


Gender and Mental Health: Challenges Faced by Women and a Feminist Perspective

Toplumsal Cinsiyet ve Ruh Sağlığı: Kadınların Karşılaştığı Zorluklar ve Feminist Bir Değerlendirme

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ABSTRACT

Mental health issues affect millions of people worldwide, leading to negative outcomes in various areas such as academic achievement, job performance, and quality of life. Women are known to be more prone to mental health problems than men, a phenomenon explained by biological sensitivity, genetic and hormonal differences, physiological stress responses, and exposure to environmental risk factors. However, research examining the impact of gender roles on mental health remains limited. Gender roles shape individuals' thought patterns, self-esteem, and emotion regulation strategies, making them significant factors that can influence mental health. In this context, the study aims to explore the effects of gender norms on mental health from a feminist perspective and evaluate the role of gender-based antecedents in this process through a review of the current literature. The study findings reveal that traditional gender roles negatively affect women's mental health, while approaches promoting equality yield positive outcomes. Enhancing women's access to education and economic independence is a crucial step toward reducing gender-based inequalities. Additionally, implementing gender equality policies and increasing inclusive representations in the media can mitigate the adverse effects on mental health. Education, awareness campaigns, and supportive social policies have the potential to reduce the impact of gender roles and improve individuals' mental health. This study aims to guide effective mental health policies and targeted interventions.

Keywords: Women, gender roles, mental health, feminist perspective

ÖZ

Ruh sağlığı sorunları dünya genelinde milyonlarca insanı etkilemekte ve akademik başarı, iş performansı, yaşam kalitesi gibi birçok alanda olumsuz sonuçlara yol açmaktadır. Kadınların ruh sağlığı sorunlarına erkeklerden daha yatkın olduğu bilinmekte; bu durum, biyolojik duyarlılık, genetik ve hormonal farklılıklar, fizyolojik stres tepkileri ve çevresel risk faktörlerine maruziyetle açıklanmaktadır. Ancak, toplumsal cinsiyet rollerinin ruh sağlığı üzerindeki etkisini inceleyen araştırmalar sınırlıdır. Toplumsal cinsiyet rolleri, bireylerin düşünme biçimlerini, özgüvenlerini ve duygu düzenleme stratejilerini şekillendirebilmekte, dolayısıyla ruh sağlığını etkileyebilecek önemli faktörler arasında yer almaktadır. Bu bağlamda, çalışmanın amacı, toplumsal cinsiyet normlarının ruh sağlığı üzerindeki etkilerini feminist bir bakış açısı ile incelemek ve cinsiyete dayalı öncüllerin bu süreçteki rolünü güncel literatür ışığında değerlendirmektir. Çalışma sonuçları, geleneksel cinsiyet rollerinin kadınların ruh sağlığı üzerinde olumsuz etkiler yarattığını, eşitliği destekleyen yaklaşımların ise pozitif sonuçlar sağladığını göstermektedir. Kadınların eğitime ve ekonomik bağımsızlığa erişiminin artırılması, cinsiyet temelli eşitsizliklerin azaltılmasında önemli bir adımdır. Ayrıca, cinsiyet eşitliğine yönelik politikaların uygulanması ve medyada kapsayıcı temsillerin artırılması, ruh sağlığı üzerindeki olumsuz etkileri hafifletebilir. Eğitim, farkındalık kampanyaları ve destekleyici sosyal politikalar, toplumsal cinsiyet rollerinin etkisini azaltarak bireylerin ruh sağlığını iyileştirme potansiyeline sahiptir. Bu çalışma, etkili ruh sağlığı politikalarına ve hedef odaklı müdahalelere rehberlik etmeyi amaçlamaktadır.

Anahtar sözcükler: Kadın, toplumsal cinsiyet rolleri, ruh sağlığı, feminist perspektif

Introduction

Mental health problems affect the lives of millions of people worldwide (Kessler et al. 2015). Data from the World Health Organization show that mental illnesses constitute a significant portion of the global burden of disease and non-fatal conditions, including premature death and disability (World Health Organization [WHO] 2017). Mental disorders have been associated with academic difficulties, reduced work performance and productivity, poverty, decreased quality of life, and increased mortality rates (Walker et al. 2015, Brännlund et al. 2017, Callander and Schofield 2018, Saxena 2018). Each year, billions of dollars are spent globally on various programs and interventions aimed at promoting positive mental health (World Bank 2020). Understanding the factors that influence mental health is crucial to ensure that targeted and individualized interventions are implemented.

