive insights have influenced my research. Special thanks to Kristen Marcussen and Jennifer Caputo, who are among the many wonderful graduate students with whom I have worked, as well as my husband and kids for their unconditional love.

OVERVIEW

This paper expands on my Pearlin Award Presentation at the 2019 Annual Meetings of the American Sociological Association and provides an overview of sociological theory and research on the relationship between gender, emotions, and mental health in the United States. Despite profound social change in women’s social roles and the family that began in the third quarter of the 20th century, gender continues to have robust effects on individuals’ emotional well-being.

I begin with a snapshot of research on the gender disparity in depression as well as negative and positive emotions among adults. I then turn to the three main hypotheses about the gender gap in mental health, the current state of evidence for them, and where my work fits into this large body of scholarship. After taking stock of this work, I conclude with some thoughts about new directions for theory and research on the implications of both micro- and macro-level gender inequality for women’s and men’s emotions and mental health.

Due to space limitations, my overview is not exhaustive and focuses on some core findings from the general population of adults; it also does not include the various ways in which gender inequality intersects with other axes of social inequality—such as race and ethnicity as well as socioeconomic, LBGTQ, and nativity status—with respect to women’s and men’s emotions and mental health over the life course. Please keep in mind that the hypotheses I discuss were
specifically developed for the United States and may not apply to countries with other social structural, sociocultural, and social policy contexts.

BACKGROUND
The Gender Gap in Depression and Emotions
A vexing social problem that has captured the attention of sociologists for five decades is the higher rate of depression among women than men. Epidemiological studies based on community and nationally representative survey data from adults in the United States since the 1970s indicate that women are twice as likely as men to meet criteria for depressive disorder (see Kessler 2003; Nolen-Hoeksema 2001 for reviews). Not only is depression the leading cause of disease-related disability among women, but it is associated with a host of other social and economic problems for themselves, their families, and their communities (World Health Organization 2000).

Decades of sociological research—also based on community and nationally representative samples of American adults—have produced parallel results for depressive symptoms (see Rosenfield and Mouzon 2013; Simon 2014c for reviews). Even with dramatic increases in women’s educational attainment and labor force participation—along with their more expansive roles in the family and society—they continue to report significantly more symptoms than men.

Recognizing that depression is only one indicator of emotional well-being (which has affective and somatic components), sociologists have also examined gender differences in both the subjective experience and expression of emotions (see Simon 2014a, 2014b for reviews). For example, in our study based on data from the General Social Survey, Leda Nath and I (Simon and Nath 2004) found that in sharp contrast to long-held cultural beliefs about gender and emotions, women are not significantly more emotional than men with respect to self-reports of the frequency in which they experience 19 emotions. Women do, however, report significantly more frequent negative emotions (such as sad and anxious feelings) as well as significantly less frequent positive emotions (including feelings of happiness and calm) than men. We also found that they are significantly more likely than men to express their feelings—a point to which I will return.

Note that women’s tendency to freely express their emotions has long been the focus of debate about potential gender-bias in the measurement of self-reported depression. In their study interrogating this issue, John Mirowsky and Catherine Ross (1995) demonstrated that the sex difference in emotional distress is not an artifact of women’s emotional expressiveness and men’s emotional reserve. Nor is it an artifact of the items included in standard distress measures since women also report more “masculine emotions” such anger than men. Moreover, while the findings discussed above are all based on the United States, they are consistent with cross-national research since the 1970s, which documents a gender disparity in both depression and happiness worldwide (Hagen and Goldman 2019; Stevenson and Wolfers 2009). Although the magnitude of this disparity varies considerably across countries depending on their structural, cultural, and policy contexts, women continue to report greater depression and less happiness than men.

The persistence of the gender gap in depression as well as negative and positive feelings has been a challenging paradox for sociologists who assumed there would be greater gender parity in emotions and mental health as women’s social roles began to resemble those of men. Starting with Walter Gove’s pioneering work in the early 1970s (Gove 1972; Gove and Tudor 1973), sociologists attribute women’s greater emotional distress to social structural, social psychological, and sociocultural factors. More concretely, sociologists argue that gender inequality in emotional well-being reflects persistent gender inequality in the workplace and family as well as in the availability of psychosocial and economic resources, which have both direct and indirect effects on mental health. Sociologists also argue that gender inequality in emotions and mental health reflects the different cultural meanings work and family roles have for men’s and women’s identities and self-conceptions as well as culturally prescribed gendered emotion norms, which underlie gendered responses to stress and expressions of emotional distress.

