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# Invited Commentary: the Uneven Gender Revolution and the Gender Gap in Depression in the US

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**Invited Commentary: The Uneven Gender Revolution and the Gender Gap in Depression  
in the US**

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Running head: Commentary on the Depression Gap in the US

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## Abstract

Women suffer depression at higher rates than men. In a meta-analysis using data from 1982-2017, Platt et al. (*Am J Epidemiol.* XXXX;XXX(X):XXXX–XXXX) examine trends by age group in the gender depression gap and find no change in the depression gap among adults despite large changes in women’s opportunities during the same time period. They do, however, find an increase over time in the gender gap in depression among adolescents. I concur with Platt et al. that likely explanations for their findings involve the social environment. For adult women, the burden of being responsible for the majority of the household labor and the rise in unmarried parenting are likely explanations for why increased paid work opportunities have not resulted in a decrease in the gender gap in depression. For adolescents, the increase may be due to the popularity of social media rising at the same time expectations surrounding beauty and attractiveness heightened for girls and young women. Platt et al.’s piece highlights the relationship between the uneven change of the “gender revolution” and depression.

key words: gender, depression, depression gap

In the US women and girls are known to suffer from depression at higher rates than boys and men. In their article, “Is the US gender gap in depression changing over time? A meta-regression,” Platt et al. (1) conduct a meta-analysis to examine this depression gap from 1982-2017. The authors summarize 144 estimates of the depression gap. The large amount of data allows them to examine how the depression gap may change over time and how it might vary at different points in the life course. Platt et al. (1) note the importance of examining potential change over time as opportunities for girls and women have opened up in the last four decades.

They posit that since women's relative disadvantage to men is thought to be a cause of the depression gap, increased opportunity for women should weaken the depression gap. Yet, they find no evidence of a narrowing of the gender gap in depression for adults from 1982-2017. They do, however, find an increase in the depression gap among adolescents and young women age 10-19.

These important findings present an interesting puzzle. Despite increasing opportunities for women and shrinking of their relative disadvantage to men, there has been little closing of the depression gap. Additionally, the increase in the gap between girls and boys aged 10-19 is counterintuitive. In this essay, I will expand upon the authors proposed explanations for these findings relating to the social environment. For adult woman, I will focus on two family trends - gender inequality in household labor and nonmarital childbearing - that occurred during this time period and how they relate to women's overall mental wellbeing. For the findings about the increasing adolescent gap, I focus on prescriptive stereotypes for girls and women. Qualitative research reveals that while girls benefit from the increased opportunities open to women in regard to education and their later careers, they face heightened pressure to be thin and attractive to men and thin, which is intensified by the rise of social media.

The large changes in women's opportunities since the 1960s are often referred to as "the gender revolution." Women increased their rates of paid employment, the gender gap in earnings decreased, women began to attend and complete secondary education more often, and many attitudes towards women and gender liberalized across the US (2). While these shifts are central to the lived experience of women, change has not occurred across all settings. One of the key findings surrounding the "gender revolution" is that while women married to men entered the

labor force in great numbers, their husbands did not respond by doing half the amount of housework. Among married couples, women spend nearly two hours for every one hour men spend in non-paid labor, which includes housework, childcare, and the emotional labor of running a household (3). If a couple has children, this inequality only intensifies (3). The inequality in housework alone can lead directly to distress (4-5). Housework inequities can also affect women through increased role-overload, the feeling that there is too much to be accomplished given current resources (6). Role-overload can impact depression (7-8). And only recent literature has begun to focus on previously unseen inequalities in home responsibilities – such as women’s greater likelihood of multitasking (9) and the cognitive labor of running a household (10). This suggests that traditional measures of time use – which highlight gender inequality - may underestimate women’s burden in the household, missing some key areas of stress for women. Indeed, multi-tasking has linked to women’s increased “negative emotions, stress, psychological distress, and work-family conflict” (9). Increased opportunities outside the home may have little impact overall on the depression gap if women and men are not taking equal responsibility for work inside their homes as well.