Although similar mental health problems are observed in both women and men, research emphasizes that women are more vulnerable to mental health issues than men (Bird and Rieker 2008, Read and Gorman 2011). In the literature, the higher risk of mental health problems in women has been associated primarily with environmental risk factors, including biological susceptibility, gender differences in genetic and hormonal factors, differences in physiological stress responses, or higher exposure to such risks (Lin et al. 2021). Premenstrual dysphoric disorder is one of the most prominent examples of hormonally based mood disorders. This disorder manifests with various symptoms such as irritability, mood swings, lack of concentration, and bloating, and can significantly impair social and occupational functioning. According to current diagnostic criteria, premenstrual dysphoric disorder affects 3–8% of women of reproductive age (Cohen et al. 2002). Additionally, compared to men, women experience more hormonal changes in reproductive hormones throughout their lifespan. Changes in uterine and reproductive hormones during puberty, pregnancy, and menopause may affect brain structure and function. These biological changes are thought to contribute to the greater prevalence of mood disorders in women (Altemus 2006). In addition to biological factors, low educational level, financial difficulties, acute and chronic stressors, lack of social support, limited environmental resources, and poor social relationships are also among the social factors negatively affecting women's mental health (Bromberger et al. 2010, Bromberger and Epperson 2018). As seen, although the role of biological and social factors has been explored, studies investigating the impact of gender roles on psychological problems remain quite limited.

In the context of Turkey, the influence of gender roles on women's mental health becomes more apparent. Among the risk factors affecting women's mental health in Turkey are the dominance of traditional gender norms, inequalities in women's economic and social status, and the high rates of violence against women (Almiş et al. 2020, Eryılmaz 2020). Traditional values and societal norms may negatively affect women's psychological processes such as self-confidence, self-perception, and stress management. Particularly, the widespread nature of violence against women in Turkey is a serious issue that further undermines women's mental health (Almiş et al. 2020). Moreover, gender roles shape individuals' schemas, ways of thinking, self-confidence, and emotion regulation strategies (Jones et al. 2016). Therefore, gender roles defined as the feminine and masculine characteristics attributed by society to women and men are considered potential factors influencing mental health.

Gender roles are among the important determinants of individuals' psychological well-being. Feminist theory provides a framework that explores how gender inequalities affect individuals' lives and how patriarchal structures impact women's mental health (Hooks 2000). The feminist approach emphasizes that explaining women's mental health problems solely through biological or individual factors is insufficient, and highlights the need to consider structural factors such as gender norms, social pressures, violence, and economic inequalities (Ussher and Ussher 2011). The burden of caregiving responsibilities on women, discrimination in the labor market, and gender-based violence are examples of conditions that directly affect women's psychological well-being. Therefore, the structural analysis framework of feminist theory holds critical importance when evaluating the relationship between gender and women's mental health. From this perspective, this study aims to discuss the effects of gender roles on women's mental health in light of feminist theory, focusing on the impact of gender-based risk factors. While biological and social factors influencing mental health have been widely examined in the literature (McDonald et al. 2017,

Awaworyi Churchill et al. 2019), research addressing the influence of gender differences on mental health remains limited. In this context, this review examines current studies in the fields of psychology and gender, with a focus on research addressing the effects of gender roles on women's psychological well-being. The selection of studies was carried out by considering themes such as gender roles, gender inequality, women's mental health, and feminist psychology. It is hoped that the present study will contribute to the literature and guide the development of targeted and effective mental health policies.

Gender and Gender Role Expectations

In the literature, the term "gender" refers to the genetic and physiological differences between women and men, while "gender role" denotes the specific behaviors, responsibilities, and social roles expected from women and men based on their assigned sex at birth (Eagly et al. 2000). Gender, which is determined by biological and physiological factors such as genes, anatomy, hormones, and gonads, represents a biological structure (Tannenbaum et al. 2016). In contrast, gender roles encompass psychosocial variables that differentiate women and men, clarify social conditions, and provide explanatory models (Eagly and Wood 2016).