HYPOTHESES ABOUT THE GENDER GAP IN EMOTIONAL WELL-BEING
As I mentioned, there are three main hypotheses about the gender disparity in mental health. While they all focus on stress and are informed by the
stress process paradigm Pearlin outlined in his 1989 *Journal of Health and Social Behavior* article, these hypotheses differ with respect to the primary social determinant of this disparity—such as differences between men’s and women’s exposure to stress, differences in their vulnerability to stress, and the different ways in which they respond to stress and express (or manifest) emotional distress.

**The Exposure Hypothesis**

The exposure hypothesis posits that gender inequality in emotional well-being is due to gender inequality in exposure to role-related stress. Research evaluating this hypothesis typically compares the mental health of men and women who ostensibly have the same social roles. Given the historic increase in dual-earner marriages, dozens of studies have examined whether wives derive the same emotional advantage of combining work and family roles as husbands.

Peggy Thoits’s (1986) study was among the first to document that employed wives with minor children report significantly more depressive symptoms than their male peers (also see Aneshensel, Frerichs, and Clark 1981; Menaghan 1989). Since the time of her publication, studies continue to find this gendered pattern of emotional distress, which is also evident among individuals in dual-earner cohabiting relationships (Brown 2000; Marcussen 2005; Ross 1995).

Sociologists have identified several stressors to which employed wives are disproportionately exposed compared to employed husbands. Their relatively lower wages and more restrictive occupations, the limited availability of affordable high-quality childcare outside the home for which they are primarily responsible, as well as the failure of men to participate equitably in housework and childcare within the home all contribute to the gender disparity in depression in two-income marriages (Bird 1999; Glass and Fugimoto 1994; Lennon 1987; Lennon and Rosenfield 1995; Luepp 2017, Forthcoming; Ross and Mirowsky 1988; Roxburgh 1996).

Of these stressors, the inequitable division of nonpaid labor within the home has received the most research attention. Numerous studies indicate that the gender gap in depression as well as negative and positive emotions is smaller when husbands participate in housework and childcare than when they have minimal involvement in domestic activities (Kessler and McRae 1982; Lively, Steelman, and Powell 2010; Rosenfield 1989; Ross and Mirowsky 1988, 1992).

In their study of marriage patterns and depression, Catherine Ross, John Mirowsky, and Joan Huber (1983) documented that the gender disparity in symptoms is smallest in egalitarian marriages (in which both wives and husbands are employed and actively involved in the home) compared to both traditional marriages (with a homemaker wife and employed husband) and transitional marriages (the most common marriage pattern in which employed wives have primary responsibility for housework and children). Although men and women in egalitarian marriages report lower levels of depression than their counterparts in traditional and transitional marriages, they also found that only a small percentage of them are in this type of marriage. While the gender gap in time spent performing household tasks in dual-earner families is narrower today than when Ross and colleagues conducted their study (Pew 2016)—with more than half of married adults reporting that sharing household chores is an important part of a good marriage—women still perform more domestic work than men.

More recent studies have focused on other stressors to which employed mothers are more exposed than employed fathers. Over the past few decades there has been an increased cultural expectation, especially among the middle-class, that parents invest unprecedented financial resources and time cultivating children for success (Ennis 2018; Hays 1998; Lareau 2011; Lois 2012; also see Milkie and Warner 2014; Simon 2018 for reviews). A consequence of this contemporary model of parenting—often referred to as intensive parenting—is that today’s parents often feel that they do not spend enough time with children, which is a pernicious chronic stressor associated with sleep problems, anger, and emotional distress (Milkie, Nomaguchi, and Schieman 2019; Nomaguchi, Milkie, and Bianchi 2005; Simon 1995, 1997). Not surprisingly, intensive parenting disproportionately falls on mothers, which may be why Shira Offer and Barbara Schneider (2011) found that employed wives spend more time multi-tasking than employed husbands; the gender disparity in multitasking also helps explain women’s more frequent negative emotions, burnout, as well as higher levels of stress and emotional distress.

Work-family conflict and the second shift—a phrase Arlie Hochschild (1989) coined three
decades ago to describe the nonpaid work employed wives routinely perform after a full-day of paid work—are among the greatest gender inequities in the United States and play a major role in the gender gap in emotional distress (Darcy Lockman 2019; Joan Williams 2000). Due to their greater exposure to these and other unique stressors (e.g., insufficient household income to cover basic needs), it is also not surprising that single mothers report significantly more depressive symptoms than their married peers (Avison, Ali, and Walters 2007; McLanahan 1983; Simon 1998; also see Simon 2014c, 2018; Umberson, Pudrovsk, and Reczek 2010 for reviews).