The second key social change for adults over the time of Platt et al’s (1) study is the rise in unmarried childbearing. For example in 1980, approximately 20% of births were to unmarried mothers; in 2010 that number was 41% (11). Many unmarried mothers are cohabiting with male partners. For them, similar patterns of differentials in household labor, described above, may impact the depression gap. Gender-based inequality in time spent in household labor is higher among the married, but these differences exist among cohabiting couples as well (12). However, most unmarried mothers are not cohabiting with partners and are solely responsible for household labor and for any family earnings (13). These “solo mothers” are much more likely to

be below the poverty line than married households. This economic deprivation alone can lead to higher rates of depression (14). However, solo mothers also struggle with raising children as a working parent alone (15). A recent review noted, “Single parenting is associated with more work-family conflict, greater parenting strain, and more sadness, stress, and fatigue when spending time with children than partnered parenting.” (15). While this is also true for single fathers, single mothers on average, spend more time with children and are more likely to live with their children, especially full-time (13). At the same time single motherhood increased, US social welfare contracted, and benefits were increasingly tied to employment. And while employment is generally beneficial to women’s wellbeing and depression, results are mixed as to whether this change had a positive impact on single mothers’ lives. So although social mores shifted and opportunities opened up for women between 1982-2017, in many ways, women were presented with new challenges in the period Platt et al. (1) are looking at depression rates. For adult women, the fact that increasing professional opportunities are not offset by a decrease in domestic responsibilities, might contribute to the sustained depression gap between men and women.

Platt et al. (1) don’t just find that the depression gap does not decrease over time. They also find an increase in the gap for adolescents. For many, shifts in the experience of adolescent girls might suggest an improvement in the lives of adolescent girls that would close any gender gaps in well-being. Perhaps the largest change of the gender revolution is that girls now outperform boys in average GPAs and degrees received (2). Recent studies show that girls feel they can accomplish anything they want and no career path is off limits because of their gender (19). These findings are striking given that until very recently girls were taught that they should be submissive to boys and that their abilities were constrained to “feminine” subjects.

Attitudes have shifted significantly, and, if anything, girls today can feel pressure to not be “too girly.” Indeed, both girls and boys report that being “too girly” is unacceptable (19).

How do we reconcile these changes with Platt et al.’s (1) finding that the gender gap in depression has increased dramatically among adolescents? While girls have embraced the idea that no school subject is off limits and that they are free to compete against boys in class, gender-specific expectations have not disappeared. Historian Stephanie Coontz argues that while the “feminine mystique” has declined, a “hottie mystique” has arisen in its place (20). The hottie mystique, according to Coontz, is the pressure to look attractive to boys and men, without crossing the line to “slutty,” and to be skinny. And this particular pressure is heightened in adolescence and young adulthood. Gender scholars have coined a similar term – the feminine apologetic – typically when discussing women athletes (21). Women and girls who engage in typically thought of masculine areas of life, such as athletics or school subjects that were historically off-limits to them, must signal through their appearance that they still want male approval. In other words, girls and women are “allowed” to be whatever they want to be, as long as they are attractive to men while they do it (21). Indeed, when asked, girls are more likely than boys to say that they feel a lot of pressure to look good (22). These expectations surrounding beauty can have a detrimental impact on girls’ depression.

The pressure of the hottie mystique or the feminine apologetic has been intensified by the rise in social media use. As Platt et al. (1) suggest, gendered differences in engagement with social media might help account for their findings. Occurring during the length of this study is the rise in social media use (23). The majority of adolescents today report the use social networking applications such as Facebook, Instagram, and TikTok. However, the experience of social media is different for girls and boys (24-25). Online bullying and harassment is more

frequently experienced by girls, and this can impact depression (24). And while there can be positive effects of social media, “problematic use” is more common among girls (25). In addition, platforms such as Instagram that feature curated images that are often “filtered” or photoshopped can lead to distorted body image (26). When thinking through how social media use may impact depression in girls, it is important to consider social media usage in the context of societal expectations surrounding attractiveness that is heightened during adolescence today.

In this essay I attempt to expand on the proposed explanations for Platt et al.’s (1) important findings regarding the lack of change in depression gap for adults and an increase in the gap for adolescents between 1982 and 2017, despite large changes in the gender system and women’s opportunities, commonly referred to as “the gender revolution.” Possible explanations call attention to how increasing opportunities for women and girls interact with the gender system to structure experiences of depression. For adult women, the inequality in home responsibilities for married women and the rise of single motherhood are likely inhibiting any reduction in the depression gap that increased opportunities may otherwise cause. And for girls, the heightened expectations surrounding attractiveness to boys and men at a time when social media is also on the rise may be responsible for girls’ increased depression over time. Finally, if these explanations are correct, the experience of the coronavirus disease 2019 (COVID-19) in the US may be exacerbating the depression gap further. Indeed, as schools shut down around the country, women left employment at nearly 4 times the rate of men (27). And with isolation recommendations, adolescent girls may be even more engaged with social media than ever. Future research should build off of Platt et al.’s (1) work to further understand the interplay between gender and mental health.



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