Norms related to gender roles are sets of rules regarding male and female behavior, which may vary across different cultural contexts. The totality of gender norms constitutes gender roles and includes a range of expectations about how an individual labeled as male or female should behave (Ryle 2015). In this respect, gender norms and roles are linked to conceptions of what constitutes femininity and masculinity. These norms have a significant impact on the varying levels of power and control possessed by men and women, the socio-economic determinants of their lives, their social positions and statuses, and their susceptibility and exposure to certain mental health risks. A gender-based perspective in the field of mental health necessitates the consideration of how gender inequalities affect individuals' mental health while examining the interaction between biological and social factors (Anand 2016).

Gender roles are constructs specific to a particular culture and society. They represent the masculine and feminine traits that we internalize and enact throughout our life span. Children begin adopting gender-specific behaviors and gender stereotypes around the ages of 2-3 (Martin and Ruble 2010). Beliefs related to gender roles and gender-specific values are shaped through parenting styles and education within the family, as well as through cultural socialization processes in social environments such as workplaces (Heise et al. 2019, Reilly 2019). Gender socialization, which begins in early childhood, strongly influences the development of gender-conforming schemas, gender role identity and/or personality stereotypes, as well as ways of thinking, self-confidence, and emotion regulation strategies (Knaak 2004, Jones et al. 2016). In this process, children are encouraged to learn and develop personality traits, attitudes, interests, and skills consistent with their biological sex.

Many researchers have stated that beliefs and expectations related to gender roles especially affect issues such as ownership rights, social status, reproductive health, and agency in decision-making, and that these roles function as social stereotypes regulating social relationships (Strathern 2016, Başar 2017). For example, in a study conducted with 1,200 young girls and women to examine the impact of gender discrimination on health, it was found that as support for gender equality increased and the social status of women improved, rates of pregnancy and miscarriage decreased, while rates of receiving prenatal care, giving birth in hospitals, and overall quality of life increased (Güven et al. 2015). Rigid definitions of "masculinity" and "femininity" give rise to gender role stereotypes that can have harmful effects for both men and women in various areas of life including work, relationships, social status, and health. These stereotypes attribute childcare and household chores to women, while assigning family leadership and income generation to men (Risman and Davis 2013). Research also shows that household roles, responsibilities, control, conflicts, and disagreements may differ based on gender roles (Ampofo and Boateng 2007). A widespread stereotype concerning women's social roles suggests that caregiving is "normal" and "natural" for women, implying that they will "naturally" be successful in caregiving professions such as nursing and preschool teaching (Hentschel et al. 2019). Indeed, in many countries and cultures, women spend more time on household activities than men, regardless of employment status (US Bureau

of Labor Statistics 2016). Social research and census data also indicate a clear occupational segregation by gender in 30 industrialized countries. While men are overrepresented in professions such as policing, women dominate in fields like nursing and teaching (Jarman et al. 2012). The situation in Turkey does not appear to differ significantly in terms of occupational choice. According to 2022 data from the Turkish Statistical Institute, 91.1% of individuals employed as police officers are men, while only 8.9% are women. In the field of teaching, over 100,000 women were working as preschool teachers in 2022, compared to 6,479 men (Turkish Statistical Institute [TÜİK] 2022).