The emotional toll of work-family conflict and the second shift is a social factor underlying the exit of some married professional women from the labor force while children are young only to resume their careers when offspring are older (Hays 1998; Hochschild 1983; Stone 2007; Stone and Lovejoy 2019). Along with the ever-increasing financial cost and time demands associated with raising children, it also contributes to the recent decline in fertility rates in the United States (Mathews and Hamilton 2019); current cohorts of women in their prime reproductive years are having fewer children than earlier cohorts or are foregoing parenthood (Musick et al. 2009). Unlike most economically advanced nations, the United States has yet to implement national work-family reconciliation policies—such as paid parental leave, paid sick and vacation days, flexible work hours, and childcare subsidies—which are intended to reduce these sources of maternal stress and employed women’s emotional distress (Pettit and Hooks 2009).

Indeed, using two international data sets, Jennifer Glass, Matt Andersson, and I (Glass, Simon, and Andersson 2016) showed that our lack of supportive national policies for employed parents accounts for why the gap in happiness between parents and nonparents is greater in the United States than in the 21 other high income countries in our sample. Our analyses further revealed that the benefits mandated by work-family policies increase mothers’ and fathers’ happiness as well as the happiness of nonparents. The latter finding suggests that the happiness gains of family policies apply to all citizens—even those who do not directly benefit from them. Other cross-national studies referred to earlier find that the magnitude of the gender gap in happiness and depression is also smaller in social welfare states than in other nations (Hagen and Goldman 2019; Stevenson and Wolters 2009).

Note that the findings discussed above are based on studies of women and men in heterosexual marriages and may not apply to their counterparts in same-sex marital and cohabiting relationships. Research on gay and lesbian couples consistently finds that without traditional gender roles to fall back on, they divide domestic labor more equitably than their heterosexual peers (see Coontz 2020 for a review). They also report less relationship strain and greater emotional well-being than women in heterosexual marriages (Garcia and Umberson 2019). However, some recent studies reveal that same-sex couples who are parenting minor children resemble heterosexual couples, with one partner assuming greater responsibility for housework and childcare (Lewin 2009; Moore 2011). Although they tend to be more satisfied with this arrangement than women in different-sex marriages, supportive gender-neutral workplace policies may reduce this inequity between parents in same-sex families as well.

Overall, while research documents that gender inequality in exposure to stress plays a key role in gender inequality in emotions and mental health, sociologists recognize that other factors also contribute to this complex and persistent social problem. To further understand the gender disparity in emotional well-being, they turned to a second and equally compelling hypothesis.

The Vulnerability Hypothesis

The vulnerability hypothesis argues that women are not only more exposed but are also more vulnerable (or reactive) than men to the psychological effects of both eventful and chronic stress. Whereas the exposure hypothesis attributes the gender gap in emotional distress to structural inequalities in the workplace and family, this hypothesis attributes it to the social psychology of inequality—particularly gender inequality in the availability of coping resources—which buffer (or reduce) the impact of stress on mental health. A sense of control over one’s life circumstances is a psychosocial resource that has received considerable research attention.

For instance, Mary Clare Lennon and Sarah Rosenfield’s (1995) meticulous study showed that employed wives’ perceived lack of control over the inequitable division of household labor—as well as a lack of options to alter their unfair situation—helps explain the gender gap in depressive symptoms in dual-earner marriages. While there are important social status contingencies in both control
and emotional distress (Ross and Mirowsky 1992; also see Ross and Sastry 1999; Ross and Mirowsky 2013 for reviews), women’s lower sense of control in the face of life stress reflects their unequal economic resources and power relative to men.

Research also indicates that employed wives and husbands sometimes use cognitive- and emotion-focused coping strategies to alter their perceptions of domestic inequality and negative emotional reactions to it so it is viewed as fair to themselves and their spouse (Glass and Fujimoto 1994; Hochschild 1989; Lively et al. 2010; Ross and Mirowsky 1988). In fact, Lennon and Rosenfeld’s (1995) study further revealed that women who view their inequitable household arrangements as “just” report significantly less depression than their peers who view it as unfair. While these coping strategies do little to change their unequal situation, they appear to buffer the impact of this gender inequality on employed women’s mental health.

However, in contrast to earlier claims that women’s insufficient coping resources render them more vulnerable than men to the psychological impact of stress, research is equivocal about women’s presumed deficit of other psychosocial resources and social support (see Thoits 1995 for a review). There is also little evidence that women’s vulnerability is ubiquitous. Rather, studies find that certain stressors are more emotionally distressing for women than for men.