In general, stereotypes and gender stereotypes in particular may serve as useful heuristics when quick assumptions are needed in ambiguous situations. A stereotype can be defined as a simplified and fixed generalization about the attributes and characteristics of members of a particular group or social class (Ömeroğlu 2024). Stereotypes are judgments lacking scientific basis (Aydemir and Ağırtmış 2022). Gender stereotypes refer to the traits attributed to men and women simply due to their belonging to these groups (Demir 2020). These characteristics may relate to physical appearance, behavior or emotional aspects. These characteristics may pertain to appearance, behavior, or emotional traits. The development of gender stereotypes occurs in individuals' lives after the period of sexual identification (Baran 1995). Studies in the national literature have shown that these stereotypes are shaped by individuals' values, socialization processes, and urbanization dynamics. Baran (1995), in a study with children aged 7–11 residing in childcare institutions, found that gender role stereotypes are formed at an early age and are shaped by the traditional expectations society places on gender roles. Erdoğan (2016) noted that urbanization has a transformative effect on gender roles, although this change can vary by neighborhood, with some communities continuing to maintain traditional stereotypes. The researcher also emphasized that women's employment and access to higher education can bring family members' gender role expectations and awareness to a more egalitarian level. Another study found that gender stereotypes mediate the relationship between values and traditional attitudes toward gender roles, reinforcing individuals' perceptions of gender (Kaşdarma 2023). These findings reveal that gender stereotypes in Turkey are learned from early childhood, are linked to individuals' values, and may be influenced by socio-cultural factors such as urbanization.

Gender stereotypes are shared by both women and men, and their consequences affect the life roles and goals of individuals of both sexes. People often evaluate others not based on their individual values, but rather in line with group-based expectations rooted in these stereotypes. For instance, a definition of femininity that emphasizes passivity and an inability to act under pressure may lead to a societal expectation that women cannot take on leadership roles or make significant decisions. In the field of education, gender stereotypes also contribute to the perception that female students are less capable than male students in all areas of science (Leslie et al. 2015). Moreover, while the failures of male students are interpreted as a lack of effort, the failures of female students are often perceived as a deficiency in logical reasoning ability (Tiedemann 2000). Experimental studies have further revealed that identical résumés and cover letters are evaluated differently depending on whether the applicant is identified as male or female, resulting in different levels of perceived competence and job offers (Moss-Racusin et al. 2012). Furthermore, throughout their careers, women are less likely than men to be promoted or selected for prestigious positions. For example, in Turkey, 81.5% of individuals employed in managerial positions are men, while only 18.5% are women (TÜİK 2022). According to 2024 data from the Council of Higher Education, 34.3% of professors, 41.8% of associate professors, and 47.4% of assistant professors are women (Higher Education Council 2024). These inequalities have also been documented in population census data comparing the wages of equally qualified men and women employed in similar types of jobs (Joshi et al. 2015, Buffington et al. 2016).

Although gender stereotypes reflect common assumptions about women and men, these implicit beliefs also negatively affect attempts and intentions to treat women and men equally (Barreto and Ellemers 2015). For instance, endorsement of stereotypical traits associated with women and sexist views has been linked to greater acceptance of domestic violence against women (Glick et al. 2002) as well as to efforts to restrict women's rights to control pregnancy and reproduction (Huang et al. 2016). Indeed, there is empirical evidence that traditional perceptions of gender roles held by partners are associated with higher rates of physical and psychological violence against women (Herrero et al. 2017).

Gender inequalities begin as early as the educational stages of children, including preschool, primary, secondary, and tertiary education. Globally, it is estimated that approximately 130 million girls do not attend school (United Nations Children's Fund [UNICEF] 2022). In some countries, girls' right to education is still significantly restricted, and gender roles pose one of the primary barriers to their access to quality education (Global Partnership for Education [GPE] 2022). For example, in Afghanistan, girls are denied the right to access secondary and higher education. It is reported that in more than 20 countries around the world, fewer than 10% of young women living in rural areas are able to complete high school. In Turkey, the illiteracy rate among women is 6.1%, and 6.6% of women do not hold a primary school diploma (TÜİK 2022). These evaluative discrepancies caused by gender stereotypes have significant consequences for the personal development, career choices, and income levels of both women and men, and these outcomes contribute to a vicious cycle in which gender inequalities persist throughout the life course.

The power of implicit beliefs is also evident among parents in how they raise boys and girls. While raising and educating their children, parents teach them what is considered appropriate or inappropriate behavior for women and men. Even when parents claim to treat their sons and daughters equally and consciously avoid purchasing gender-typed toys, research shows that they may still unintentionally transmit gender-related implicit messages for instance, even while reading picture books to their children (Endendijk et al. 2014). Indeed, a study analyzing gender ideology in a 7th-grade English textbook used in Turkey found that male gender was prominently emphasized in the texts, that the social roles of women and men were presented based on biological sex and traditional gender roles, and that the book generally conveyed a sexist stance (Çubukçu and Sivaslıgil 2007). In short, children are implicitly taught gender stereotypes from a very young age, and these are internalized and reflected in their beliefs, thoughts, and behaviors. However, the foundations of gender roles are primarily laid within the family. Moreover, children are highly influenced by the attitudes of their parents (Okan 2024). In fact, research shows that children raised with "egalitarian parental attitudes" tend to adopt more egalitarian gender roles later in life (Erzeybek 2015).

Gender stereotypes also provide the standards by which individuals' qualities and achievements are evaluated (Biernat and Manis 1994). These stereotypes not only dictate how men and women should behave but also shape how others believe they should behave (Prentice and Carranza 2002). As such, women who conform to stereotypical expectations are evaluated more positively than women who challenge them (Eagly and Mladinic 1994). Particularly in patriarchal structures, deviating from expected roles or defying stereotypes is considered one of the main reasons for violence against women (Bükecik and Özkan 2018). Patriarchal systems are male-dominated cultures in which women are generally positioned in a secondary role, subordinate to male authority. These systems portray women as dependent on men, marginalized, and situated in contexts where violence is perceived as a legitimate conflict resolution method often resulting in high rates of domestic violence. In patriarchal societies, men are seen as having authority over women; they may resort to violence to discipline, protect, or control their wives, and in some cases, even justify murder in the name of preserving family honor (Vandello et al. 2009, Ersöz 2011). Such perspectives are among the key factors that deepen gender inequality and trigger domestic violence.

Stereotypes also motivate individuals to conform to prevailing expectations, as challenging the status quo often conflicts with stereotypical behavior especially for women. For example, ambition and competitiveness, which are considered acceptable and even desirable traits for men, may be perceived as inappropriate or "unfeminine" when exhibited by women (Faniko et al. 2016). In some cases, expressions of anger may garner respect and strengthen the perceived status of men, while the same expressions may undermine women's social standing (Brescoll and Uhlmann 2008). These social costs associated with expressing anger have far-reaching implications, as they may prevent women from participating in collective action which often requires vocal expression of anger to combat existing gender inequalities (Radke et al. 2016). Consequently, the motivation to be a "good group member" and conform to gender-based expectations can trap women in a self-defeating cycle, leading to underperformance, a loss of self-confidence, and underrepresentation in fields such as politics, technology, and science that do not align with traditional gender stereotypes (Derks et al. 2007).

Gender Roles and Mental Health

Inequalities in gender roles can have various consequences on the social relationships and mental health of both men and women (Baştarcan and Oskay 2022). According to gender schema theory, throughout their lives, men and women begin to internalize subsets of behaviors consistent with gender schemas. As a result, girls tend to engage in activities involving playing with dolls, dressing up, and doing household chores, while boys are socialized to prefer outdoor or competitive games and adopt the role of income earners (Rao et al. 2015). It is also evident that the impact of gender roles continues into adulthood. As motherhood is regarded as the primary role for women, their participation in the workforce remains limited (Saygan and Uludağlı 2021). As in many countries around the world, the labor force participation rate of women in Turkey lags behind that of men (United Nations Development Programme [UNDP] 2019). According to data from the Turkish Statistical Institute in 2022, the labor force participation rate was 71.4% for men and 35.1% for women, with the employment rate of women being less than half that of men (TÜİK 2022).