In their classic study, Ronald Kessler and Jane McLeod (1984) found that women are both more exposed and more vulnerable than men to social network events, which are undesirable life events that occur to people in their social network such as family members and friends. They argued that women’s greater exposure and vulnerability to these events reflects the emphasis on caregiving and empathy in the socialization of females compared to the socialization of males.

By the way, caregiving often involves what sociologists of emotion refer to as emotional labor, which is an invisible form of labor women are more likely than men to perform in a variety of social contexts (Hochschild 1983, 1989; also see Lively 2013; Thoits 1989; Wharton 2009 for reviews). Irrespective of whether it is performed in the context of nonpaid caregiving for family members and friends or as a requirement of a paid job, emotional labor is the cognitive work of managing one’s own and/or other peoples’ feelings and affective behavior (i.e., self and interpersonal emotion management) so they conform to social expectations and emotion norms. Numerous studies indicate that emotional labor in both the family and workplace is highly stressful and associated with feelings of anger, burnout, and emotional distress (Bulan, Erickson, and Wharton 1991; Erickson and Ritter 2001; Hochschild 1983, 1989; Lively 2000, 2006; Lois 2012; Pierce 1996; Stacey 2011; Thoits 1996; Wharton 1999).

Moreover, my very first study (Simon 1992) revealed that regardless of marital status, employed mothers are not only significantly more exposed than employed fathers to ongoing parenting strains—in this case, having a child with chronic health and/or behavioral problems—but are also significantly more vulnerable to their impact on mental health. Drawing on Thoits’s (1991b, 1992, 1996, 2013) seminal insights about identity-relevant stress, I suggested and found that women’s greater vulnerability to parental strains reflects the greater salience or importance of the parent identity in their self-conceptions than in men’s. These findings provided early support for Thoits’s overall hypothesis that stressors which challenge a highly valued identity (i.e., identity-relevant stressors) are more damaging for mental health than identity-irrelevant stressors.

And in a couple of studies based on in-depth interviews with individuals in dual-earner marriages (Simon 1995, 1997), I found that another reason why combining work and family roles is more stressful and depressing for women than men is that these roles have fundamentally different cultural meanings for males and females. Ironically, despite the increased importance (and in most cases necessity) of women’s contribution to the family economy, employment undermines their identity as a “good” wife and mother, while bolstering men’s identity as a “good” husband and father. Due to the persistence of gendered cultural expectations of motherhood and fatherhood (Hays 1998), employed women’s perceived lack of “enough” time with children is a major source of stress, which undermines their emotional well-being.

In short, although the research summarized above sheds important light on social psychological factors that both mediate and moderate the relationship between gender, stress, and mental health, the vulnerability hypothesis does not account for the gender gap in distress. Despite women’s relatively lower sense of personal control and more limited economic resources—which help account for the greater effect of the
inequitable division of household labor on their mental health relative to men—the impact of stress on emotional well-being is not always greater for them than for men. Rather, it appears that women are more vulnerable than men to stress in the role of caregiver.

Other studies—which I discuss in the next section—further show that stress related to the breadwinner role has a greater effect on men’s than on women’s emotional well-being. Gender differences in the impact of stressors that threaten caregiving and breadwinner identities highlight the long reach of gender socialization and the persistence of traditional gender identities for previous and current cohorts of adults in mid- to later-life. However, sociologists also argue that the different socialization experiences of males and females shape their emotions and mental health in other important ways—a topic to which I now turn.

The Gendered Response Hypothesis

The inability of the vulnerability hypothesis to explain the gender gap in emotions and mental health led to the development of the gendered response hypothesis. This hypothesis asserts that women are not necessarily more vulnerable than men because males and females may respond to stress with different (and gendered) mental health problems. While women may be more likely than men to respond to stress with internalizing problems including depression and generalized emotional distress, men may be more likely than women to respond to stress with externalizing problems such as substance abuse and antisocial behavior. In the early 1990s, Carol Anshensel (Anshensel 1992; Anshensel, Rutter, and Lachenbruch 1991) argued that by focusing on depression, studies may overestimate women’s emotional distress and psychological vulnerability and underestimate men’s.

Advocates of this hypothesis point to epidemiological studies of prevalence rates of mental disorders, which document gender disparities in internalizing and externalizing problems. These studies also indicate that when male and female typical manifestations of psychological distress are considered, there is no gender difference in the overall prevalence of mental health problems (Dohrenwend and Dohrenwend 1977). Parallel findings are evident in studies of male and female typical symptoms of emotional distress such as depression and substance abuse as well (see Rosenfield 1999a, 1999b; Rosenfield and Smith 2009; Simon 2014c for reviews).