The literature suggests that women, regardless of their employment status, bear a greater share of domestic responsibilities. There is an ongoing expectation that women will continue to fulfill their responsibilities in line with traditional gender roles. Studies have reported that even women who work similar hours and contribute equally to household income continue to perform the majority of childcare and household tasks (Greenstein 2000). A study conducted with female academics in Turkey revealed that 72.4% of participants were unable to maintain a work-life balance and could not escape the responsibilities of family life. It also emphasized that, regardless of employment status, women continue to assume the majority of household chores, childcare, and various other duties (Altıok Gürel 2018). These domestic responsibilities often result in an excessive burden of demands, increasing symptoms of depression and anxiety in women. Even when household tasks are shared between spouses, women tend to take on repetitive duties that require less discretion, such as cooking, shopping, cleaning, and laundry. Moreover, these types of tasks have been found to create a strong sense of time pressure and contribute to depressive symptoms (Roxburgh 2004). In addition, the stress caused by managing childcare arrangements often unpredictable can negatively impact mental well-being, and women who experience difficulties in this regard may suffer from high levels of psychological distress (Ross and Mirowsky 1992). Studies have confirmed that perceived gender inequality between couples caring for children increases psychological distress in the caregiving partner (Harryson et al. 2012). Other studies have found that gender inequality in the private sphere and division of labor is associated with symptoms of depression and generalized anxiety disorder (Harryson et al. 2012, Sweeting et al. 2014, Akarçay et al. 2015). In a cohort study initiated by the World Health Organization to investigate maternal and child health in various European countries, pregnant women who perceived gender discrimination reported significantly higher depressive symptoms than those who did not. The study also found that women who reported gender discrimination were more likely to face other risk factors such as financial difficulties, lower social support, and histories of childhood neglect and abuse, pointing to a pattern of clustered disadvantage among victims of gender discrimination (Stepanikova et al. 2020). In a study involving 471 participants that examined the relationship between gender attitudes and psychological symptoms, it was found that as individuals adopted more egalitarian attitudes toward marital roles, somatization symptoms decreased (Bayraktarlı 2021).

According to the literature, increasing women's participation in the workforce may reduce gender-based stress differences (Jick and Mitz 1985). Similarly, when childcare and domestic labor are shared, the levels of depression and anxiety symptoms observed in women become as low as those in men. Therefore, the greater time pressure caused by housework and childcare, along with the excessive demands of work and family responsibilities, may lead women to experience internalizing problems more frequently than men. Indeed, research has shown that gender inequality and the division of labor within the home act as psychosocial stressors that may facilitate the development of mental health problems (Rosenfield and Mouzon 2013, Mayor 2015).

The effects of gender roles on the self also contribute to mental health issues. In line with the social division of power and roles, women tend to evaluate themselves more negatively than men. The literature suggests that women may have lower levels of self-confidence and personal control compared to men (Avison and McAlpine 1992). These negative self-evaluations increase the risk of mental health problems, particularly internalizing disorders. In a study conducted by Roothman and colleagues (2003), the researchers investigated whether there were significant differences between men and women in various dimensions of psychological well-being. According to the results, men scored higher than women in areas such as physical self-perception, positive automatic thoughts, constructive thinking, cognitive flexibility, self-concept, and resilience. On the other hand, women scored higher in emotional expression and somatic symptoms. Based on these findings, the researchers highlighted the impact of gender stereotypes and traditional socialization processes on individuals' mental health. High self-esteem is considered a desirable trait that functions as a personal resource protecting individuals against stress and is positively associated with mental health (Thoits 1995). Studies conducted in different countries also indicate that men's dominant roles within the family and women's lower self-evaluation levels can have particularly negative effects on women's mental health (Read and Grundy 2011, Eek and Axmon 2015).

Men and women also differ in terms of self-worth within social relationships. Traditional norms of femininity require women to prioritize the needs of others over their own. This tendency has been found to increase internalizing problems in women (Rosenfield et al. 2005). In addition, women tend to place greater value on emotional security and empathy in their private lives, while men are more inclined toward independence in relationships. Excessive attachment or dependency can also increase the risk of internalizing symptoms (Rosenfield et al. 2000).

Norms or rules related to emotional expression differ significantly for men and women and lead to different responses in similar situations. Simon (2002) suggests that gender roles create different norms for emotional expression in men and women, and these norms can shape individuals' experiences of mental health. As previously mentioned, children internalize messages that associate masculinity with assertiveness, dominance, aggression, independence, and risk-taking while boys are also expected to suppress their emotions. In contrast, girls are raised to be supportive and nurturing. Furthermore, studies have shown that emotions consistent with anxiety and depression such as fear and helplessness are more normative for women. Helplessness, anxiety, and insecurity, which are considered feminine and weak traits, have been found to be associated with anxiety and depression (Simon 2007). In addition, due to differences in access to economic resources, men and women also differ in how they perceive power within relationships. A person's sense of powerlessness or belief that they lack control over their life can increase the risk of developing psychological symptoms (Lennon and Rosenfield 1994).

Men and women also use different strategies to cope with stressful conditions. Compared to women, men tend to be more resilient in their responses to stressors and are more likely to accept, solve, and manage problems. Sometimes, they also choose not to think about the problem. Women, on the other hand, tend to seek social support and express their emotions. At times, they try to distract themselves with housework or other activities (Thoits 1995). However, problem-focused coping strategies that involve attempting to control the stressful situation and solve the problem are associated with lower levels of depression. This finding may help explain why men experience lower levels of psychological distress compared to women (Lazarus and Folkman 1984). When the gender-based differences mentioned above are considered together, it becomes clear that traditional socialization provides men with advantages in terms of mental health not only through greater access to economic resources, status, and power, but also in terms of exposure to stressors and how they respond to them (Sarrasin et al. 2014).

The reviewed literature demonstrates that gender inequalities and traditional forms of socialization exert a sustained pressure on individuals' psychosocial well-being. In this context, approaches that promote the transformation of gender-based roles play a critical role in improving women's mental health in particular. Furthermore, empowering both women and men with equal rights and responsibilities in both the public and private spheres can help mitigate the negative impacts of these roles on mental health.

Gender Roles and Pressures on Mental Health from a Feminist Perspective

The effects of gender roles on individuals are not limited to personal experiences alone. The reinforcement of these roles by societal and cultural structures creates deeper impacts on mental health. In this context, traditional gender norms deepen the pressures and inequalities that women continuously face throughout their lives, which can adversely affect their psychological well-being. While women are expected to act in accordance with socially constructed gender roles, the way these expectations are internalized individually combined with broader social structures may lead to wider psychological consequences. At this point, the feminist perspective provides an important framework for understanding and addressing the effects of gender inequality on mental health.

The feminist perspective posits that gender roles are one of the fundamental social building blocks shaping women's lives (Butler 1990). This perspective argues that gender is not biologically determined, but rather produced through cultural and social norms. Simone De Beauvoir's famous statement "One is not born, but rather becomes, a woman" emphasizes that gender roles are learned behaviors rather than biological facts (De Beauvoir 2023). These learned roles not only restrict women's freedoms but may also deeply affect their mental health.

The feminist perspective suggests that traditional gender roles create a kind of double burden for women. While they are expected to maintain their domestic roles, they are also participating in the workforce. Hall (2015) states that these unequal expectations, combined with violence, discrimination, and social pressures encountered by women, result in psychological strain. He especially emphasizes that violence against women constitutes the most extreme manifestation of gender inequality and represents a major problem that profoundly impacts women's mental health.

The expectations imposed on women within the framework of gender roles often result in negative consequences for their mental health. For example, social pressures surrounding the role of motherhood can increase levels of anxiety and depression among women. Similarly, societal expectations concentrated around caregiving roles may lead to burnout and deterioration in self-perception (WHO 2002, Hochschild 2019). Feminist researchers argue that such effects do not stem from individual shortcomings but rather from systemic inequalities.

The feminist perspective approaches mental health issues beyond the individual framework. It evaluates women's psychological problems in the broader context of social factors such as gender inequality and discrimination (Conlin 2017). For instance, issues like depression and anxiety are seen not merely as individual pathologies but as reflections of micro- and macro-level pressures that women continuously encounter within their families and society at large (Hall 2015).

The feminist perspective focuses on structural change to support women's mental health, aiming to go beyond individual treatment approaches and address social inequalities. In this regard, supporting women's economic independence and individual empowerment is considered a significant step toward improving mental health (De Beauvoir 2023). Structural changes such as equal pay policies and the fair distribution of caregiving labor can help alleviate the burden on women's mental well-being.

Hall (2015) states that the feminist perspective improves mental health by offering a holistic approach to women's experiences of violence and discrimination. Such approaches are not limited to individual interventions; they also aim to raise public awareness and promote collective action. Collective action refers to women coming together around shared identities to mobilize for social change (Akdoğan et al. 2024). These actions allow women to develop alternative strategies against discrimination and to show resistance against societal pressures (Özkan 2014). From a feminist perspective, women's practices of resistance demonstrate how collective action functions in both identity construction and social transformation.