To evaluate the gendered response hypothesis, scholars have examined gender differences in the impact of both eventful and ongoing stress on a wider range of mental health problems and emotions than in previous studies—including those that are more common among men. Several studies provide support for this hypothesis.

For example, my 2002 longitudinal study showed that the increase in depression following divorce and widowhood is greater for women, whereas the increase in alcohol abuse after divorce and widowhood is greater for men. In other words, when male and female typical mental health problems are considered, marital loss adversely affects both women and men. This study also showed that the association between marital status and emotional well-being does not differ for women and men. Marriage is associated with fewer symptoms of depression among women and fewer symptoms of alcohol abuse among men. These findings—replicated in other longitudinal studies (e.g., Williams 2003)—contradict Gove’s and Jessie Bernard’s highly influential arguments about marriage being more beneficial for men’s than women’s mental health (Bernard 1982; Gove 1972, Gove and Tudor 1973).

Moreover, Jennifer Caputo and my longitudinal study (Caputo and Simon 2013) revealed that the increase in depression among older adults who became physically limited is significantly greater for women, but the decrease in positive emotions is significantly greater for men. Physical limitation is not, however, associated with increased alcohol abuse, which suggests that this mental health problem depends on the stressor as well as the stage in men’s life course. The latter finding points to the importance of including both positive and negative emotions as well as male and female typical expressions of emotional distress in research on gendered responses to stress.

Still other studies indicate that some stressors have a greater impact on women’s mental health, whereas others have a greater impact on men’s—which are manifested in gender typical ways. In another paper (Simon 1998), I found that the effect of work-family conflict and parenting strain on depressive symptoms is greater for married women, whereas the effect of financial strain on symptoms of alcohol abuse is greater for married men. Drawing once again on Thoits’s (1991a,
1992) theoretical insights about identity-relevant stressors, I attributed these findings to the differential salience of work and family identities in the self-conceptions of women and men; women tend to be more vulnerable to stressors that undermine their identities as nurturers, whereas men tend to be more vulnerable to stressors that threaten their identities as providers. As I noted earlier, these gendered patterns of psychological vulnerability can be traced to the socialization experiences of previous and current cohorts of adults in mid- and later life, which emphasize the centrality of caregiving for females and breadwinning for males.

The importance of the caregiver and breadwinner identities for women’s and men’s mental health may also underlie a paradoxical finding discussed earlier: Recall that employed wives and husbands sometimes use cognitive- and emotion-focused coping strategies to alter their perceptions of the inequitable division of household labor and negative emotional reactions to it so it is viewed as fair to themselves and their spouse (Glass and Fujimoto 1994; Hochschild 1989; Lennon and Rosenfield 1995; Lively et al., 2010; Ross and Mirowsky 1988). Researchers should draw on theoretical insights about stress and mental health, identity, and equity processes to examine whether dual-earner couples invoke these gendered identities to minimize or avoid conflict over domestic inequality and reduce its impact on women’s and men’s mental health.

It also appears that some dimensions of nonmarital intimate relationships in early adulthood are more closely associated with women’s mental health, while other dimensions are more closely associated with men’s—which show up in gender-typical ways. Anne Barret and my study of emerging adults (Simon and Barrett 2010) revealed that a current romantic relationship and recent breakup are more closely associated with depression for women, whereas partner support and strain in an ongoing romantic relationship are more closely associated with substance abuse for men. Because these findings are based on cross-sectional analyses, we were unable to examine the causal direction of these associations, but our findings suggest that relationship status has a greater effect on young women’s emotional well-being, while the quality of relationships has a greater effect on the emotional well-being of young men.

Finally, one of the most glaring gender differences in the expression of emotional distress is suicide; since the inception of our discipline, sociologists continue to document significantly higher rates among males than females as well as increases in suicide during periods of major economic decline (see Durkheim 1951; Elder 1977; Wray, Colen, and Pescosolido 2011 for a review). There are too many compelling sociological explanations of the social determinants of these two patterns to dive into here—which include males’ relatively lower rates of mental health services utilization—but one is especially relevant: Significant downturns in the economy at the macro-level trigger a cascade of stressors in the everyday lives of individuals—many of which challenge men’s traditional identity as breadwinner/provider. To illustrate this point, Jason Boule and Michael Light’s (2017) recent study of the mental health impact of the foreclosure crisis—which they acknowledge is just one aspect of the 2008 Great Recession—showed that it increases suicide rates among white men. This finding highlights the importance of investigating racial/ethnic contingencies in the impact of macro-level social problems on both internalizing and externalizing expressions of emotional distress among women and men.

However, although these studies indicate that men and women tend to respond to certain stressors in gendered ways, others—including Debra Umberson and colleagues’ (1996) study of the effects of both support and strain in a wide range of adult social relationships on depression and substance problems—find inconsistent support for the gendered response hypothesis.

Because the findings discussed above are based on studies of cis-gender males and females, they should not be generalized to transgender and nonbinary individuals. While it is reasonable to expect that transgender males and females express emotional distress and respond to stress in ways that are consistent with their cis-gender counterparts, this possibility awaits future research. Indeed, studies examining transgender and especially nonbinary peoples’ response to the many unique stressors they experience—including prejudice, discrimination, and violence—are important for further theoretical development of the gendered response hypothesis.

**Explanations of Gendered Responses to Stress**

There are currently two sociological explanations of why men and women tend to manifest emotional upset and, therefore, respond to stress with gendered mental health problems.
Informed by insights from cognitive sociology and psychology, Rosenfield attributes gender disparities in internalizing and externalizing mental health problems to gender-differentiated structures of the self (or self-schema) that develop in early adolescence. She hypothesizes that because their socialization emphasizes relationships with others, females are more likely to develop a self that incorporates others. In contrast, because their socialization emphasizes independence, males are more likely to develop a less relational and more ego-oriented self. In studies on adolescents and emerging adults, Rosenfield finds support for her hypothesis that gendered self-schema mediate gender disparities in depression and substance abuse (Rosenfield, Lennon, and White 2005; Rosenfeld, Vertefuille, and McAlpine 2000).

Rosenfield’s results are consistent with John Hagan and Holly Foster’s (2003) longitudinal study, which documented gendered pathways to depression and substance problems among troubled youth as they transition from adolescence to early adulthood. These findings for adolescents and emerging adults are important because they indicate that gendered mental health problems emerge before males and females acquire adult social roles.

Although it has not yet been tested, it is possible that gender differences in self-schema help explain why stressors such as social network events and parenting strains are more depressing for women, while stressful events and strains affecting oneself—such as financial strain and events precipitating declines in wealth—increase substance problems among men. In other words, Rosenfield’s insights into an underlying social psychological determinant of gendered expressions of emotional distress may also help explain gendered responses to stress.

Interpreting these patterns through a somewhat different lens, I attribute the gender gap in internalizing and externalizing mental health problems—as well as gendered responses to stress—to the larger emotion culture in the United States. Drawing on cultural theories about emotions (e.g., Hochschild 1979, 1983, 1989), I argue that the United States’ emotion culture includes gendered emotion norms, which specify appropriate and inappropriate feelings and expressive behavior for males and females. A consequence of lifelong emotional socialization is that males and females learn to channel generalized emotional upset in culturally acceptable ways. Because feelings of depression signal emotional weakness to self and others, it is a socially acceptable emotion for females but a sanctioned emotion for males. Males’ expression of emotional distress and response to stress vis-à-vis externalizing mental health problems reflects their tendency to manage by suppressing culturally inappropriate feelings of depression with mood-altering substances to avoid being labeled by self and others as emotionally weak (Caputo and Simon 2014; Simon 1998, 2002; Simon and Barrett 2010; Simon and Nath 2004). Although the role of gendered emotion norms has not to my knowledge been incorporated into theories about the gender disparity in suicide (or for that matter, the gender gap in mental health services utilization), it is not a stretch to view these patterns through an emotion cultural theoretical lens.

Overall, these findings and explanations behoove sociologists to continue examining males’ and females’ responses to the eventful and chronic stressors they experience throughout the life course across a wide range of emotions and indicators of mental health. Men’s and women’s tendency to respond to some stressors with gendered expressions of emotional distress provides subtle yet important clues about how larger social forces and historical contexts shape individuals (Mills 1959). In other words, gender differences in both the emotional impact of certain stressors—particularly stressors that challenge individual’s valued identities—as well as the expression of emotional distress provide a window into ways in which macro-level gender inequality creates, maintains, and reproduces gender inequality at the micro level.