The feminist perspective proposes a range of solutions at both individual and societal levels to strengthen women's mental health. Educational programs and awareness campaigns can promote gender equality and help reduce the negative mental health impacts on women (Connell 2002). Moreover, social interventions

that encourage women to participate in support groups may contribute to the post-traumatic recovery process (West and Zimmerman 1987).

Finally, the feminist perspective argues that the psychological problems experienced by women should be addressed not only at the individual level but also within broader social and political frameworks (Wilkinson and Kitzinger 2013). In this respect, there is a need for structured support systems and policies specifically designed to address women's mental health issues.

Conclusion

Although traditional gender roles create pressures on both men and women, women face additional challenges imposed by these roles to a greater extent. Women are constantly striving to balance the multiple roles that society assigns them such as motherhood, partnership, and childcare and to fulfill the expectations associated with these roles. This often leads to feelings of inadequacy, guilt, and exhaustion, as well as increased stress levels and the development of mental health problems. Moreover, factors such as the disproportionate burden of unpaid care work, economic inequalities, financial disparities encountered in the workplace, and limited career opportunities negatively affect women's mental health. Social judgments and expectations regarding women's physical appearance and behavior can also exacerbate psychological issues such as stress and depression. In this context, recognizing the societal pressures that women face and creating supportive environments that encourage a healthy work-life and social balance is of critical importance. Given the powerful influence of gender norms in shaping societal structures, it is necessary to redefine success beyond the narrow boundaries of social roles. Additionally, acknowledging the economic inequalities women face and ensuring equal opportunities are crucial for the overall well-being of women in society. This perspective highlights the critical role of a feminist-informed approach in efforts to improve women's mental health.

Addressing the mental health effects of gender roles requires a broader transformation that encompasses not only women but society as a whole. Moving beyond biological dimensions, the implementation of comprehensive sexuality education programs that address gender, identity, and mental health can help young people build healthier relationships with themselves and others. Similarly, providing equitable and inclusive environments for girls and boys from early childhood represents an important step toward reducing gender inequalities. Changes in social norms and values related to gender can transform how society views girls and women, ultimately improving their status.

Investments in women's education, particularly in developing regions, have a decisive impact on the health of both women and their children and promote positive mental health outcomes. Such investments also reduce women's vulnerability to violence and lessen their financial dependence on their partners. As a powerful tool in shaping societal attitudes, media representation can contribute to breaking down stereotypes and reducing social stigma by portraying women in more diverse and realistic ways.

Mental health education especially when integrated into school curricula can help young people recognize and manage their psychological well-being. In this process, educational programs focusing on healthy coping mechanisms and social-emotional intelligence can empower youth to resist the impact of gender-based pressures. The empowerment of women should also be prioritized in economic and social policies. Gender inequality in the workplace can seriously undermine mental health. Research shows that financial crises in particular affect women more emotionally and psychologically and lead to an increase in maladaptive coping strategies such as rumination. At this point, raising awareness among individuals and institutions about the prescriptive and directive nature of stereotypes can help foster a more inclusive perspective by challenging the misconception that gender differences are biologically fixed. In working life, reevaluating stereotypical expectations regarding work and family roles can help both women and men achieve better work-life balance. Such an approach will positively influence job satisfaction, performance, and well-being in the long term. Moreover, reexamining gendered divisions of skills in the workplace and in social roles can promote emotional intelligence and interpersonal competencies as universally valuable traits in the modern world. Encouraging diversity in both the workplace and social roles will also lay the groundwork for sustainable policies that support both individual and collective development.

Finally, in order to ensure the implementation of the constitutional principle of equality and to prevent social inequalities, concrete steps must be taken to enable women to cope with societal issues such as violence and discrimination. The fight against discrimination, as emphasized in the Constitution of the Republic of Türkiye, must be realized not only through legislation but also actively within social life. In this context, providing resources to educators, healthcare professionals, and community leaders can help them better understand the effects of gender roles on mental health and pave the way for broader social change.

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