CONCLUSIONS AND NEW DIRECTIONS FOR THEORY AND RESEARCH

In conclusion, sociological research has advanced our understanding of social structural, social psychological, and sociocultural determinants of the gender disparity in mental health. This voluminous body of work—of which I barely scratched the surface—indicates that while social change in women’s social roles and the family that began a half century ago has created much greater opportunities for themselves and their families, other aspects of women’s and men’s lives have been more resistant to social change. Referred to as
the unfinished or stalled gender revolution (England 2010; Gerson 2011; Hochschild 1989), the three hypotheses and evidence for them that I focused on point to some promising new directions for theory and research on the relationship between gender, emotions, and mental health in the United States.

**The Gender Gap in Emotional Well-Being: Cohort Variation**

There is evidence of a shift in attitudes about gender among current cohorts of young adults who grew up in the shadow of the stalled revolution. For example, in her study of millennials based on in-depth interviews, Kathleen Gerson (2011) found that most of the young men and women in her sample from all social backgrounds expected to form families of their own in which both partners are employed outside the home and actively participate in household work and raising children. Irrespective of the family structure into which they were born (i.e., traditional, dual-earner, or single-parent families) and regardless of whether they experienced stability or change in their family arrangements during childhood and adolescence, millennials were eye witnesses to the toll that the constraints traditional conceptions of gender took on their mothers and fathers and tend to endorse a broader definition of women’s and men’s work and family roles.

An indirect way of gauging the extent to which they are redefining gendered roles and identities is to examine whether millennial men and women are more or less exposed and vulnerable to stressors in work and family role domains and if they respond to them in gendered ways. While it is clear from Gerson’s research—as well as other studies of current cohorts of young adults’ attitudes about work and family (England 2009; Risman 2018; Scarborough, Sin, and Risman 2018; Shu and Meager 2018)—that a majority endorse gender egalitarian ideals, our social institutions and public policies have unfortunately not kept up with these attitudinal shifts.

As I mentioned earlier, the United States has yet to catch up to the rest of the developed world with respect to implementing nation-wide work-family reconciliation policies—such as paid parental leave, paid sick and vacation days, flexible work hours, and childcare subsidies—which are intended to reduce the stress and emotional distress experienced by all employed parents and especially employed mothers (Glass et al., 2016; Pettit and Hooks 2009). Without these public policy interventions, it is unlikely that today’s young adults will realize their preference for an egalitarian marriage and work-family balance for both partners while raising children.

In fact, a recent study provides evidence that the persistence of gendered workplace norms and policies in the United States has thwarted progress in gender equality in both the family and workplace. Using survey-experimental data on a nationally representative sample of young unmarried adults, David Pedulla and Sarah Thebaud (2015) found that when gendered workplace policies are removed and supportive work-family policies are available, most opted for an egalitarian relationship, regardless of their gender and level of education. These findings strongly suggest that our nation’s failure to enact into law supportive public policies for working families plays a major role in the stalled gender revolution.

Because this study is based on experimental data on hypothetical workplace policies, we do not know whether current cohorts of young men and women will achieve their preference for an egalitarian relationship once they marry or enter a cohabiting relationship—even if supportive public policies become available. However, we do know from Ross and colleagues’ (1983) study of marriage patterns and depression—conducted almost 40 years ago—as well as more recent studies that the gender gap in depression and both negative and positive emotions is smaller in egalitarian marriages than in both traditional and transitional marriages in which employed mothers experience work-family conflict and the second shift.

Based on what we are hearing from even the most centrist Democratic candidates for the 2020 elections, I expect that we will get some form of national family-friendly public policies—as well as more options for affordable health care coverage—if (and it’s a big if) they take over the White House and both houses of Congress. Hopefully, we will not have to wait for fertility rates to fall well below replacement level for lawmakers to implement federal policies that support working families, which is one of the many social factors that contributed to the development of work-family reconciliation policies in other economically advanced nations.
Other Ways Gender Inequality May Affect Women’s and Men’s Emotional Well-Being

In addition to examining whether the gender disparity in emotions and mental health persists among current cohorts of young women and men as they enter dual-earner families, there is a myriad of other ways in which gender shapes females’ and males’ life experiences that have potentially important implications for their emotional well-being. While sociologists have documented gendered patterns of exposure, vulnerability, and response to role-related stress, there are other stressors—some of which are unique to females and some of which are not gender-specific—that may also contribute to the gender disparity in emotions and mental health.

Building on David Williams’s (2017; also see Williams, Costa, and Leavell 2017 for a review) exemplary research on the corrosive mental health effects of racism and racial discrimination, Catherine Harnois and João Bâsto’s (2018) recent study provides an excellent starting point for research on the mental health consequences of gender discrimination and sexual harassment. Focusing on the workplace, they found that women’s perceptions of gender discrimination are associated with poor mental health, while their perceptions of sexual harassment are associated with poor physical health. Their analyses also revealed that women’s perceptions of unfair treatment at work partially help explain the gender gap in mental health.

Another issue that would benefit from the sociological perspective is men’s and women’s unequal health-care experiences. While it is clear that the discrimination women, particularly women of color, confront in our gender-biased health-care system adversely affects their physical (including reproductive) health, it is likely that these experiences are also highly stressful, if not traumatic, and negatively affect their emotions and mental health.

Additionally, the recent Me Too Movement has exposed a culture of pervasive sexual assault toward females, which are rooted in our patriarchal social institutions and beliefs. The President who was elected in 2016—an admitted sexual predator—exemplifies our continued tolerance of this misogynistic culture, as does the recent attack on women’s constitutionally protected reproductive rights. Reflecting misogynistic attitudes in a segment of the population, the 2019 Republican majority Senate failed to renew the Violence Against Women Act—stripping battered women of the services, resources, and support they need to leave violent intimate partners. Sociologists have the theories and methodological tools to elucidate the effects of these and other gender-based traumatic experiences on girls’ and women’s identities and self-concepts; educational, employment, and intimate relationship trajectories; feelings such as fear, shame, anger, anxiety, and sadness; as well as their mental health over the life course.

At the same time, since male targets of sexual violence violate the masculinity norm of physical strength, they may experience even greater shame, stigma, anger, and emotional distress—expressed in male-typical ways—than their female counterparts. On the flip side, boy’s and men’s adherence to hegemonic masculinity—which emphasizes physical and emotional strength, independence, self-reliance, and privilege—probably has a plethora of undesirable effects on themselves throughout the life course—ranging from stunted self-development, disregard for others, and inequitable intimate relationships to emotional repression, substance abuse, and antisocial behavior. It is also possible that males whose identity is based on hegemonic masculinity ideals are more likely than other men to commit suicide in the face of acute and/or chronic stress that threatens it.

Furthermore, given their greater concern and empathy for others, those of us working on the relationship between gender, emotions, and mental health in the United States have an opportunity to examine whether the 2020 administration’s draconian policies—which target women and children, racial and ethnic minorities, poor people and families, as well as immigrants and LGBTQ people—are more stressful and emotionally distressing for females than for males. However, sociologists should also investigate the degree to which participation in the resistance differentially alleviates the mental health impact of sociopolitical stress on women and men. While the intended goal of social movements is to block policies that are perceived as morally wrong, unfair, and oppressive, an unintended positive consequence of political activism and the righteous anger that often motivates it may be an increase in women’s and men’s...
sense of control, agency, feelings of pride, and emotional well-being (Britt and Heise 2000; Gould 2009; Thoits 2006). In other words, participation in collective action to combat social injustice may be an equally effective coping strategy for protecting females’ and males’ emotions and mental health during periods of intense sociopolitical conflict and unrest.

Finally, sociologists should be at the forefront of research on the emotional and mental health implications of other pressing macro-level social problems for females and males, including the escalating rampage of mass gun violence. I suspect that the increasingly frequent incidents of school shootings are a major source of chronic stress, fear, and emotional distress (including anxiety) for children and adolescents of both genders as well as mothers and fathers of school-age children. Likewise, the rise in white nationalism—fueled by antiblack racism, antisemitism, islamophobia, homophobia and misogyny—coupled with Congress’s failure to pass sensible gun control legislation may take a similar toll on females’ and males’ emotional well-being, especially male and female members of targeted social groups. Women’s and men’s lack of control over acts of domestic terrorism may make them equally vulnerable to these sources of stress (Thoits 1983). It is, of course, also important to investigate potential gender differences in the emotional and mental health consequences of the looming climate and Corona Virus crises—two other macro-level social problems over which neither females’ nor males’ have control. Because females and males tend to respond to some stressors in gendered ways, it is imperative for research investigating potential gender variation in the impact of these and other major social problems to include a wide range of emotions and indicators of mental health.

To wrap up, we clearly have more to do unravelling the complex relationship between gender, emotions, and mental health in the United States—particularly the ways in which gender inequality intersects with other social inequalities including race and ethnicity as well as socioeconomic, nativity, and LBGTQ status with respect to both the experience and expression of emotional distress. However, by identifying disparities between men’s and women’s exposure, vulnerability, and response to stressful life experiences and circumstances, sociologists have made pivotal contributions to knowledge about how and why macro- and micro-level gender inequality gets into our hearts and heads. Thank you so much for this incredible honor and opportunity to write on a topic about which about which I have been passionate for 30 years.

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